

PUBLIC PACKET

**OREGON BOARD  
OF  
DENTISTRY**

**BOARD MEETING  
OCTOBER 23, 2020**





# Oregon

Kate Brown, Governor

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

## NOTICE OF REGULAR MEETING

**PLACE: BOARD OFFICE**

**DATE: October 23, 2020**

**TIME: 8:00 a.m. – 3:30 p.m.**

**Call to Order – Yadira Martinez, R.D.H., President**

**8:00 a.m.**

### EXECUTIVE SESSION

The Board will meet in Executive Session pursuant to ORS 192.660(2)(f)(h) and (l); ORS 676.165, ORS 676.175(1) and ORS 679.320 to review records exempt from public disclosure, to review confidential materials and investigatory information, and to consult with counsel. No final action will be taken in Executive Session.

1. Review New Cases Placed on Consent Agenda
2. Review New Case Summary Reports
3. Review Completed Investigative Reports
4. Previous Cases Requiring Further Board Consideration
5. Personal Appearances and Compliance Issues
6. Licensing and Examination Issues
7. Consult with Counsel

### OPEN SESSION (Via Zoom, audio only)

**12:00 p.m.**

**\* This is when the public may connect on the Board Meeting  
at this phone #1-253-215-8782, Meeting ID: 926 9743 7081, Passcode: 893777**

Board President Yadira Martinez, R.D.H. - Welcome and Introductions of Board Members and select OBD Staff.

### NEW BUSINESS

8. Approval of Minutes
  - August 21, 2020 - Board Meeting
  - OLD BUSINESS
9. Executive Director's Report
  - Board Member & Staff Updates
  - OBD Budget Status Report
  - Customer Service Survey
  - Dental Hygiene License Renewal
  - 2020 Annual Performance Progress Report
  - Technology Implementation & Transitions
  - TriMet Contract
  - Diversity, Equity & Inclusion Conference
  - AADA Annual Meeting
  - Reporting Requirements on EPPs
  - Newsletter

10. Association Reports
  - Oregon Dental Association
  - Oregon Dental Hygienists' Association
  - Oregon Dental Assistants Association
11. Committee and Liaison Reports
  - Committee & Liaison Assignments
  - WREB Liaison Report – Amy B. Fine, D.M.D.
    - DERB Meeting Nov 14
  - AADB Liaison Report –
  - ADEX Liaison Report – Hai Pham, D.M.D.
    - ADEX Annual Meeting Notice – November 7, 2020
  - CDCA Liaison Report – Amy B. Fine, D.M.D
  - Licensing, Standards and Competency Committee Meeting 10.7.2020 - Chair Yadira Martinez, R.D.H.
    - Draft Minutes & Motions for Board to consider
12. Unfinished Business and Rules
  - OPMC update on proposed 2021 legislation
13. Correspondence - None
14. Other
  - REAL+D- Healthcare Workforce Reporting Survey questions will be updated in 2021
  - CODA Summer 2020 Accreditation Actions
  - OHA – State Health Improvement Plan
  - CDCA Discontinued Oral and Maxillofacial Surgery Clinical Fellowship
  - Request for approval of local anesthesia course for dental hygienists – Minnesota State University, Mankato
15. Articles & Newsletters (No Action Necessary)
  - CDCA Summer 2020 Newsletter
  - SRTA Update
  - Recommendations About the Use of Dental Amalgam
  - ADA Reaffirms Dental Amalgam as Safe Restorative Material
  - CODA Call for Nominations
  - Washington Dept. of Health extends expiration date of limited license
  - HPSP Article

### **Enforcement Actions (vote on cases reviewed in Executive Session)**

### **LICENSURE AND EXAMINATION**

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

### **OTHER BUSINESS**

### **ADJOURN**

**3:30 p.m.**

#### **Additional Notes:**

(1) The meeting location is not accessible to persons with disabilities due to the pandemic. 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 Samantha VandeBerg or 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 1**  
**OREGON BOARD OF DENTISTRY**  
**MINUTES**  
**AUGUST 21, 2020**

MEMBERS PRESENT: Yadira Martinez, R.D.H., President  
Alicia Riedman, R.D.H., Vice President  
Gary Underhill, D.M.D.  
Jose Javier, D.D.S.  
Reza Sharifi, D.M.D.  
Chip Dunn  
Jennifer Brixey  
Hai Pham, D.M.D.  
Amy B. Fine, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director  
Daniel Blickenstaff, D.D.S., Dental Director/ Chief Investigator (portion of meeting)  
Winthrop "Bernie" Carter, D.D.S., Dental Investigator  
Haley Robinson, Office Manager (portion of meeting)  
Shane Rubio, Investigator (portion of meeting)  
Samantha VandeBerg, Office Specialist (portion of meeting)  
Ingrid Nye, Examination and Licensing Manager (portion of the meeting)  
Teresa Haynes, Project Manager (portion of the meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT VIA TELECONFERENCE\*:

Lisa Rowley, R.D.H., ODHA; Mary Harrison, Oregon Dental Assistants' Association (ODAA); Phil Marucha, D.M.D., Oregon Health Sciences University, School of Dentistry (OHSU), Barry Taylor, D.M.D., Oregon Dental Association (ODA); Jen Lewis-Goff, ODA; Brian Wojahn, D.M.D. (OHSU School of Dentistry Graduate)

\*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 7:30 a.m. at the Board office; 1500 SW 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

Dr. Pham joined the meeting at 8:44 a.m.

**EXECUTIVE SESSION:** The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(f), (h) and (L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and

## **investigatory information, and to consult with counsel**

**OPEN SESSION:** The Board returned to Open Session.

President Yadira Martinez, RDH welcome 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 Dr. Underhill seconded that the Board approve the minutes from the June 19, 2020 Board Meeting as amended. The motion passed unanimously.

Dr. Pham moved and Dr. Javier seconded that the Board approve the minutes from the August 7, 2020 Special Teleconference Board Meeting as presented. The motion passed unanimously.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board Member & Staff Updates**

The OBD welcomed back Haley Robinson, OBD Office Manager, on August 3<sup>rd</sup> after being out on maternity leave.

Dr. Todd Beck has resigned from the OBD effective August 10, 2020. Mr. Prisby reported that the Governor is now accepting applications and letters of interest for this dentist position on the Board. Applications should be submitted by November for consideration, with the position expected to be filled in January. Please contact Mr. Prisby if you have any interest or questions.

### **OBD Budget Status Report**

Mr. Prisby presented the latest budget report for the 2019 – 2021 Biennium. This report, which is from July 1, 2019 through June 30, 2020 shows revenue of \$1,949,930.28 and expenditures of \$1,643,978.70.

### **OBD 2021-2023 Agency Request Budget**

Mr. Prisby delivered the Agency's 2021-2023 Budget materials to the DAS-CFO Office in Salem per budget development instructions on July 30, 2020. This budget is only one step in the process and all agencies are expecting reductions and adjustments to be made due to the pandemic's effects on the state's budget.

### **Customer Service Survey**

Mr. Prisby presented the legislatively mandated survey results from July 1, 2019 – June 30, 2020. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

### **Board and Staff Speaking Engagements**

Ingrid Nye gave a License Application Zoom Presentation to PCC Dental Hygiene students on Tuesday, July 21, 2020.

### **Dental Hygiene License Renewal**

The renewal period started on July 17<sup>th</sup> and it is proceeding smoothly with slightly lower renewals compared to the same point in time a year ago.

### **Agency Head Financial Transactions Report July 1, 2019 – June 30, 2020**

Board Policy requires that at least annually the entire Board review agency head financial transactions and that acceptance of the report be recorded in the minutes. Mr. Prisby requested that the Board review, and if there were no objections, approve the report, which follows the close of the recent fiscal year.

Dr. Pham moved and Dr. Underhill seconded that the Board approve the Agency Head Financial Transactions Report for July 1, 2019 – June 30, 2020. The motion passed unanimously.

### **New Database & Technology Implementation**

The OBD has regular meetings to implement the new database and fine-tune it in a testing environment to meet the OBD's needs. This work will continue throughout the year. The OBD switched over its network onto new servers housed in the state's data center and also transitioned over to Office 365 for email. This has added work to all OBD Staff and we have done our best to manage the competing priorities at the OBD.

### **Technology Use Policy 834-413-019**

Mr. Prisby referenced the draft technology use policy. He informed the Board that it still needs to be fine-tuned and he was gathering additional feedback to bring it back to the Board at a future Board meeting. No action was requested at this time.

### **TriMet 2020-21 Price Estimate**

Mr. Prisby asked the Board to ratify his entering into a contract with TriMet for the Universal Pass Program, which will allow the OBD provide transportation passes for employees that are eligible to receive such passes for transportation to and from work. Due to the pandemic there is a discount offered so the contract will end up being significantly less than the prior year. An estimated price sheet is attached. The contract will be effective September 1, 2020. Because of the timing, the contract was not finalized in time for this board meeting, but will be included in October board meeting materials.

Dr. Javier moved and Ms. Riedman seconded that the Board ratify the contract with TriMet for 2020-2021. The motion passed unanimously.

### **HPSP - Year 10 Reports**

Mr. Prisby presented the 10<sup>th</sup> Annual HPSP Reports for review.

### **Board Best Practices Self-Assessment & Score Card**

As a part of the legislatively approved Performance Measures, the Board was asked to complete the attached Best Practices Self-Assessment Score Card so that it can be included as a part of the 2020 annual progress report. The report will be provided to the Board at the October Board meeting.

Ms. Riedman moved and Dr. Javier seconded that the Board met all 15 Best Practices on the Self-Assessment & Score Card. The motion passed unanimously.

### **Secretary of State (SOS) Update**

The SOS Office informed Mr. Prisby on June 16, 2020 that the planned OBD audit, previously announced in their 2020-2021 Audit Plan back in January 2020, would be postponed, due to other SOS priorities. There is no new timeline on when it would be conducted at this time.

### **Oregon Legislative Special Sessions**

A Legislative Special Session was held June 24 – 26, 2020. A second Special Session has been called for by the Governor to start on August 10, 2020.

### **AADA Virtual Meeting in October**

The AADA will conduct a virtual meeting on October 30, 2020.

### **Newsletter**

The OBD received good and positive feedback regarding our June 2020 Newsletter. We are planning to produce and distribute the next one in December 2020.

## **ASSOCIATION REPORTS**

### **Oregon Dental Association (ODA)**

Jen Lewis-Goff reported that Dr. Barry Taylor is the new Executive Director for the ODA, and that Dr. Brad Hester assumed the ODA Presidency a few months early, with Dr. Calie Roa as new President Elect. She reported that the ODA is researching options for the Oregon Dental Conference in 2021. Ms. Lewis-Goff also reported the unexpected and tragic passing of immediate former ODA president, Conor McNulty. Dr. Barry Taylor provided additional information about the DLOSCE for the Board's consideration.

### **Oregon Dental Hygienists' Association (ODHA)**

Ms. Lisa Rowley presented the August 2020 ODHA report.

### **Oregon Dental Assistants Association (ODAA)**

Mary Harrison reported that the ODAA has their annual zoom meeting on September 16<sup>th</sup>, 2020, with the American Dental Assistants' Association virtual meeting taking place in October.

### **Oregon Health & Science University (OHSU) School of Dentistry**

Dean Phil Marucha reported that OSHU continues to train dental students with clinics and sim labs reopened, and that the entirety of the class of 2020 has completed their education. He also reported that the school is in their second wave of trainings for the administration of vaccines.

## **COMMITTEE AND LIAISON REPORTS**

### **WREB Liaison Report**

Dr. Amy Fine reported that WREB is listening and adapting to the state boards needs during the pandemic. She announced that the annual review board meetings this year will take place in an

online format, and that the Board of Directors elections have been delayed.

### **AADB Liaison Report**

Dr. Amy Fine reported that the AADB is listening and adapting to the state boards needs during the pandemic, with nothing further to report.

### **ADEX Liaison Report**

Nothing to report at this time.

### **CDCA Liaison Report**

Dr. Amy Fine reported that the CDCA is listening and adapting to the state boards needs during the pandemic. She announced that the CDCA summer newsletter has been published, and will be available for Board members to review at the October Board meeting. She addressed a few key points from this newsletter. She reported that she and Ms. Yadira Martinez virtually attended the steering committee meeting, which took place on July 9<sup>th</sup>.

## **UNFINISHED BUSINESS & RULES**

### **Proposed Rule Changes regarding DLOSCE**

Board members discussed the below proposed rule changes regarding the DLOSCE, and shared their various questions and concerns. Dr. Brian Wojahn, a graduate of OHSU and recently licensed dentist, shared his positive experiences with taking the DLOSCE and answered questions.

#### **818-021-0010**

#### **Application for License to Practice Dentistry**

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS

679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.

(2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.

(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. **All acceptable exams must include at a minimum a**

**clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative and endodontics.** Clinical examination results will be recognized by the Board for five years.

(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

#### **818-021-0011**

##### **Application for License to Practice Dentistry Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Having passed the dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency. **All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative and endodontics;** and
- (d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
- (e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions; and
- (f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

(3) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

**818-021-0017**

**Application to Practice as a Specialist**

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency, national testing agency or other Board recognized testing agency. **All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative and endodontics;**

(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and

(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association.

(d) Passing the Board's jurisprudence examination.

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency, national testing agency or other Board recognized testing agency within the five years immediately preceding application.

**All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative and endodontics;** and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination;

(d) Passing the Board's jurisprudence examination; and

(3) An applicant who meets the above requirements shall be issued a specialty license upon:

(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or

(b) Passing a specialty examination approved by the Board greater than five years prior to application; and

(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's

duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;  
(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

#### **818-021-0018**

##### **Temporary Dental License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon**

(1) A temporary license to practice dentistry shall be issued to the spouse or domestic partner of an active duty armed forces personnel when the following requirements are met:

- (a) completed application and payment of fee is received by the Board; and
- (b) Satisfactory evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (c) Satisfactory evidence of having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and
- (e) The spouse holds a current license in another state to practice dentistry at the level of application; and
- (f) The license is unencumbered and verified as active and current through processes defined by the Board; and
- (g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency. **All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative and endodontics.**

(2) The temporary license shall expire on the following date, whichever occurs first:

- (a) Oregon is no longer the duty station of the active armed forces member; or
- (b) The license in the state used to obtain a temporary license expires; or
- (c) Two years after the issuance of the temporary license.

(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

#### **818-021-0019**

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

(1) A temporary license to practice dental hygiene shall be issued to the spouse or domestic partner of active duty armed forces personnel when the following requirements are met:

- (a) A completed application and payment of fee is received by the Board; and

- (b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
  - (d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and
  - (e) The spouse holds a current license in another state to practice dentistry at the level of application; and
  - (f) The license is unencumbered and verified as active and current through processes defined by the Board; and
  - (g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency. **All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative, if applicable and periodontics.**
- (2) The temporary license shall expire on the following date, whichever occurs first:
- (a) Oregon is no longer the duty station of the active armed forces member; or
  - (b) The license in the state used to obtain a temporary license expires; or
  - (c) Two years after the issuance of the temporary license.
- (3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

#### **818-021-0020**

##### **Application for License to Practice Dental Hygiene**

(1) An applicant to practice dental hygiene, in addition to the requirements set forth in ORS

680.040 and 680.050, shall submit to the Board satisfactory evidence of:

- (a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Certification of having passed the dental hygiene examination administered by the Joint Commission on National Dental Examinations or the Canadian National Dental Hygiene Certificate Examination.

(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate.

(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. **All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a**

**manikin or live patient to test the areas of restorative, if applicable and periodontics.**

Clinical examination results will be recognized by the Board for five years.

(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association.

**818-021-0025**

**Application for License to Practice Dental Hygiene Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the Board satisfactory evidence of:

(a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Having passed the clinical dental hygiene examination conducted by a regional testing agency, by a state dental or dental hygiene licensing authority, by a national testing or other Board-recognized testing agency. **All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative, if applicable and periodontics.**; and

(d) Holding an active license to practice dental hygiene, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental hygiene, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and

(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental hygienists employed by a CODA accredited dental hygiene program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental hygiene, and any adverse actions or restrictions; and

(f) Having completed 24 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

Dr. Javier moved and Dr. Pham seconded that the Board not adopt the temporary rules as presented and the current licensure rules remain the same. The motion did not pass with Ms. Riedman, Dr. Javier, Dr. Sharifi, and Dr. Pham voting aye, and Mr. Dunn, Dr. Fine, Dr. Underhill, Ms. Brixey and Ms. Martinez voting nay.

Dr. Underhill moved and Dr. Fine seconded that the Board adopt the temporary rules as presented, effective January 31, 2021. The motion passed with Ms. Riedman, Dr. Sharifi, Mr.

Dunn, Dr. Underhill, Ms. Brixey, Dr. Fine and Ms. Martinez voting aye. Dr. Javier and Dr. Pham voted nay.

### **Model Rule for Disciplining Licensees**

Ms. Riedman moved and Dr. Javier seconded that the Board move the model rule to the Licensing, Standards & Competency Committee for review. The motion passed unanimously.

#### Model Rule for Medical Providers

##### 818-XX-XXXX: Compliance with Governor's Executive Orders

- (1) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Orders or any provision of this rule.
- (2) Failing to comply as described in subsection (1) includes, but is not limited to:
  - (a) Operating a business required by an Executive Order to be closed under Executive Order 20-25;
  - (b) Providing services at a business required by an Executive Order to be closed under Executive Order 20-25;
  - (c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:
    - (A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;
    - (B) Failing to implement a measured approach when resuming elective and non-emergent procedures in accordance with OHA guidance;
    - (d) Failing to comply with any Board of Dentistry guidance implementing an Executive Order;
- (3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.
- (4) Penalties for violating this rule include: XXX Any such penalties shall be imposed in accordance with ORS Ch. 183. XX.

### **Publishing of Board Actions on the Oregon Board of Dentistry Website**

Dr. Underhill moved and Dr. Javier seconded that the OBD staff publish all public board action as lawfully permitted (allowed) on the OBD website through its Licensee Lookup feature or any other manner which the Board displays public records or board actions. The motion passed unanimously.

## **CORRESPONDENCE**

### **Request for Cascade Health Alliance & Advance Directives Statute**

The Board directed staff to provide clarification to Cascade Health Alliance & Advance Directives Statute per their request.

## **OTHER ISSUES**

### **Reinstatement of Expired License – Jacob C. Burry, D.D.S.**

Mr. Dunn moved and Ms. Riedman seconded that the Board approve the reinstatement of retired dental license for Dr. Jacob Burry. The motion passed unanimously.

### **Reinstatement of Retired License – Robert Staley, D.D.S.**

Mr. Dunn moved and Ms. Riedman seconded that the Board approve the reinstatement of Dr. Staley's dental license, and offer the licensee a consent order with a restriction on practicing clinical, oral and maxillofacial surgery. The motion passed unanimously.

### **Request for Investigative Summary – 2020-0031**

Dr. Pham moved and Dr. Underhill seconded that the Board release the case summary to the requestor. The motion passed unanimously.

### **ARTICLES AND NEWS (Informational Only)**

- Record Number Earn OSAP-DALE Foundation Certificates
- 2019 Center for Personalized Education for Professionals Annual Report
- Summer 2020 State of the States – DANB

### **RATIFICATION OF LICENSES**

Ms. Riedman moved and Dr. Javier seconded that the Board ratify the licenses presented. The motion passed unanimously.

### **CONSENT AGENDA**

#### **2021-0007, 2021-0003, 2020-0214, 2020-0215, 2021-0006**

Ms. Riedman 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**

#### **2020-0134, 2020-0123, 2020-0121, 2020-0030, 2020-0090, 2020-0122, 2020-0086, 2020-0048, 2020-0063, 2020-0207, 2020-0074, 2020-0062, 2020-0216**

Ms. Riedman moved and Mr. Dunn seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

#### **AANDERUD, BENJAMIN J., 2020-0087**

Dr. Javier moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$ 3,000.00 civil penalty, four hours of Board approved continuing education in the area of infection control within 30 days, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed unanimously.

**2021-0010**

Mr. Dunn moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

**2020-0106**

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to document any pathology evident on any radiographic images taken and to assure that he has pre-treatment radiographs of any tooth that he treats. The motion passed unanimously.

**2020-0115**

Dr. Javier moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that there is a diagnosis or dental justification documented in the patient record for all medications that he prescribes. The motion passed unanimously.

**2020-0099**

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that informed consent is documented in the patient record when nitrous oxide is administered, to assure that all of the excess bonding material is removed from the tooth after seating a crown, and to assure that all instruments he uses have been sterilized in an autoclave that is tested with a biologic monitoring system on a weekly basis. The motion passed unanimously.

**2020-0091**

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that all treatment rendered is recorded and to document a diagnosis or dental justification for the prescription of any medications. The motion passed unanimously.

**2020-0100**

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a Strongly Worded Letter of Concern reminding Licensee to thoroughly document the findings of his comprehensive exams, thoroughly document diagnoses for the treatment provided, thoroughly document the treatment provided, and to test his autoclaves with a biologic monitoring system on a weekly basis. The motion passed unanimously.

**2020-0113**

Dr. Javier moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that when administering nitrous oxide sedation to record the length of time that the nitrous oxide sedation was administered, the flow rate, percentage of nitrous oxide administered, post operative vital signs and the status of the patient upon discharge. The motion passed unanimously.

**WOOD, ROBERT J., D.D.S. 2020-0180**

Dr. Sharifi moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$1,000.00 civil penalty to be paid within 30 days of the effective date of the Order, and to pass the Oregon Board of Dentistry Jurisprudence within 30 date of the effective date of the Order. The motion passed unanimously.

**PREVIOUS CASES REQUIRING BOARD ACTION**

**AGARWAL, ROHINI A., D.M.D., 2019-0201**

Mr. Dunn moved and Dr. Javier seconded that the Board offer Licensee a Consent Order incorporating a reprimand, a \$4,000.00 civil penalty; refund patient JE \$800.00; refund patient CT \$67.00; refund Cigna Health and Life Insurance Company \$153.00; monthly submission of spore testing results for a period of one year; pass the Oregon Board of Dentistry Dental Jurisprudence Examination within 30 days; complete three hours of a Board approved continuing education course, in person, in Record Keeping; and complete six hours of Board approved continuing education in infection control within 6 months of the effective date of the Consent Order. The motion passed unanimously.

**ATKINSON, JACOB L., D.M.D., 2019-0089**

Dr. Underhill moved and Dr. Javier seconded that the Board accept licensee's proposal and issue a Second Amended Consent Order incorporating a reprimand, an \$8,000.00 civil penalty to be paid by December 15, 2020, monthly submission of biological monitoring results of his autoclaves for one year, 20 hours of Board approved community service and pass the Oregon Board of Dentistry Jurisprudence exam within 30 days of the effective date of this Order. The motion passed unanimously.

**BOYD, DOUGLAS C., D.M.D., 2020-0008**

Dr. Javier moved and Mr. Dunn seconded that the Board issue a Second Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, and restitution in the amount of \$481.00 to patient BE within 30 days of the effective date of the Order. The motion passed unanimously.

**KIM, KATHY S., D.D.S., 2016-0155**

Mr. Dunn moved and Dr. Javier seconded that the Board issue Licensee an Amended Consent Order removing the 40 hours of community service. The motion passed unanimously.

**KIM, DANIEL M., D.D.S., 2020-0151**

Mr. Dunn moved and Dr. Underhill seconded that the Board issue a Final Default Order. The motion passed unanimously.

**2014-0066**

Dr. Underhill moved and Dr. Javier seconded that the Board grant Licensee's request and offer Licensee an Amended Agreement to Enter the Health Professionals' Services Program, eliminating the terms related to Scheduled controlled drugs. The motion passed unanimously.

**PALANDECH, THOMAS, D.D.S., 2020-0159**

Dr. Javier moved and Dr. Pham seconded that the Board issue a Notice of Dismissal dismissing the Notice of Proposed Disciplinary Action and close the matter with a Letter of Concern reminding Licensee that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

**REGAN, MICHAEL C., D.M.D., 2019-0276**

Dr. Sharifi moved and Dr. Underhill seconded that the Board offer Licensee a Consent Order incorporating a reprimand, pay a \$794.80 refund made payable to the patient BG and delivered to the Board office within 30 days, pay a \$1,188.10 refund to Delta Dental of Washington, patient BG's insurance provider within 30 days, and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of the Order. The motion passed unanimously.

**SKINNER, GEOFFREY A., D.D.S., 2020-0019 & 2020-0023**

Mr. Dunn moved and Dr. Javier seconded that the Board issue Licensee a Consent Order incorporating a reprimand; pass the Oregon Board of Dentistry Dental Jurisprudence Examination within 30 days of the effective date of the Order; complete a Board approved continuing education course, in person, in Record Keeping within 90 days of the effective date of the Order; complete a Board approved course in extraction of third molars for General Dentists within 6 months of the effective date of the Order; and complete a Board approved continuing education course in implant placement surgery completing 56 hours of combined didactic and hands on training within one year of the effective date of the Order. The motion passed unanimously.

**2014-0094**

Dr. Javier moved and Mr. Dunn seconded that the Board release Licensee from HPSP and close the matter with No Further Action. The motion passed unanimously.

**WEICHEL, RENEE, D.M.D., 2019-0273**

Dr. Javier moved and Mr. Dunn seconded that the Board deny licensees proposal and affirm the Board's April 24, 2020 decision. The motion passed unanimously.

**EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(f), (h) and (L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel**

**OPEN SESSION:** The Board returned to Open Session at 1:26 p.m.

**Executive Director Performance Evaluation**

Ms. Martinez moved and Ms. Riedman seconded that the Board rate Mr. Prisby an "outstanding" on his performance review, and accept his 2020-2021 goals as presented. The motion passed unanimously.

## **ADJOURNMENT**

The meeting was adjourned at 1:30 p.m. Ms. Martinez stated that the next Board Meeting would take place on October 23, 2020.

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Yadira Martinez, R.D.H.  
President

DRAFT

**EXECUTIVE  
DIRECTOR'S  
REPORT**

## **EXECUTIVE DIRECTOR'S REPORT**

**October 23, 2020**

### **Board and Staff Updates**

The OBD has an open Board Member position for an Oregon licensed dentist. I attached a board interest document and anyone interested can contact me. Monday, October 26<sup>th</sup> is the last day anyone may submit their application and be considered for this position. The Governor's Office will make a decision on filling the position in early November. By the time a candidate gets vetted, confirmed by the Senate and through OBD new board member orientation I anticipate the new Board member joining the Board at the February 2021 Board Meeting. **Attachment #1**

Dr. Daniel Blickenstaff, OBD Dental Director/Chief Investigator, intends to retire in February 2021. He initially joined the OBD as a dental consultant investigator in 2015, and became a full time Investigator in January 2016. He took over the Dental Director/Chief Investigator position when Dr. Paul Kleinstub retired in the fall of 2018. Prior to service here at the OBD, Dr. Blickenstaff taught restorative dentistry at the Ohio State University College of Dentistry as well as in the Dental Hygiene Program at Portland Community College while maintaining a private practice for 38 years, owning his own practice in the Portland area. He has been instrumental in the OBD's refinement and management of our investigations and a strategic asset to many OBD Board members, staff members, Licensees and consumers. He has been a workhorse and helped the OBD reduce investigative case backlog down to reasonable levels. He has graciously offered to work remotely and be available as needed during our transition period in hiring and training the next Dental Director/Chief Investigator.

We thank Dr. Blickenstaff for all his hard work, dedication and especially for the courtesy of the advance notice of his intent to retire. We will properly recognize him and thank him closer to his retirement date. The OBD would like to reach the broadest possible candidate pool for this special position and will be promoting its availability over the next 6 months. The candidate must have an active Oregon Dental license and be committed to a full time work schedule. The OBD will finalize the position requirements, duties and how to apply on our website soon and anyone interested can contact me.

### **OBD Budget Status Report**

Attached is the latest budget report for the 2019 – 2021 Biennium. This report, which is from July 1, 2019 through August 31, 2020 shows revenue of \$2,386,837.84 and expenditures of \$1,866,486.46. **Attachment #2**

### **Customer Service Survey**

Attached are the legislatively mandated survey results from July 1, 2020 – September 30, 2020. 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**

### **Dental Hygiene License Renewal**

The renewal period started on July 21<sup>st</sup> and ended September 30<sup>th</sup>. Renewal notices sent: 2156  
Renewed: 1948  
Retired: 51  
Expired: 156  
Resigned: 1  
Deceased: 0

### **FY 2020 Annual Performance Progress Report**

I attached the OBD's FY 2020 Annual Performance Progress Report which was submitted to the Legislative Fiscal Office. Most state agencies are required to complete this report annually.

#### **Attachment #4**

### **Technology Implementation & Transitions**

The OBD is in the midst of a number of important and mission critical technology implementations and changes. The OBD has utilized Teresa Haynes to assist on these important projects and she will provide an oral report on these initiatives and upcoming changes.

### **TriMet Contract**

At the August 21, 2020 Board Meeting, the Board approved me entering into agreement with TriMet based on the cost estimate I provided. The contract is available for review. Please let me know if you have any questions. **Attachment #5**

### **Diversity, Equity & Inclusion Conference**

All OBD Staff have been encouraged and invited to attend the 2020 Diversity, Equity & Inclusion Conference scheduled for: Oct. 27 - 29, 2020. For the first time in its more than 25-year history, the conference will be held virtually via Zoom. Participants will have the opportunity to learn and explore from top presenters on a variety of topics all while adhering to safety requirements. **Attachment #6**

### **AADA Annual Meeting**

The American Association of Dental Administrators (AADA) annual meeting is scheduled for October 30, 2020 as a virtual meeting.

### **Reporting Requirements on EPPs**

ORS 680.210 (2) requires that the Division of Financial Regulation (formerly known as the Oregon Insurance Division) provide information collected on the reimbursement of services provided by expanded practice dental hygienists to the Board of Dentistry. **Attachment #7**

### **Newsletter**

The OBD is planning to distribute the next Newsletter in December.

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.

Desired 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.
- 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 in 2020 - 2021 set at \$151 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 hygiene - licensure, discipline, education, etc...

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: [https://www.oregon.gov/gov/admin/Pages/How\\_To\\_Apply.aspx](https://www.oregon.gov/gov/admin/Pages/How_To_Apply.aspx)

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 before the next Legislative Session starts.

Please let me know if you need more information or give me a call at 971-673-3200.

[Stephen.Prisby@oregondentistry.org](mailto:Stephen.Prisby@oregondentistry.org)

Sincerely,  
Stephen Prisby  
Executive Director

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

Appn Year            2021  
**BOARD OF DENTISTRY**  
**Fund 3400 BOARD OF DENTISTRY**  
**For the Month of AUGUST 2020**

**REVENUES**

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
0505	FINES AND FORFEITS	358,212.52	0.00	358,212.52	200,000.00	-158,212.52
0205	OTHER BUSINESS LICENSES	1,702,641.00	252,250.00	1,954,891.00	3,270,001.00	1,315,110.00
0605	INTEREST AND INVESTMENTS	37,617.65	1,397.80	39,015.45	20,000.00	-19,015.45
0975	OTHER REVENUE	10,442.87	350.00	10,792.87	49,999.00	39,206.13
0410	CHARGES FOR SERVICES	13,608.00	2,268.00	15,876.00	20,000.00	4,124.00
0210	OTHER NONBUSINESS LICENSES AND FEES	7,400.00	650.00	8,050.00	10,000.00	1,950.00
		<b>2,129,922.04</b>	<b>256,915.80</b>	<b>2,386,837.84</b>	<b>3,570,000.00</b>	<b>1,183,162.16</b>

**TRANSFER OUT**

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
2443	TRANSFER OUT TO OREGON HEALTH AUTHORIT'	104,242.00	0.00	104,242.00	226,800.00	122,558.00
		<b>104,242.00</b>	<b>0.00</b>	<b>104,242.00</b>	<b>226,800.00</b>	<b>122,558.00</b>

**PERSONAL SERVICES**

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
3260	MASS TRANSIT	4,219.14	297.24	4,516.38	7,694.00	3,177.62
3160	TEMPORARY APPOINTMENTS	0.00	0.00	0.00	4,219.00	4,219.00
3170	OVERTIME PAYMENTS	762.75	0.00	762.75	6,136.00	5,373.25
3110	CLASS/UNCLASS SALARY & PER DIEM	720,493.59	52,146.15	772,639.74	1,239,565.00	466,925.26
3230	SOCIAL SECURITY TAX	55,433.17	4,017.68	59,450.85	98,099.00	38,648.15
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	103,540.08	8,010.86	111,550.94	195,044.00	83,493.06
3221	PENSION BOND CONTRIBUTION	36,604.17	2,774.32	39,378.49	73,260.00	33,881.51
3190	ALL OTHER DIFFERENTIAL	9,070.00	717.20	9,787.20	38,194.00	28,406.80
3270	FLEXIBLE BENEFITS	111,093.60	8,386.07	119,479.67	281,472.00	161,992.33
3210	ERB ASSESSMENT	205.92	14.04	219.96	427.00	207.04
3250	WORKERS' COMPENSATION ASSESSMENT	184.74	11.48	196.22	464.00	267.78
3240	UNEMPLOYMENT ASSESSMENT	16.24	0.00	16.24	0.00	-16.24
3180	SHIFT DIFFERENTIAL	8.00	0.00	8.00	0.00	-8.00
		<b>1,041,631.40</b>	<b>76,375.04</b>	<b>1,118,006.44</b>	<b>1,944,574.00</b>	<b>826,567.56</b>

**SERVICES and SUPPLIES**

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
4150	EMPLOYEE TRAINING	18,509.79	0.00	18,509.79	54,223.00	35,713.21
4650	OTHER SERVICES AND SUPPLIES	50,788.62	5,425.92	56,214.54	97,999.00	41,784.46
4250	DATA PROCESSING	21,341.03	3,166.73	24,507.76	68,458.00	43,950.24

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bienn to Date	Financial Plan	Unoblig
4200	TELECOMM/TECH SVC AND SUPPLIES	11,905.51	901.39	12,806.90	24,925.00	12,118.10
4175	OFFICE EXPENSES	28,750.24	187.00	28,937.24	91,230.00	62,292.76
4125	OUT-OF-STATE TRAVEL	0.00	0.00	0.00	7,563.00	7,563.00
4100	INSTATE TRAVEL	13,224.89	1,500.80	14,725.69	50,784.00	36,058.31
4715	IT EXPENDABLE PROPERTY	906.73	0.00	906.73	23,482.00	22,575.27
4300	PROFESSIONAL SERVICES	154,834.81	16,272.98	171,107.79	255,911.00	84,803.21
4400	DUES AND SUBSCRIPTIONS	6,049.36	0.00	6,049.36	7,126.00	1,076.64
4225	STATE GOVERNMENT SERVICE CHARGES	81,639.64	1,206.13	82,845.77	161,339.00	78,493.23
4315	IT PROFESSIONAL SERVICES	10,500.00	0.00	10,500.00	140,031.00	129,531.00
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	0.00	5,836.00	5,836.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	16,617.40	0.00	16,617.40	134,566.00	117,948.60
4275	PUBLICITY & PUBLICATIONS	3,746.03	0.00	3,746.03	14,855.00	11,108.97
4475	FACILITIES MAINTENANCE	0.00	0.00	0.00	583.00	583.00
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	0.00	705.00	705.00
4425	FACILITIES RENT & TAXES	94,399.81	7,496.16	101,895.97	179,097.00	77,201.03
4325	ATTORNEY GENERAL LEGAL FEES	137,065.05	2,074.00	139,139.05	271,973.00	132,833.95
		<b>650,278.91</b>	<b>38,231.11</b>	<b>688,510.02</b>	<b>1,590,686.00</b>	<b>902,175.98</b>

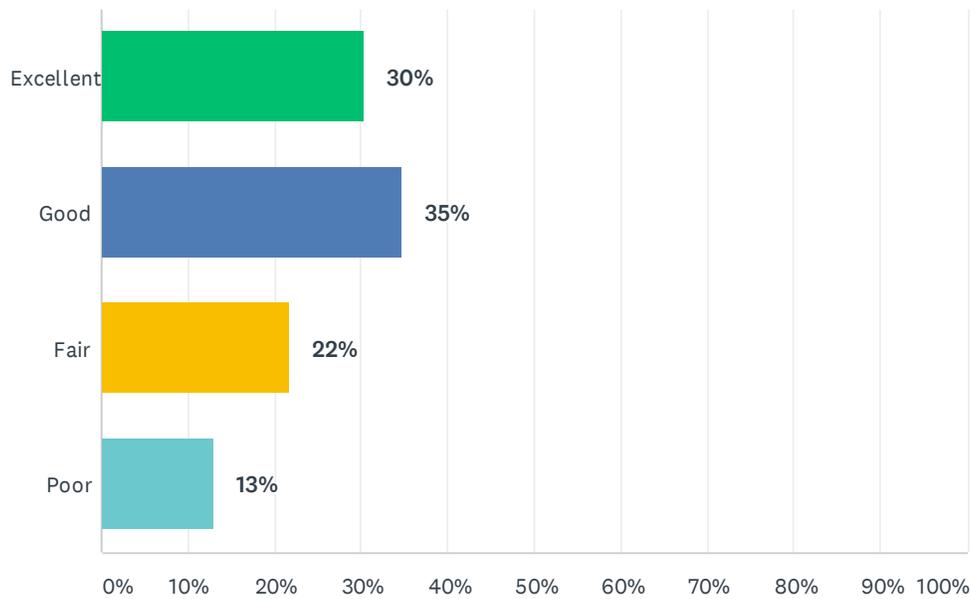
## CAPITAL OUTLAY

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bienn to Date	Financial Plan	Unoblig
5550	DATA PROCESSING SOFTWARE	59,970.00	0.00	59,970.00	0.00	-59,970.00
		<b>59,970.00</b>	<b>0.00</b>	<b>59,970.00</b>	<b>0.00</b>	<b>-59,970.00</b>

		3400		
		Monthly Activity	Biennium Activity	Financial Plan
REVENUES	REVENUE	256,915.8	2,386,837.84	3,570,000.00
	Total	256,915.8	2,386,837.84	3,570,000.00
EXPENDITURES	PERSONAL SERVICES	76,375.04	1,118,006.44	1,944,574.00
	SERVICES AND SUPPLIES	38,231.11	688,510.02	1,590,686.00
	CAPITAL OUTLAY	0	59,970	0.00
	Total	114,606.15	1,866,486.46	3,535,260.00
TRANSFER OUT	TRANSFER OUT	0	104,242	226,800.00
	Total	0	104,242	226,800.00

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

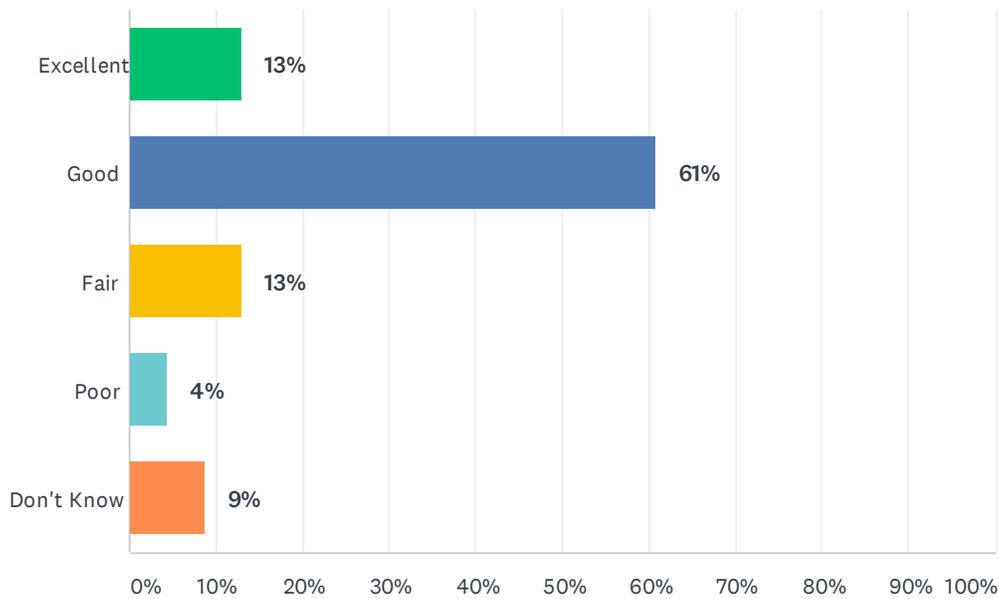
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	30%	7
Good	35%	8
Fair	22%	5
Poor	13%	3
<b>TOTAL</b>		<b>23</b>

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

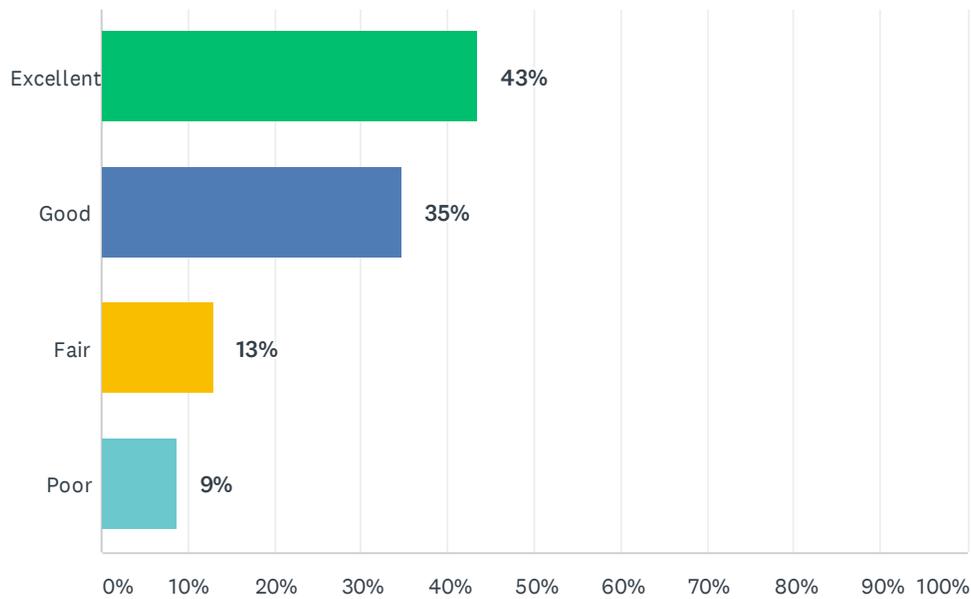
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	13%	3
Good	61%	14
Fair	13%	3
Poor	4%	1
Don't Know	9%	2
<b>TOTAL</b>		<b>23</b>

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

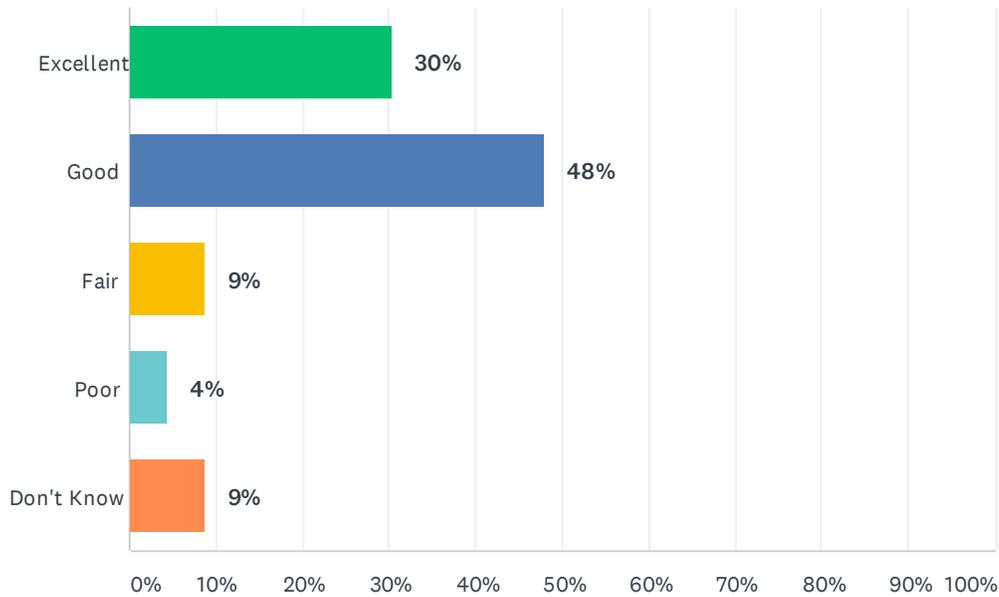
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	43%	10
Good	35%	8
Fair	13%	3
Poor	9%	2
<b>TOTAL</b>		<b>23</b>

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

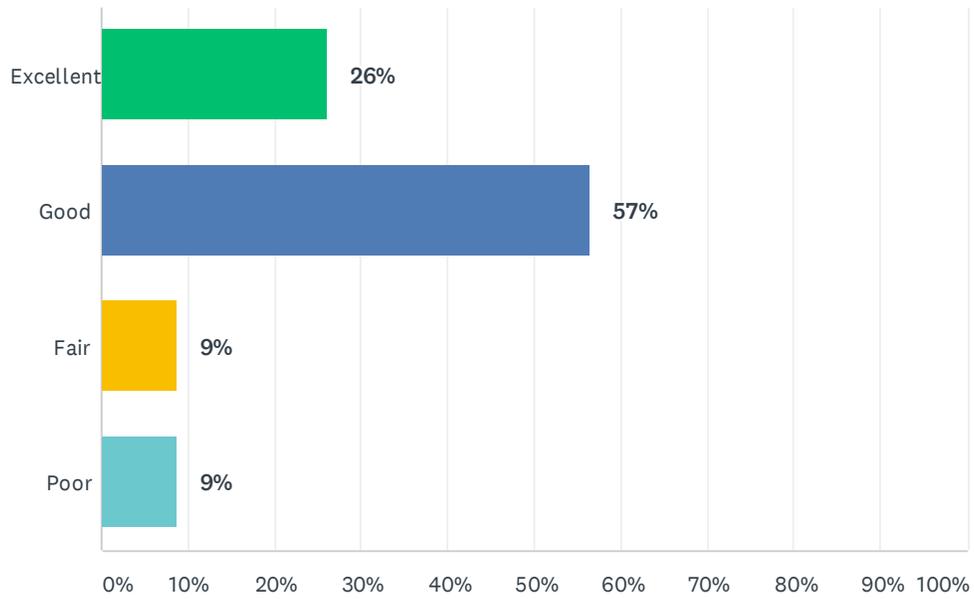
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	30%	7
Good	48%	11
Fair	9%	2
Poor	4%	1
Don't Know	9%	2
<b>TOTAL</b>		<b>23</b>

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

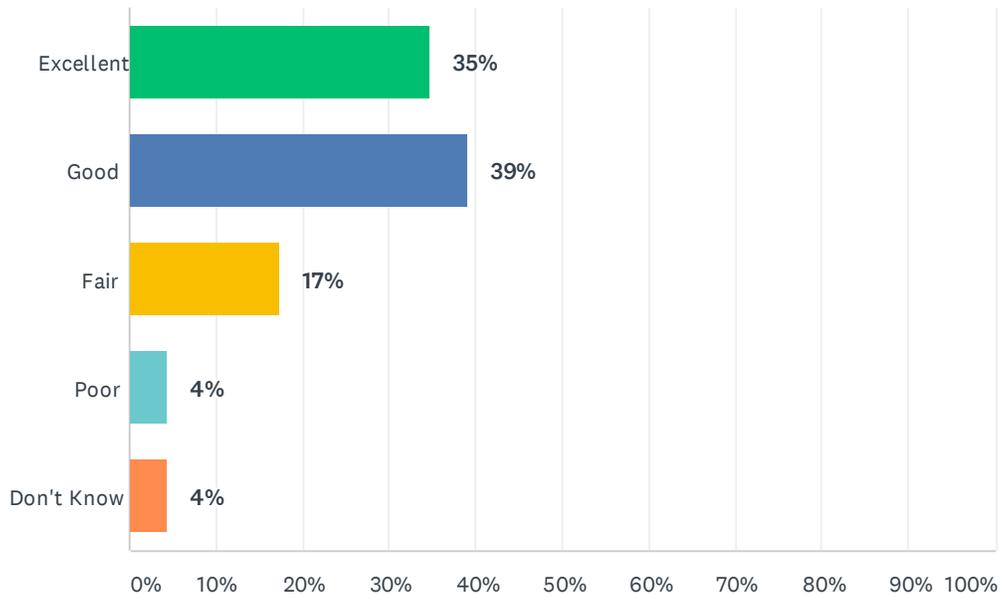
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	26%	6
Good	57%	13
Fair	9%	2
Poor	9%	2
<b>TOTAL</b>		<b>23</b>

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

Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	35%	8
Good	39%	9
Fair	17%	4
Poor	4%	1
Don't Know	4%	1
<b>TOTAL</b>		<b>23</b>

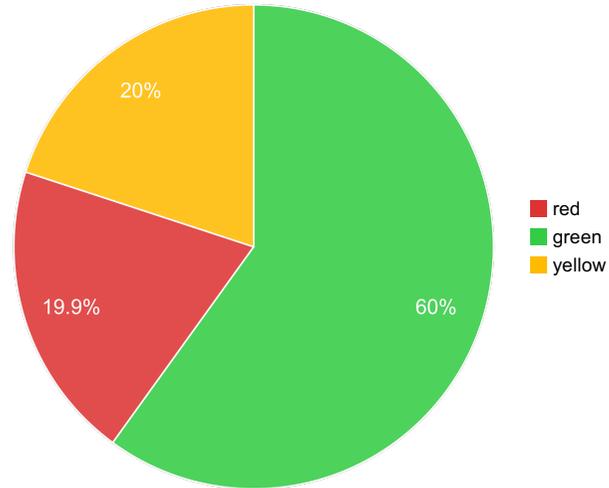
# Dentistry, Board of

Annual Performance Progress Report

Reporting Year 2020

Published: 9/28/2020 8:18:04 AM

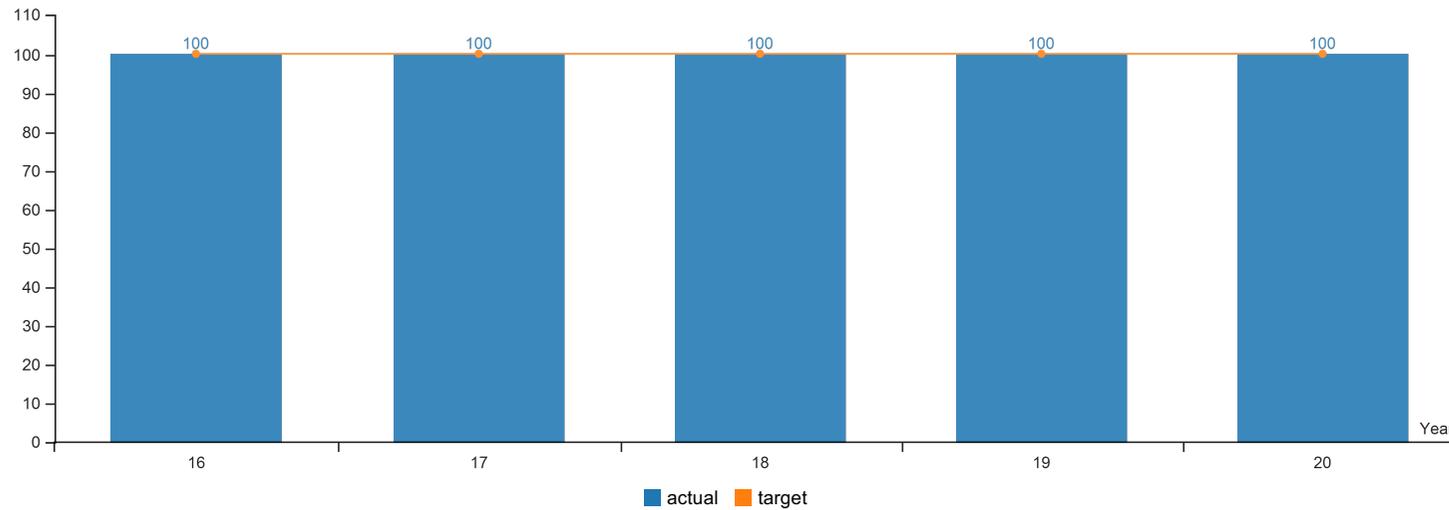
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - 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:	60%	20%	20%

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	2016	2017	2018	2019	2020
<b>Percent of Licensees in Compliance with Continuing Education Requirements</b>					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

**How Are We Doing**

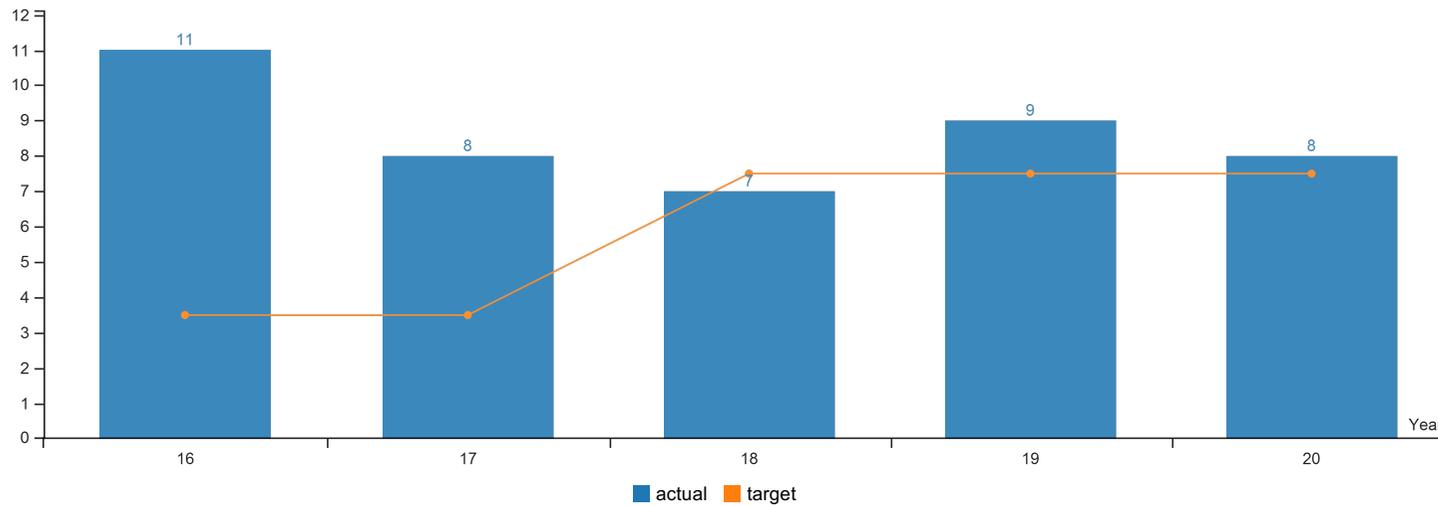
For FY 2020 we accomplished this goal by requiring our Licensees to complete continuing education requirements. We monitor their compliance with questions on their license renewal forms and with audits. Staff follows up with Licensees as needed to ensure all requirements are met.

**Factors Affecting Results**

Experienced staff work with our Licensees to communicate effectively regarding the continuing education requirements.

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	2016	2017	2018	2019	2020
<b>Average time to Investigate Complaints</b>					
Actual	11	8	7	9	8
Target	3.50	3.50	7.50	7.50	7.50

#### How Are We Doing

For FY 2020 the investigators worked hard to close a number of pending cases that dragged on due to them being part of or considered for the Health Professionals' Services Program. Other cases were finally resolved that were delayed for legal due process and complicated cases involving multiple licensees and voluminous records.

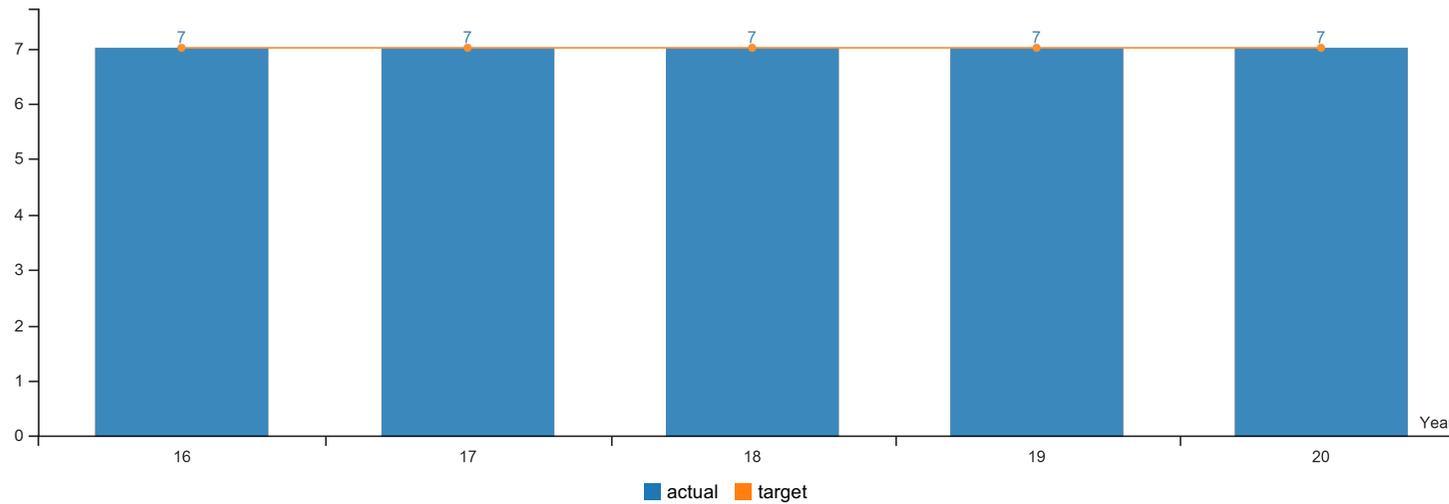
Investigations always take time for a number of reasons: the number of treatment providers involved, the complexity of the case, the timely responses of those involved in the matter and the cooperation of the parties as well.

#### Factors Affecting Results

The total number of investigations opened in FY 2020 was 216, compared to 281 in FY 2019. The number of cases closed in FY 2020 was 286, compared to 315 in FY 2019. We surmise the lower number of new cases opened was because the pandemic closed or severely limited operations at many dental practices for 4 months of this reporting period.

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	2016	2017	2018	2019	2020
<b>Average Number of Working Days to Issue license after Paperwork is Completed.</b>					
Actual	7	7	7	7	7
Target	7	7	7	7	7

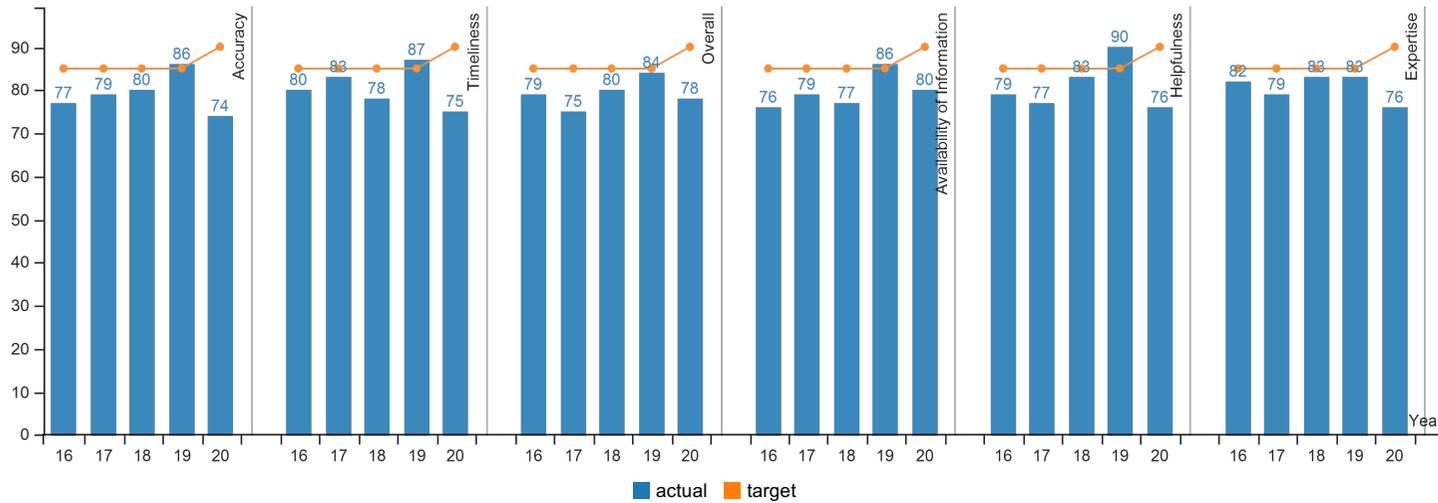
**How Are We Doing**

For FY 2020 we achieved this goal. The Board's strategy is that the processing of accurate and complete paperwork for the issuance of a new or renewed license, should take place in a reasonable period of time to fulfill one of our statutory requirements of those desiring ta license from the Oregon Board of Dentistry in a timely fashion.

**Factors Affecting Results**

It is one of our top priorities that applications and renewals be processed accurately and efficiently and that we not create any barriers for someone to practice once they meet all applicable statutes and rules.

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	2016	2017	2018	2019	2020
<b>Accuracy</b>					
Actual	77%	79%	80%	86%	74%
Target	85%	85%	85%	85%	90%
<b>Timeliness</b>					
Actual	80%	83%	78%	87%	75%
Target	85%	85%	85%	85%	90%
<b>Overall</b>					
Actual	79%	75%	80%	84%	78%
Target	85%	85%	85%	85%	90%
<b>Availability of Information</b>					
Actual	76%	79%	77%	86%	80%
Target	85%	85%	85%	85%	90%
<b>Helpfulness</b>					
Actual	79%	77%	83%	90%	76%
Target	85%	85%	85%	85%	90%
<b>Expertise</b>					
Actual	82%	79%	83%	83%	76%
Target	85%	85%	85%	85%	90%

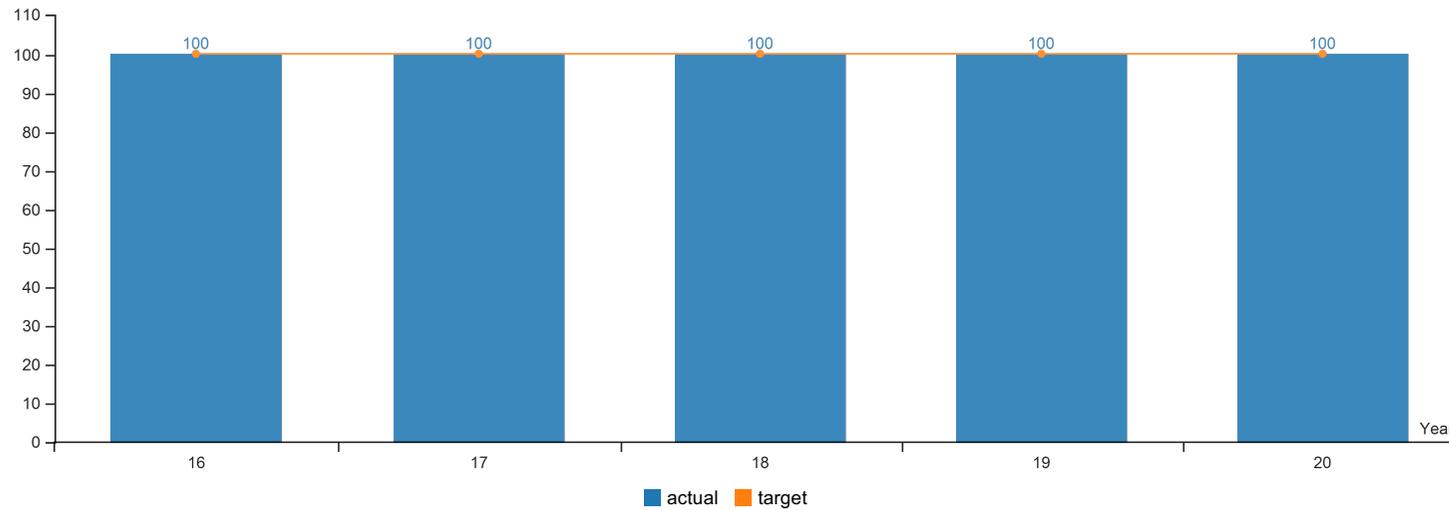
For FY 2020 we did not achieve this goal. Although targets were not met, the overall response is positive and we will continue to encourage people to submit feedback and review the comments received, to assess our service. The survey results were negatively impacted due to the pandemic and subsequent feedback from licensees that were less than pleased with decisions by the state to permit dental operations to resume. As the pandemic and response to it carried on through the year the overall response to our surveys were more in line with past results, and overall positive.

**Factors Affecting Results**

People choose to respond to surveys and we will continue to promote the survey and encourage feedback. We take the feedback seriously and it helps the Board in messaging and understanding the concerns of our Licensees and stakeholders.

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	2016	2017	2018	2019	2020
<b>Compliance with Best Practices Performance Measurement</b>					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

**How Are We Doing**

For FY 2020 we achieved 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 21, 2020 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.	✓	
<b>Total Number</b>	<b>15</b>	
<b>Percentage of total:</b>	<b>100%</b>	

At the August 21, 2020 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.



**TRI-COUNTY METROPOLITAN TRANSPORTATION  
DISTRICT OF OREGON**

**EMPLOYER CONTRACT  
FOR**

**TRIMET ALTERNATE UNIVERSAL ANNUAL PASS FARE PROGRAM**

This Contract is entered into **September 1, 2020** by and between the Tri-County Metropolitan Transportation District of Oregon ("TriMet") and **OREGON BOARD OF DENTISTRY** ("Employer") located at **1500 SW 1st Avenue, Suite 770, Portland, OR 97201**.

1. Universal Annual Pass Program  
Employer shall implement the Universal Annual Pass Program at Employer's work site(s) in accordance with the attached and incorporated Exhibit A, Universal Annual Pass Administrative Program Requirements (Program Requirements) as may be amended by TriMet. By signature hereto, Employer certifies that it has read and agrees to be bound by all of the Program Requirements, including but not limited to the Requirements initialed by Employer and those applicable to the Institutional Web Portal ("Services").
2. Term  
This Contract shall be in effect from the date listed above through August 31, 2021, unless terminated sooner by TriMet as provided in the Program Requirements. TriMet also may terminate this Contract upon 30 days advance written notice to Employer, and in such event where Employer is in compliance with this Contract, TriMet will reimburse Employer for all returned Universal Annual Passes based on the number of days remaining in the Contract term.
3. Employer Payment  
Employer's total payment due under this Contract is **\$3,070.98**. Refer to the Exhibit B Schedule for calculation of Universal Annual Pass price. Employer's Universal Annual Pass price per employee per year under this Contract is **\$511.83**. Additional fare instruments purchased during the contract year will be prorated based on this price, as set forth in section E.2) of Exhibit A of this Contract.
4. Universal Annual Pass Qualified Employees  
The total number of Employer's qualified employees, as defined in Exhibit A, Paragraph B, is **6**.
5. Correspondence/Communications  
(a) TriMet's Marketing Representative and Employer's Transportation Coordinator shall be responsible for routine, day-to-day correspondence and communications regarding Employer's implementation of the Pass Program. Upon commencement of this Contract, TriMet and Employer shall provide written notice to each other of the name and address of their respective designated Marketing Representative and Transportation Coordinator, and shall provide prompt written notice of any change thereto.

(b) All notices required to be given by the terms of this Contract shall be provided in writing and signed by the person serving the notice, and shall be sufficient if given in person, mailed postage pre-paid certified return receipt or telefaxed (with confirmation record) to the persons at the signature addresses below, or to such other address as either party may notify the other of in writing. Any notice given personally shall be deemed to have been given on the day that it is personally delivered or telefaxed (with confirmation record), and if mailed three days after the date of the postmark of such mailing.

6. Limitation of Liability

TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, TRIMET, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SERVICES PROVIDERS AND LICENSORS SHALL NOT BE LIABLE TO EMPLOYER OR ANYONE FOR ANY INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING BUT NOT LIMITED TO DAMAGES FOR LOST PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES (REGARDLESS OF WHETHER WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES), HOWEVER CAUSED, WHETHER BASED ON OR UPON CONTRACT, NEGLIGENCE, STRICT LIABILITY IN TORT, WARRANTY OR ANY OTHER LEGAL THEORY. IN NO EVENT SHALL TRIMET'S TOTAL LIABILITY TO YOU IN CONNECTION WITH THE PASS PROGRAM AND THE SERVICES FOR ALL DAMAGES, LOSSES AND CAUSES OF ACTION EXCEED AMOUNTS PAID TO TRIMET THEREUNDER DURING THE PRIOR 12 MONTHS.

7. Indemnity

EMPLOYER AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS TRIMET AND ITS OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS, AGENTS, LICENSORS, SUPPLIERS, SUCCESSORS AND ASSIGNS FROM AND AGAINST ANY CLAIMS, LIABILITIES, DAMAGES, JUDGMENTS, AWARDS, LOSSES, COSTS, EXPENSES OR FEES (INCLUDING REASONABLE ATTORNEYS' FEES) ARISING OUT OF OR RELATING TO VIOLATION OF THIS CONTRACT, INCLUDING WITHOUT LIMITATION EMPLOYER'S USE OF THE SERVICES OTHER THAN AS EXPRESSLY AUTHORIZED IN THIS CONTRACT.

8. No Third Party Beneficiary

Employer and TriMet are the only parties to this Contract and as such are the only parties entitled to enforce its terms. Nothing in this Agreement gives or shall be construed to create or provide any legal right or benefit, direct, indirect or otherwise to any other party unless that party is individually identified by name herein with the express and stated designation as an intended beneficiary of the terms of this Contract.

9. Authority

Each party represents that the individual signing below on their respective behalf, is duly authorized by that party to enter into this Contract.

10. Entire Agreement

This Contract and any attached exhibits constitute the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Contract. No waiver, consent, modification or change of terms of this Contract shall bind either party unless in writing and signed by both parties and all necessary approvals have been

obtained. Such waiver, consent, modification or change, if made shall be effective only in the specific instance and for the specific purpose given.

11. Execution of Contract

This Contract and any written modifications thereto, may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a "pdf" format date file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or "pdf" signature page were an original thereof.

**OREGON BOARD OF DENTISTRY**

**THE TRI-COUNTY METROPOLITAN  
TRANSPORTATION DISTRICT OF  
OREGON**

By: \_\_\_\_\_  
*signature*

By: \_\_\_\_\_  
*signature*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*please print*

Name: Bernie Bottomly

Title: \_\_\_\_\_

Title: Executive Director of Public Affairs

Address: \_\_\_\_\_

Address: 1800 SW 1<sup>st</sup> Avenue, Suite 300  
Portland, Oregon 97201

Telephone Number: \_\_\_\_\_

**TriMet Alternate Universal Annual Pass Fare Program**  
**ADMINISTRATIVE PROGRAM REQUIREMENTS**  
Effective September 1, 2020

The TriMet Universal Annual Pass Program (“Program”) is available to employers within TriMet’s service district who purchase annual passes for their employees. Participating employers are required to implement the Program in accordance with the terms of these Administrative Program Requirements (“Requirements”) and as otherwise determined by TriMet.

**A. Definition Of A Worksite**

- 1) A “worksite” is a building or group of buildings located at one physical location within the TriMet service district and under the control of an employer.
- 2) An employer with multiple worksites in the district may include out-of-district worksites, provided that the out-of-district worksite represents less than 25% of the employer’s total number of enrolled employees within the TriMet district.

**B. Definition Of A Qualified Employee**

- 1) Participating employers must purchase a Universal Annual Pass (Pass) for each qualified employee (100% participation) at each participating worksite regardless of whether the employee uses transit at the time of purchase.
- 2) For the purposes of the Program, a “qualified” employee is defined as any person on, or expected to be on, the employer’s payroll, full or part-time, for at least six consecutive months, including business owners, associates, partners, and partners classified as professional corporations. Part-time is defined as 80 or more hours per 28-day period.
- 3) An employee who works at multiple worksites is considered a qualified employee at the worksite of his/her cost center. A cost center is the department through which the employee’s salary is paid.
- 4) Contract employees, per-diem employees, and/or temporary employees are considered qualified employees only if they are covered under the employer's benefits package.
- 5) Exempted from the Program are:
  - Part-time volunteers (defined as less than 80 hours per 28-day period);
  - Full-time volunteers (defined as 80 or more hours per 28-day period);
  - Employees working less than part-time (less than 80 hours per 28-day period);
  - Field personnel required to use their personal vehicle as a condition of their job;
  - Employees whose regular work commute has either a start or an end time outside of TriMet’s service hours (service hours are 5:00 A.M through 1:00 A.M.);
  - Residents of the State of Washington;
  - Independent contractors;
  - Temporary or seasonal employees hired for a term of less than six (6) months;
  - Employees exempted by the Department of Environmental Quality (DEQ) for Employee Commute Option (ECO) rule purposes;
  - Regularly sworn officers of local law enforcement agencies within the TriMet boundaries, including the Oregon State Police; and
  - Employees who have an annual transit pass from another source (i.e., employee is a TriMet dependent or works for two employers and has received a pass through the other employer).

The total number of employee exemptions shall not exceed 50% of the employer’s total employee population. If an employer wishes to include categories of exempted employees and/or volunteers in the Program, as defined in B.5) above, the exempted personnel to be included must have a TriMet approved fare instrument. The employer must purchase a Pass for 100% of the category(s) of exempted personnel.

- 6) The employer’s authorized representative must execute an Employer Declaration, a form of which is attached as Exhibit C, attesting to the number of employer’s qualified employees.

### C. Definition of Transit Mode Split

- 1) The transit mode split is defined as follows:  
(Total number of transit trips to the worksite by qualified employees) divided by (Total number of trips to the worksite by qualified employees).
- 2) If more than one commute mode is used to travel to a worksite, the commute mode for the longest portion of the trip constitutes the commute mode for the purposes of the Program.

### D. Program Requirements; General

- 1) The Program shall be based on an annual contract term of September 1 through August 31 in accordance with Paragraph F below. For employers joining the Program mid-year, the Program cost shall be prorated based on the number of months remaining in the contract term (September 1 through August 31).
- 2) TriMet will issue Universal Annual Pass fare instruments (validation stickers, or contactless fare cards containing a Universal Annual Pass, as determined by TriMet) for all qualified employees at the employer's contract price. If the employer hires additional qualified employees during the contract term, the employer shall purchase additional fare instruments, at a prorated cost based on the number of months remaining in the contract term (September 1 through August 31) for these additional new hires.
- 3) TriMet does not prohibit employers from re-selling the Passes to their employees; however, the selling price shall not exceed the per employee Pass price paid by Employer under this contract.
- 4) TriMet will not provide refunds for terminated employees. Replacement fare instruments will be provided for replacement employees only in accordance with paragraph F.3) below.
- 5) Employer shall designate and authorize a Program Administrator(s) to assist in implementation of these Requirements, including authorizations necessary for the Program Administrator to access and utilize TriMet's Institutional Website on behalf of Employer. Employer assumes sole responsibility for ensuring that Program Administrator(s) are duly authorized to administer the Program on behalf of Employer.

### E. Program Contract Pricing

Employer's per Pass pricing calculation formula is shown on the Exhibit B Schedule, attached hereto.

### F. Program Fare Instrument; Use of Fare Instrument; Remedies

- 1) Employer shall be responsible for distributing to each participating employee, a TriMet approved fare instrument, which shall be either a photo identification (ID) card affixed with a TriMet issued validation sticker or a contactless fare card (HOP FastPass). The Employer shall verify participating employee eligibility before a fare instrument is provided to an employee. Only the Employer's Program Administrator(s) may provide participating employees with a fare instrument, including affixing the validation sticker to employee photo ID cards, or distributing contactless fare cards. Only one fare instrument may be distributed per employee.
- 2) For Employers using a fare instrument consisting of an Employer's photo ID card affixed with a validation sticker:
  - a. The employee's ID card with the affixed validation sticker shall constitute the fare instrument and must be carried by the employee as proof of fare payment. Employee photo ID cards already provided by the Employer, may be used as the fare instrument when affixed with a validation sticker if approved by TriMet prior to use. The ID card must display the following:
    - i) A photo of the employee;
    - ii) The employee's name; and
    - iii) The employer's company name.
  - b. The validation sticker must be placed on the ID card, near the employee's photo. The validation sticker remains the property of TriMet, the use of which is subject to the terms of the contract between Employer and TriMet.
  - c. The employee's photo ID card with an affixed validation sticker is valid as the fare instrument through the month and year shown on the validation sticker, and shall allow travel on TriMet services within the TriMet service district, including LIFT paratransit service, as well as Portland Streetcar.

- d. TriMet does not replace lost or stolen validation stickers. TriMet, in its sole discretion, may replace damaged or destroyed validation stickers. TriMet reserves the right to require employers to provide adequate documentation of the damaged or destroyed validation stickers(s). If Employer cannot provide documentation of damaged or destroyed sticker(s), the Employer may purchase additional stickers at a prorated Pass price based on the number of months remaining in the contract year (September 1 through August 31).
  - e. TriMet may provide replacement stickers for replacement employees. Employer must collect the employee validation sticker upon an employee's separation from employment. TriMet reserves the right, in its sole discretion, to require Employer to provide upon request the separated employee's validation sticker or other written documentation approved by TriMet evidencing that the Employer has disabled the effectiveness of the separated employee's fare instrument.
  - f. At the request of Employer, TriMet may produce photo ID cards to be used as the fare instrument when affixed with a validation sticker. TriMet may charge a reasonable administrative fee for this service.
- 3) For Employers using contactless Hop Fastpass cards (fare cards) as the fare instrument:
- a. TriMet approved contactless fare cards containing a Universal Annual Pass fare may also be used as the valid fare instrument. Fare cards shall include the Employer's name and employee's name, and may also include a photo.
  - b. If the approved fare card does not include a photo, the employee may be asked to display other valid photo identification as proof of their identity.
  - c. TriMet may produce fare cards for participating Employers, and may charge a reasonable administrative fee for this service. Fare cards produced by TriMet remain the property of TriMet, the use of which is subject to the terms of the contract between Employer and TriMet.
  - d. Employers may produce their own personalized fare cards, if approved by TriMet, which must include the Employer's name, employee's name, and may include a photo of the employee. In this case, blank white plastic card stock developed to interact with a contactless card reader will be provided by TriMet to the Employer, to be used solely for the purpose of creating a fare card for use on TriMet service.
  - e. Fare cards are intended to be reused by the employee, and may be used for the subsequent contract year when containing a Universal Annual Pass fare valid for that period.
  - f. Prior to providing the employee with a fare card containing an Annual Pass, Employer shall obtain the employee's written agreement to the Program guidelines and participant responsibilities "Employee Agreement Form" provided by TriMet, which shall include the employee's acceptance and agreement to the Privacy Policy located at <https://myhopcard.com/home/privacy>. After receiving the initial fare card, the employee must sign a new "Employee Agreement Form" when receiving a new pass only when TriMet updates its Universal Pass Privacy Policy or Program guidelines.
  - g. Employers shall be required to maintain a record associating card ID number with a unique employee identifier. Employers shall be required to upload a list including employee's first name, last name, and email address via CSV file to the Institutional Web Portal, as further described in Section 3.
  - h. Employees are required to tap their contactless card prior to each vehicle boarding and upon occupying any TriMet district areas requiring proof of fare payment. Employees must sign a written statement accepting these proof of fare payment provisions.
  - i. A valid fare instrument shall allow travel on TriMet services within the TriMet service district during the contract term, including LIFT paratransit service, as well as Portland Streetcar.
  - j. TriMet may replace lost, stolen, or damaged Hop Fastpass fare instruments for Employer's participating employees, and may charge the Employer a reasonable administrative fee for this service. To be eligible for replacement, the employee's fare instrument must first be disabled by Employer's Program Administrator. Employer may also request that TriMet disable the fare instrument, and in this case, TriMet reserves the right to require Employer to provide additional information about the lost, stolen or damaged fare instrument, such as card ID number. If the fare instrument cannot be disabled, the Employer may purchase additional fare instruments based on the number of months remaining in the contract year (September 1 through August 31).

- k. TriMet may provide replacement fare instruments for replacement employees. To be eligible, the Employer must have disabled the fare instrument issued to the separated employee. Employer may also request that TriMet disable the fare instrument, and in this case, TriMet reserves the right to require Employer to provide additional information about the replaced fare instrument, such as card ID number. Replacement fare instruments shall be provided only in accordance with the requirements set forth in this paragraph F.3).
- 4) The fare instrument is non-transferable and is a valid fare instrument only for the participating employee to whom it is issued. The fare instrument may not be provided to, sold to, or used by anyone other than the participating employee to whom it is issued. Use of the fare instrument is subject to all provisions in the TriMet Code, violation of which may result in fines and/or exclusion.
- 5) Any alteration of the fare instrument, including removal of the validation sticker's serial number, shall render the fare instrument invalid.
- 6) In the event that TriMet reasonably believes that any of an Employer's employees has duplicated, altered, or otherwise used the fare instrument in a manner not authorized by this Contract, upon notice from TriMet, Employer shall conduct a reasonable investigation of the matter, including notice to the employee and an opportunity for the employee to respond. Employer shall submit written findings of its investigation to TriMet. TriMet reserves the right to make its own independent investigation and determinations as to whether the misuse occurred. If, based on the results of an investigation, TriMet determines that the misuse occurred, TriMet reserves the right to require the Employer to return the employee's fare instrument or provide written assurance to TriMet that Employer has disabled the effectiveness of the employee's fare instrument. Employer shall not forward any Employer-generated photo ID cards to TriMet. In addition, TriMet reserves all rights and remedies available under law.
- 7) If TriMet reasonably believes that Employer has provided falsified information, intentionally provided fare instruments to non-participating employees or other ineligible persons, or that Employer is otherwise in breach of the contract including but not limited to failure to make a contract payment when due, TriMet reserves the right in its sole discretion to demand within the timelines specified by TriMet, that Employer return any or all fare instruments or that Employer provide other assurance that Employer has disabled the effectiveness of any fare instruments, and may also immediately terminate the Contract. In addition, TriMet reserves all rights and remedies available under law. In the event of contract termination by TriMet, Employer's sole remedy shall be reimbursement for the remainder of the contract term, so long as fare instruments are disabled, employer's failure to distribute the fare instruments does not constitute a breach of the contract, and employer is otherwise not in default of the contract terms. Any reimbursement to employer may be prorated by TriMet based on the number of days remaining in the contract term.
- 8) In the event a lawsuit is filed to obtain performance of any kind under this Contract, the prevailing party is entitled to additional sums as the court may award for reasonable attorney fees, all costs, and disbursements, including attorney fees, costs, and disbursements on appeal.
- 9) In no event shall either party be liable for any consequential, special, incidental or punitive damages, whether under theory of tort, contract, statute or otherwise.

G. Use of Institutional Web Portal; Website Terms of Service

- 1) The Employer's Program Administrator shall use an Institutional Web Portal ("Services") as a tool to administer and manage the Employer's Program.
- 2) Program Administrators, pending approval by TriMet, shall be given secure login credentials to access their Employer's Program account using the Services. Program Administrators shall use the Services for the sole purpose of managing their Employer's Program, and only as provided in these Requirements. Program Administrators are responsible for any activity that occurs under their account. Program Administrators shall keep usernames and passwords secure and shall not allow anyone else to use them to access the Services. TriMet is not responsible for any loss that results from the unauthorized use of Program Administrator's username and password, with or without Program Administrator's knowledge.
- 3) Using the Services, Program Administrators shall be able to perform certain tasks including, but not limited to:
  - a. Order fare instruments.
  - b. Order fare products.

- c. Manage and edit their Employer's account profile, such as maintaining contact information and shipping information.
  - d. Manage their employee participant's fare cards, including blocking cards (deactivate) in case of loss or theft, and unblocking cards (reactivate).
- 4) Employer's use of the Services is subject to TriMet's Privacy Policy, located at: <https://myhopcard.com/home/privacy>.
- 5) All content included in or through the Services, such as text (including blog posts, schedules, arrival information, fare information), graphics (including maps), designs, logos, presentations, videos, data, instructions, photos, and software (the "Materials"), is the property of TriMet or its licensors. The Materials are protected by copyright, trademark and other intellectual property laws. TRIMET®, WES®, TRANSITTRACKER™, HOP FASTPASS™ and other trademarks, service marks and logos that we use, are trademarks of TriMet. Third-party trademarks that appear in connection with the Services are the property of their respective owners. The trademarks displayed in connection with the Services may not be used without express written permission.
- 6) TriMet grants Employer a personal, United States, royalty-free, non-assignable and non-exclusive license to use the Materials available as part of the Services. This license is for the sole purpose of using the Services for TriMet's intended purposes and is subject to the license restrictions below.
- 7) Unless laws prohibit these restrictions or you have our written permission, Employer may not:
- a. Copy, modify, distribute, sell, or lease any part of our Services or included software;
  - b. Reverse engineer or attempt to extract the source code of our software or copy the scripts of the website;
  - c. Download, print, copy, distribute or otherwise use Materials for commercial purposes, including commercial publication, sale or personal gain;
  - d. Use any manual process or robot, spider, scraper, or other automated means to collect information or Materials from the Services or from users of the Services;
  - e. Circumvent any of the technical limitations of the Services or interfere with the Services, including by preventing access to or use of the Services by our other users;
  - f. Change or remove any copyright, trademark, or other proprietary notices, including without limitation attribution information, credits, and copyright notices that have been placed on or near the Materials;
  - g. Impersonate any person or entity or misrepresent yourself or your entity in connection with the Services, or attempt to use another user's account without the user's permission; or
  - h. Post or transmit through the Services any material that reasonably could be considered obscene, lewd, lascivious, excessively violent, harassing, or otherwise objectionable to some or all users.
- 8) Feedback and participation are important to us. With respect to any content submitted or made available to TriMet (including through our "Contact Us" pages), Employer grants to TriMet a non-exclusive, perpetual, worldwide, fully paid and royalty-free, transferable license to use, copy, distribute, publicly display, modify, and create derivative works from such content, for the limited purpose of operating, promoting, and improving the Services, and to develop new Services. In the event that Employer submits or posts any creative suggestions, proposals, or ideas about TriMet products and services, Employer agrees that such submissions will be automatically treated as non-confidential and non-proprietary. TriMet may use Employer's Feedback without any obligation or credit to Employer.

- 9) THE SERVICES AND MATERIALS ARE PROVIDED “AS IS,” “AS AVAILABLE,” AND WITHOUT WARRANTIES OF ANY KIND. ALL USE OF THE SERVICES AND MATERIALS IS AT EMPLOYER’S SOLE RISK. TO THE FULLEST EXTENT PERMITTED BY LAW, TRIMET DISCLAIMS ALL WARRANTIES OF ANY KIND, WHETHER EXPRESS, IMPLIED OR STATUTORY, INCLUDING WITHOUT LIMITATION IMPLIED WARRANTIES OF TITLE, QUALITY, PERFORMANCE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, ACCURACY, AND NON-INFRINGEMENT, AS WELL AS WARRANTIES IMPLIED FROM A COURSE OF DEALING OR COURSE OF PERFORMANCE. TRIMET DOES NOT WARRANT THAT THE SERVICES WILL BE CONTINUOUS, PROMPT, SECURE, OR ERROR-FREE. TRIMET ASSUMES NO LIABILITY FOR ANY ERRORS OR OMISSIONS, INCLUDING THE INACCURACY OF CONTENT, OR FOR ANY DAMAGES OR LOSSES THAT EMPLOYER OR ANY THIRD PARTY MAY INCUR AS A RESULT OF THE UNAVAILABILITY OF THE SERVICES. TRIMET ASSUMES NO RESPONSIBILITY, AND SHALL NOT BE LIABLE FOR, ANY DAMAGES TO EMPLOYER’S EQUIPMENT, DEVICES OR OTHER PROPERTY CAUSED FROM USE OF THE SERVICES.

H. Payment Options; Issuance of Fare Instruments; and Contract Remedies

- 1) The employer shall be required to enter into a written contract based on the annual term of September 1 through August 31, in a minimum annual amount of the Annual Adult pass price. The contract amount may be prorated for less than one year, as provided for in these program requirements. An Employer signed contract must be received by TriMet before the contract start date.
- 2) Subject to (a) and (b) below, Employers with a total contract amount of \$6,050 or greater may elect to submit the total payment amount in full, or shall pay the total payment in equal quarterly installments. Employers with a total contract amount of less than \$6,050 must submit payment in full.
  - a. Payment in Full: All Employers new to the Program must submit full payment prior to receiving fare instruments. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced with payment due net 30 days from the invoice date or the contract start date, whichever is later.
  - b. Quarterly Payments: Employers new to the Program that are eligible to elect to make quarterly payments are required to submit payment for the first quarter prior to receiving fare instruments, with subsequent quarterly payments due net 30 days from the invoice date. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet will be invoiced for the first quarter with payment due net 30 days from the invoice date or the contract start date, whichever is later.
- 3) Payment for additional fare instruments purchased throughout the contract year must be paid in one lump sum, and will not be calculated into remaining quarterly payments. Payment for additional fare instruments is due net 30 days from the date of the invoice. If employer is an entity for which applicable law specifies a maximum time period for payment, that maximum time period shall apply.
- 4) If approved by TriMet, Employer may also purchase limited use disposable tickets, including 1-Day Passes and 2½-Hour Tickets. Employers new to the Program must submit payment in full before fare products will be shipped. Employers with prior credit approval from TriMet will be invoiced for fare products with payment due net 30 days from the invoice date.
- 5) Payments not received by the due date will accrue interest at an annual rate of 18%. If employer is an entity for which applicable law specifies a maximum interest rate that the entity may pay, that maximum interest rate shall apply.
- 6) In the event an employer fails to make a payment as scheduled in the contract, TriMet reserves all its rights and remedies under law, including but not limited to the right to suspend future issuance of fare instruments and as otherwise provided in Paragraph F above.
- 7) Invoices past due over 90 days will be forwarded to TriMet’s Legal Department for further action.
- 8) Payment(s) shall be made by either ACH or submitted to TriMet’s Finance Department, Attn: TriMet #43002 P.O. Box 35146 Seattle, WA 98124-9828.
- 9) Fare instruments will be provided to the employer, normally within ten (10) business days of TriMet’s receipt of an employer’s total payment or first quarterly installment due as described above. For employers renewing their participation in the Program by executing a new contract, and with prior credit approval from TriMet, fare instruments will be provided normally within ten (10) business days of receipt of an

employer's signed contract. TriMet is not responsible for late deliveries. A designated representative of the employer must sign for receipt of the fare instruments. TriMet reserves the right to limit the number of fare instruments provided at any one time, or to determine the distribution schedule thereof.

I. Employer Designated Agents

- 1) Employer may elect to participate in the Program through their designated agent ("Employer Designated Agent"). Employer Designated Agent will enter into a contract with TriMet for implementation of the Program in accordance with these Program requirements, including the purchase of and payment for fare instruments.
- 2) Employer Designated Agent must be an incorporated entity, established for the purpose of providing administrative services to facilitate employer transportation options or other employer related services, including commercial or industrial property management and/or other transportation related services.
- 3) Upon TriMet's request, Employer Designated Agent shall provide TriMet with written authorization from employer on employer's official letterhead evidencing employer's designation of Employer Designated Agent.

J. Information Required of Employers

- 1) Prior to contract approval, TriMet must receive the executed Employer Declaration attesting to the accuracy of the following information:
  - a. the total number of employees, in all work groups;
  - b. the total number of qualified employees, according to these Program Requirements;
  - c. the total number of employees in other employee work groups to also include in the Program.
  - d. A participating employer must update the information in the Employer Declaration on a quarterly basis, or in the event of a significant (10% or more) increase in the number of participating employees.
  - e. TriMet shall not be bound and assumes no obligation in any respect with regard to the Program until TriMet's authorized signator executes the contract.
- 2) TriMet, at its sole discretion, may require an employer to verify the number of qualified employees and to confirm employee status at any time during the term of the contract. TriMet may also require an employer to demonstrate that fare instruments are kept in secure locked storage, accessible only to the employer's designated program administrator(s).
- 3) Employees must sign a statement (Employee Agreement Form) verifying receipt of a fare instrument. The statement includes a signed acknowledgement by the employee that the fare instrument is non-transferable and may only be used by the employee to whom it was issued, and that the fare instrument must be returned to the employer upon separation from employment. Employees determined to knowingly violate these terms may face criminal prosecution for theft of services.
- 4) Each fare instrument includes a unique serial number for the purposes of tracking and control. For each employee that receives a fare instrument, the employer's designated program administrator, or the program administrator's designee, shall record the fare instrument's ID serial number on the Employee Agreement Form, along with the employees' signed statement agreeing to the terms and conditions of receiving the fare instrument.
- 5) All fields of the Employee Agreement Form must be completed in full. The employer must return a copy of the Employee Agreement Form to TriMet by October 1st, and make the form available for TriMet's review upon request by TriMet. The employer shall retain a copy of the Employee Agreement Form through the end of the contract period.
- 6) Employer shall provide TriMet an IRS (EIN) Employer Identification Number, or if Employer does not have an IRS EIN Employer shall supply a Social Security Number for purposes of compliance with IRS Section 6109. Employer shall submit a completed Federal IRS Form W-9 to TriMet, Attn: Revenue Accountant, 1800 SW 1<sup>st</sup> Avenue, Suite 300, Portland, Oregon, 97201, or by email to [AccountsReceivable@trimet.org](mailto:AccountsReceivable@trimet.org).



**TriMet Universal Annual Pass Program, "Off the top"**  
 • 2020-2021 Price Estimate Worksheet •  
Oregon Board of Dentistry  
 August 6, 2020

The TriMet Universal Annual Pass Program provides an opportunity for employers to purchase non-transferable Annual TriMet transit passes for all qualified employees. The pass price is based on transit ridership (transit mode split from Employer's most recent Employee Commute Options Survey) and the Adult Annual Pass price in effect during the term of the Universal Annual Pass Program contract, which runs each year from September 1st through August 31st. The Adult Annual Pass price for September 1, 2020 is \$1,100. The "Off the Top" program offers a 10% discount off the Price Per Employee from 2019-2020, with a price floor of 67% of the 2019-2020 contract year's Universal Pass actual expenses. The Price floor is the minimum contract total pass price. This program has a mandatory contract start date of September 1st, 2020. Employment figures will be provided by the Employer per a declaration, attached as Exhibit C.

**2020-2021 TriMet Universal Annual Pass Program Price Estimate**

Company Name	2019-2020 Contracted Price Per Employee	Total 2019-2020 Universal Pass expenses	"Off The Top" Price Per Employee Discount	Total Qualified Employees, 2020-2021	2020-2021 Price Floor	2020-2021 Total Pass Price
Oregon Board of Dentistry	\$568.70	\$4,549.60	\$511.83	6	\$3,048.23	\$3,070.98

<b>\$3,070.98</b>
<b>Total 2020-2021 Price</b>

Please confirm the information in **blue type** above is correct and complete the **blue box** below. Then, initial and date this Price Estimate Worksheet and submit it to your TriMet representative via email, or to [employerprograms@trimet.org](mailto:employerprograms@trimet.org). The prices shown on this Price Estimate Worksheet are estimates only and are subject to change. The final contract signed by TriMet and the Employer will contain the final program terms. **Any and all credits will be applied to your final invoice. PLEASE WAIT TO PAY UNTIL AFTER YOU RECEIVE YOUR INVOICE.**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Employer Initials**

\_\_\_\_\_ **TriMet Rep Initials**

<b>TriMet to Complete:</b>	
Co. ID#:	<u>5197</u>
Survey Date:	<u>6/1/2018</u>
Contract Start Date:	<u>9/1/2020</u>
Contract End Date:	<u>8/31/2021</u>

<b>Employer to Complete:</b>	
Employer Subsidy Level:	<u>      </u> % or \$ <u>      </u>
Payment Schedule:	<u>   </u> Annual or <u>   </u> Quarterly
Photo ID provided by:	<u>   </u> Employer or <u>   </u> TriMet

**EXHIBIT C**

**to Universal Annual Pass Fare Program**

**EMPLOYER DECLARATION**

I have personal knowledge of Employer's participation in TriMet's Universal Annual Pass Fare Program, and am duly authorized to make this Declaration. I hereby declare and attest that Employer has:

- a. 7 employees in all work groups;
- b. 6 qualified employees, according to this Program's requirements; and
- c. n/a employees in other employee work groups to also include in the Program.

I further agree to update the above information on a quarterly basis, or whenever there is an increase of 10% or more in the number of employees participating in the Program.

Stephen PRISBY  
Name

OSM Executive Director  
Title

8/7/2020  
Date

# AMPLIFYING the Voices of Equity

## Schedule, Sessions, and Speakers

2020 Diversity, Equity & Inclusion Conference ■ Virtual October 27, 28, and 29

<b>Tuesday, October 27 Morning Block / 8:00 a.m. to 12:00 p.m.</b>	
Welcoming Remarks	
Karen Tyler - <i>Compassion Fatigue</i>	<a href="#">page 2</a>
Dr. Edward Hubbard - <i>Diversity Return on Investment</i>	<a href="#">page 3</a>
Erika Bernabei, PhD - <i>Using an Antiracist / Racial Equity Framework for Impact in Government</i>	<a href="#">page 4</a>
<b>Tuesday, October 27 Afternoon Block / 4:00 p.m. to 6:30 p.m.</b>	
Welcoming Remarks	
Carol Johnson, JD, MA - <i>Doing What's Right Even If It Means Standing Alone</i>	<a href="#">page 5</a>
Jo-Nette Boyd, EMPA, and Andrea Breazeale-King, MSHR, MBA, SPHR - <i>Understanding Where I'm From: How Employees' Lived Experiences Impact the Workplace</i>	<a href="#">page 6</a>
<b>Wednesday, October 28 Afternoon Block / 12:00 p.m. to 6:00 p.m.</b>	
Welcoming Remarks	
Gerardo Ochoa, Ed.M. - <i>Building Inclusive Teams</i>	<a href="#">page 7</a>
Andraé L. Brown, PhD, LMFT - <i>Mental Health Resilience in Times of Racialized Violence</i>	<a href="#">page 8</a>
Pharoah Bolding - <i>Intersectionality vs Intersecting Identities</i>	<a href="#">page 9</a>
Oregon Historical Society - <i>Race in Oregon History: A Historical Perspective</i>	<a href="#">page 10</a>
<b>Thursday, October 29 Morning Block / 9:00 a.m. to 11:30 a.m.</b>	
Welcoming Remarks	
Dr. Emily Drew - <i>Why Equity? – Equity as a Value, Practice, &amp; Assumption</i>	<a href="#">page 11</a>
Dr. Larry Martinez - <i>Results from the Partners in Diversity Retention Project</i>	<a href="#">page 12</a>
<b>Thursday, October 29 Afternoon Block / 12:00 p.m. to 3:30 p.m.</b>	
Welcoming Remarks	
Emily Purry - <i>The Importance of Intersectionality</i>	<a href="#">page 13</a>
Nancy Thomas - <i>Emotional Intelligence in Race Reckoning Today</i>	<a href="#">page 14</a>
Sushmita Poddar - <i>Serving Humanity with Dignity in Equity</i>	<a href="#">page 15</a>



## Karen Tyler *Compassion Fatigue*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

- Intelligence (“EQ”)
- Methods to utilize EQ in navigating the heightened racial divide in our country, and
- Understand the importance of the concept called ‘being impeccable for your 50%’

A catalyst for transformation, growth and development, Karen is passionate about journeying with others and working in collaboration and partnerships with individuals, couples, teams and organizations as they evolve and grow. She champions others each step of the way by creating and implementing strategic plans. She is a torch that ignites and shines possibilities to others.

With her Bachelor and Masters of Social Work at Jane Addams College of Social Work at the University of Illinois at Chicago, Karen has served within the social and human service arena for nearly 30 years in the child welfare sphere as a caseworker, a supervisor and assistant program director for foster care, transitional living and independent living programs. She has enjoyed her role as an adjunct professor within the Bachelor’s and Master’s Program in the School of Social Work for almost a decade as she challenges the minds of emerging leaders. She is the founder and CEO of KDT Global Consulting and is also fluid in the area of Safety Intervention and Permanency Systems (SIPS) and Motivational Interviewing.

## Dr. Edward Hubbard

### *Diversity Return on Investment*



**Session Length: 90 minutes**

**Session Description & Takeaways:**

- **Create strategies that are supported by a strong business case using a “new strategic Diversity framework” and strategy tools**
- **Utilize a Diversity High Impact Tool to solidify Diversity’s line-of-sight to drive measurable business results and bottom-line impact, and**
- **Learn How to Calculate the return on investment impact of Diversity Initiatives on the organization’s bottom-line**

The author of more than 58 business-related books, Dr. Hubbard is president and CEO of Hubbard & Hubbard, Inc., an international organization and human performance consulting corporation. He is an expert in organizational behavior and analysis, applied performance improvement, ROI measurement strategies, strategic planning, training and development, instructional design, diversity measurement and analytics, and strategic organizational change methodologies.

Dr. Hubbard serves on the Harvard Business Review, Diversity Executive Magazine, Strategic Diversity & Inclusion Management (SDIM) magazine Editorial Advisory Boards, and the Board of Directors for The Ohio State University African American Black Alumni Society. He is a recipient of the “Sentry Award” for his Diversity Metrics and Analytics work with Military Leaders at the United States Pentagon. He also worked with Military Leaders as part of President Obama’s Military Diversity Leadership Commission (MDLC) at West Point.

Dr. Hubbard holds a Practitioner Certification and Master Practitioner Certification in Neurolinguistics Programming (NLP) and earned a Bachelor’s and Master’s Degrees from Ohio State University, and a Ph.D. with Honors in Business Administration.

## Erika Bernabei, PhD

*Using an Antiracist / Racial Equity Framework for Impact in Government*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

In this workshop participants will learn the basics of moving from good intentions to racially equitable impact in government work. The presenter will review the 7 principles of antiracist impact work, and offer two exercises to begin applying an impact driven methodology to agency work - including root cause analysis for strategy development and defining “better off” or impact measures for racial equity initiatives. A starter workshop for those ready to move from the head (thinking) and heart (feeling/experiences) to the hands (implementation!)

With her MA in Education Policy from Teachers College at Columbia University and a Ph.D. in educational Leadership from New York University, Erika Bernabei’s work bridges intentions and critical lived experience with accountability and impact in service of Black Indigenous People of Color community.

Erika is an expert in Results Based Accountability (RBA). Through Equity & Results, her company, and using the antiracist principles developed by the People’s Institute for Survival and Beyond in the Undoing Racism Workshop, Erika leads the strategic design and implementation of organizational and collaborative work to achieve racially equitable results. She uses results-driven racial equity principles to build the capacity to change existing systems and practices by replacing them with actions that address the problem’s root causes.

## Carol Johnson, JD, MA

### *Doing What's Right Even If It Means Standing Alone*



**Session Length: 90 minutes**

**Session Description & Takeaways:**

**As we move, with deliberation, toward a truly open and diverse workplace and community, it is up to each of us to:**

- **Understand the critical issues that face us as a global community**
- **Be deliberate in our efforts to be a part of change that unites**
- **Role model behavior that reinforces our commitment to diversity and inclusion, and**
- **Embrace the opportunity for positive change**

Director of the Region 10 Program Compliance Branch of the US Department of Housing and Urban Development (FHEO), Director Johnson also consults for organizations and businesses on diversity and inclusion, racial equity, strategic organizational management and change, capacity-building for new organizations and cultivating racial equity in the workplace by implementing anti-discrimination and pro-equity business practices for employers. She was named to Governor Kate Brown's Police Taskforce in June of 2020 in response to concerns about the lack of racial equity in interactions between law enforcement and people of color.

A passion for equity in employment, housing, policing, public accommodations, LGBTQ rights, voting rights and racial disparities in education, healthcare and policing has led Director Johnson to extensive work across the country. She served as the Director of Civil Rights at the Oregon Bureau of Labor and Industries, where she defended equal employment, housing, public accommodations, and career school opportunities. She was also the Founding Executive Director for Arkansas' first and only civil rights enforcement agency – the Arkansas Fair Housing Commission. Director Johnson is active in community and civic organizations and serves on boards dedicated to social and educational services such as the Oregon Black Pioneers, the Links and the United Negro College Fund, which equip others with the tools to be successful.

## Jo-Nette Boyd, EMPA, and Andrea Breazeale-King, MSHR, MBA, SPHR

*Understanding Where I'm From: How Employees' Lived Experiences Impact the Workplace*



**Session Length: 60 minutes**

### **Session Description & Takeaways:**

Employees project themselves at work based on their personal experiences. People have backgrounds that shape so much of who they are, and these directly relate to work habits and behaviors. This workshop will focus on the importance of understanding employees beyond what we see (i.e., college vs. on the job training, rural vs. urban, middle income vs. low income), the tip of the iceberg, to understand WHO they are. The workshop will explore the value that the different perspectives of others brings to a work group.

- Deeper appreciation for the value and different perspectives of all employees
- Ways to foster increased openness, improved teamwork, and more inclusive solutions in work groups, and
- Practice strategies where staff can bring the fullness of their lived experiences

As a Senior Manager at the Association of International Certified Professional Accounts, Jo-Nette focuses on ensuring member and customer loyalty and retention by offering the highest quality service experience. With her bachelor's degree in Economics with a concentration in Mathematics from North Carolina State University and her Executive Master in Public Administration from North Carolina Central University, Jo-Nette has a broad range of experiences. She has trained a team, drafted strategic initiatives, managed people and compliance projects in state government, insurance, and non-profit organizations. This background has provided Jo-Nette with insight into viewing high quality service as a complex process requiring monitoring, controls, and a high employee engagement level.

As the VP of Human Resources at the Inter-Faith Food Shuttle, Andrea is pursuing her passion for supporting employees at all organizational levels in various HR functions. With a BA in Business Management from North Carolina State University and a Master's of Science in Human Resources from Western Carolina University and as a graduate of the MBA program at Appalachian State University, Andrea's goal is to be a trusted partner, advisor and sounding board. Her joy comes from helping professionals bring resolution to tough HR dilemmas. She understands both the business and the people side of an organization. Andrea uses this knowledge to assist leaders in engaging with their most valuable asset: their people.

## Gerardo Ochoa, Ed.M. *Building Inclusive Teams*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

As the demographics of our communities continue to change, employees at every level need the skillset to manage difference. This interactive experiential session focuses on the implicit attitudes, behaviors, or stereotypes that may influence how we engage with individuals and/or groups and make decisions in the workplace. The session provides an introductory exploration of the intersection of privilege, cognitive and structural bias, and micro and macroaggressions. The session reinforces the importance of having cultural agility and empathy. Participants will walk away with tangible tools for interrupting microaggressions and begin working on an individualized Diversity Equity & Inclusion Professional Experiential Plan.

Director of Community Relations and Special Assistant to the President at Linfield University, Mr. Ochoa has worked with thousands of diverse students from urban and rural high schools, community colleges, private colleges, and state universities on college access and affordability. He is the chair on the President's Diversity Advisory Committee and serves on the college's strategic planning and budget councils.

Mr. Ochoa consults with higher education institutions on the inclusion of Latinx students, best practices to engage and serve undocumented students, and teaching strategies that draw on talents and address first generation students' needs. He believes that personal stories have the power to build empathy, create opportunities, and influence change.

With an Education Master from Harvard University and a Bachelor of Arts in Sociology with a minor in Latin American History from the University of Oregon, Mr. Ochoa is an American Leadership Forum Fellow and alumni of the Senior Leadership Academy sponsored by the Council of Independent Colleges and the American Academic Leadership Institute. Mr. Ochoa serves as a board member of the Hispanic Metropolitan Chamber of Commerce and is also an active member of the Beaverton School District's Budget Advisory Committee.

## Andraé L. Brown, PhD, LMFT

### *Mental Health Resilience in Times of Racialized Violence*



**Session Length: 90 minutes**

**Session Description & Takeaways:**

The historical onslaught and contemporary manifestations of the racialized violence that we are experiencing is influencing our mental health and wellness and reshaping our lives. Many of us experience heightened anxiety in our families, local and global communities; social and physical disconnection from others; a questioning of our sense of self and place in world. These issues can create new mental concerns or exacerbate existing ones.

Moreover, in times of crisis there is a greater need to recognize, tap into, and bolster the resilience that enable us to navigate

these changing and treacherous waters. This presentation / dialogue will explore key factors for understanding the psychological impact and resilience associated with racialized violence and provide strategies to develop and remain emotionally and mentally healthy.

Upon completion of this online dialogue, participants should be able to:

- Explore the impacts racialized violence on mental health and wellness
- Identify areas of resilience
- Develop strategies for voicing and listening to diverse experiences
- Develop strategies to engage in difficult dialogue, and
- Develop strategies use our individual, familial, and communal strengths and resilience to improve mental health, relationships, and advocate for sustainable change

Dr. Brown has developed and implemented educational, re-entry and restorative justice services for youth and families internationally. He creates community-based gang violence prevention and intervention services, employs proactive peacemaking to violent incidents, and improves communication and collaboration across stakeholders, including school systems, government agencies, the legal system, community-based organizations, and community residents.

As a professor at Montgomery College and operator of the independent clinical research and consulting practice, Heru Consulting, Dr. Brown uses his trauma expertise to bolster resilience and develops effective strategies to manage the effects of posttraumatic stress, vicarious trauma, and compassion fatigue. He addresses global issues such as violence, homelessness, poverty, education, mass incarceration, re-entry services, restorative practices and health disparities by developing systemic interventions and informing policy.

## Pharoah Bolding - *Intersectionality vs Intersecting Identities*



**Session Length: 90 minutes**

**Session Description & Takeaways:**

Intersectionality is an oft-misunderstood concept. For many folx, there is a lack of clarity as to how identities intersect and how the oppression that prevalent in the lives of many marginalized folx plays out personally and professionally in life-altering ways. For white folx, it often seems unintuitive and divisive, especially when it comes to identity and viewing their oppression from a lens of white supremacy. In this training, we will discuss:

- **What intersectionality is**
- **How intersectionality differs from what many people believe is intersectionality but is actually intersecting identities**
- **How an individual's own biases and connections to white supremacy distort their understanding of intersectionality and leads them to harm others personally and professionally, and**
- **Things we can do to mitigate instances of this type of harm that is being inflicted on others, and often witnessed in-action.**

Pharoah Bolding is the Director of Human Resources for Outside In and the (self-proclaimed) World's Greatest Comic Drawing HR Professional!

He has worked with teams and organizations in everything from the tech sector to nonprofits, higher education, and even sports and entertainment. Pharoah focuses on mitigating bias, building inclusive work cultures, ethical and empathic recruiting, and facilitating equity, diversity and inclusion discussions and training. You can find more about Pharoah and his work at [www.pharoahbolding.com](http://www.pharoahbolding.com).

## Oregon Historical Society

### *Race in Oregon History: A Historical Perspective*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

In December 2019, the Oregon Historical Society (OHS) published a special issue of its 120-year-old journal, the Oregon Historical Quarterly, on the subject of “White Supremacy & Resistance.” The issue offered an in-depth view of the ways Oregon’s history has been shaped by white supremacist ideology, policies— and resistance to those frameworks— for almost two centuries. The special issue joins many other OHS projects that engage Oregonians in the complex and diverse history of our state. Understanding how both racism and justice are at the heart of Oregon’s history are crucial to our ability to build a better future. In this presentation, OHS Executive Director, Kerry Tymchuk, and OHQ Editor, Eliza Canty-Jones, offer an overview of this importance of these subjects and invite attendees to access OHS resources for more learning.

As the Executive Director of the Oregon Historical Society, Kerry has been named by the Portland Business Journal as “The Most Admired Non-Profit Executive in Portland,” and in 2018 received the prestigious “Oregon Statesman of the Year Award” from Oregon Business Industry.

A four-time champion on the popular television game show “Jeopardy,” Kerry is active in the community, serving on the board of trustees of AAA-Oregon and Willamette University. He also was the 2016 recipient of the Liberty Award, presented by the Oregon League of Minority Voters “in recognition of outstanding contributions on behalf of all people of color.”

A graduate of Willamette University and Willamette University College of Law, Kerry earned a bi-partisan reputation as one of Oregon’s most respected public servants in a career including service as a Marion County Deputy District Attorney, Director of Speechwriting to US Secretary of Labor Elizabeth Dole, Director of Speechwriting and Legal Counsel to US Senator Bob Dole, and Oregon Chief of Staff to US Senator Gordon Smith. Three Oregon Governors have appointed Kerry to serve on state boards and commissions.

## Dr. Emily Drew

### *Why Equity? – Equity as a Value, Practice, & Assumption*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

- Recognize the differences between “equality,” “diversity,” “inclusion” and “equity”, how they are often used interchangeably but mean different things, and understand how they are interconnected
- Identify the pitfalls and problems with rhetorical commitments that do not translate into concrete change in institutions, and
- Consider some of the promising practices that root our work in an equity framework

As an Associate Professor of Sociology and Ethnic Studies at Willamette University, Dr. Drew teaches courses about racism, white supremacy, immigration, and social change. Her research agenda revolves around understanding how race and racism get institutionalized to illuminate more effective strategies for interrupting systemic inequality.

With colleagues, Dr. Drew has developed the “Antiracism Across the Pedagogy” workshop for faculty interested in making racial equity and inclusion an essential—not extra—component of their course content and teaching methods. She is also in the process of publishing new research about mixed-status Latinx families living “Under One Roof.”

## Dr. Larry Martinez

### *Results from the Partners in Diversity Retention Project*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

In this presentation, Dr. Martinez will discuss the results of the Partners in Diversity Retention Project, outlining how the experiences of professionals of color in the Oregon and Southwest Washington region have contributed to their staying or leaving the region. Highlights include an understanding of subtle discrimination that most individuals are not aware of and key strategies for improving retention that organizations can engage in.

An associate professor in the Department of Psychology at Portland State University, Dr. Martinez earned his Ph.D. in Industrial & Organizational Psychology at Rice University. He taught Organizational Behavior and Human Resource Management as an assistant professor at Penn State for four years.

Dr. Martinez has published his work on inclusion, diversity, stereotyping, prejudice and discrimination in the workplace in top academic journals. He considers his research with community partners to be some of his most important works.

## Emily Purry

### *The Importance of Intersectionality*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

Intersectionality is our lives, and it is all around us, even at work – so we had better get to know more about it. In this session, participants will learn:

- How does it affect you and those around you
- How intersectionality appears in the workplace, and
- Why it is important to recognize it and use an intersectional lens in your processes

With a Bachelor's in Psychology, a Master's in Business Management, and as a certified drug and alcohol counselor, Emily educates companies and organizations on disability topics relevant to today's business environment, including accessibility, intersectionality, technology and the world of ADA.

Legally blind herself and the parent of a child with autism, she brings her personal and professional experiences to help move companies forward.

## Nancy Thomas - *Emotional Intelligence in Race Reckoning Today*



**Session Length: 60 minutes**

### **Session Description & Takeaways:**

It's an understatement to say things have changed in America. Thanks to mobile phone videos many Americans saw video footage that shocked them into realizing "racism" actually exists and does happen. Simultaneously many other Americans kept saying "we tried to tell you this but now you see it for yourselves" How do we navigate the simultaneous awareness of some and the fatigue/trauma of others? How do we acknowledge the trauma that many Americans have experienced and still move forward to our future? This session will briefly introduce emotional intelligence (EQ) as a framework for navigating our own emotions, the emotions of others, and the soul of our nation as we struggle with the concepts of race and racism.

**Employees who attend this session can expect to takeaway:**

- **Awareness of the concept of EQ**
- **At least one method for use of EQ in navigating your thoughts and interactions on the subject of race, and**
- **Understanding of the concept – "being impeccable for your 50%"**

Nancy says she was born during her father's military career in the US Marine Corps, then formed and developed in her father's corporate career. With that inspiration and guidance, she spent decades in corporate legal departments working on commercial transactions before relocating to the Pacific Northwest in 2016. She joined the ODHS in May 2017 as an internal auditor for ODHS and OHA, consulted with Child Welfare on contract optimization in 2019.

In June of 2020, Nancy became the District 2 Chief Operating Officer. Nancy is a dynamic presenter and teaches Emotional Intelligence in the ODHS Leadership Academy.

## Sushmita Poddar

### *Serving Humanity with Dignity in Equity*



**Session Length: 60 minutes**

**Session Description & Takeaways:**

If we recognize the importance of diversity, value the essence of equality, are willing to put in efforts to ensure equity, and are intentional about our pursuit of inclusion – then know that all that work will fail if it is not backed by dignity. We can only serve humanity truly, equitably, honestly, wholly and be humane in our behavior and policy when we ensure dignity. Just that one guiding principle and mindset will address all the pain and suffering that communities in our country experience and restore their faith and belief in all agencies, especially government.

For if we say that, “It is not what we did, rather how we made them feel”, then dignity is what will determine how people feel about any, and all, actions taken to address their needs, wants and demands. Dignity is at the very core of all diversity, equity, and inclusion endeavors.

Born in India, Sushmita moved to Oregon almost two decades ago. A civic leader deeply passionate about equity and inclusion in action, Sushmita is an artist, educator, choreographer, designer, stylist, curator, henna artist, performer, entrepreneur, small business owner, cultural arts practitioner and cultural event coordinator.

Sushmita feels that our community’s people and voices are not being seen, heard, or represented. Her experience during the COVID-19 pandemic as a small business owner and civic leader has been introspective and reflective. She realized how important it is for people to have access to resources to maintain their dignity. As she sees it, equity without dignity is NOT equity.



# Oregon

Kate Brown, Governor

Department of Consumer and Business Services

Division of Financial Regulation

350 Winter St. NE, Room 410

P.O. Box 14480

Salem, OR 97309-0405

August 14, 2020

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

Delivered by E-mail to: [Stephen.Prisby@state.or.us](mailto:Stephen.Prisby@state.or.us)

Dear Mr. Prisby:

I am writing to report to the Oregon Board of Dentistry on services provided by Expanded Practice Dental Hygienists between July 1<sup>st</sup>, 2018 and June 30<sup>th</sup>, 2020.

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

Nine entities reported paying for services provided by expanded practice dental hygienists between July 1<sup>st</sup>, 2018 and June 30, 2020. Oregon Dental Service was the largest provider of these services that made payment, with a total billed amount of \$171,734 and total payments of \$52,477. In total, \$132,367 was paid by insurers on billings totaling \$299,071.

The next reporting period for reimbursement of services provided by expanded practice dental hygienists will extend from July 1, 2020 through June 30, 2022. After receipt, data will again be forwarded to the Board of Dentistry.

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

Sincerely,

Spencer Peacock  
Data Analyst  
(503) 947-7201  
[spencer.c.peacock@oregon.gov](mailto:spencer.c.peacock@oregon.gov)

Company	Amount billed by the EPDH to the insurer for the service provided.	Amount allowed for the service under the insurance plan.	Amount of benefit paid by the insurer for the dental service.	Amount owed by the insured for the service.	Amount of excluded charges owed by the insured.	Amount of excluded charges, if any, that the provider is not allowed to collect from the insured due to their provider agreement with the insurer.
Advantage Dental	3,912.00	285.26	251.60	1,329.18	0.00	39.98
Aetna Life	18,492.22	14,021.71	10,780.02	2,126.90	2,126.90	4,470.51
Cigna Life and Health	410.00	293.00	221.50	188.50	0.00	0.00
Dentegra Insurance Company	26,403.59	24,682.34	14,728.70	8,702.89	12.73	0.00
Independence American	1,349.00	459.00	459.00	890.00	890.00	0.00
LifeMap Assurance Company	1,121.97	1,121.97	217.01	1.30	724.26	0.00
Oregon Dental Service	171,734.76	69,311.93	52,476.81	16,835.12	102,025.33	397.50
PacificSource	37,145.44	27,821.55	24,979.55	2,619.44	9,323.89	0.00
Regence	38,502.51	33,019.22	28,252.45	7,243.57	2,523.68	0.00
<b>Total</b>	<b>\$ 299,071.49</b>	<b>\$ 171,015.98</b>	<b>\$ 132,366.84</b>	<b>\$ 39,936.90</b>	<b>\$ 117,626.79</b>	<b>\$ 4,907.99</b>

# ASSOCIATION REPORTS

**Nothing to report under this tab**

# COMMITTEE REPORTS

**Oregon Board of Dentistry Committee  
and Liaison Assignments**

**August 2020 - April 2021**

**STANDING COMMITTEES**

**Communications**

Purpose: To enhance communications to all constituencies

*Committee:*

Jose Javier, D.D.S., Chair  
Yadira Martinez, R.D.H., E.P.P.  
Jennifer Brixey  
Reza Sharifi, D.M.D.

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

*Subcommittees:*

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

**Dental Hygiene**

Purpose: To review issues related to Dental Hygiene

*Committee:*

Yadira Martinez, R.D.H., E.P.P., Chair  
Jose Javier, D.D.S.  
Alicia Riedman, R.D.H., E.P.P.  
Jennifer Brixey

David J. Dowsett, D.M.D., ODA Rep.  
Kris Johnson, R.D.H., ODHA Rep.  
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODA Rep.

**Enforcement and Discipline**

Purpose: To improve the discipline process

*Committee:*

Gary Underhill, D.M.D., Chair  
Alicia Riedman, R.D.H., E.P.P.  
Reza Sharifi, D.M.D.  
Chip Dunn

Jason Bajuscak, D.M.D., ODA Rep.  
Jill Mason, R.D.H., ODHA Rep.  
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODA Rep.

*Subcommittees:*

Evaluators

- Jose Javier, D.D.S., Senior Evaluator
- Alicia Riedman, R.D.H., E.P.P., Evaluator

**Licensing, Standards and Competency**

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

*Committee:*

Yadira Martinez, R.D.H., E.P.P., Chair  
Hai Pham, D.M.D.  
Jose Javier, D.D.S.  
Chip Dunn

Daren L. Goin, D.M.D., ODA Rep.  
Susan Kramer, R.D.H., ODHA Rep.  
Ginny Jorgensen, CDA, EFDA, EFODA, AAS, ODA Rep.

**Rules Oversight**

Purpose: To review and refine OBD rules

*Committee:*

Amy B. Fine, D.M.D., Chair  
Reza Sharifi, D.M.D.  
Yadira Martinez, R.D.H., E.P.P.  
Jennifer Brixey

William Herzog, D.M.D., ODA Rep.  
Lisa Rowley, R.D.H., ODHA Rep.  
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODA 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  
Hai Pham, D.M.D.  
Julie Ann Smith, D.D.S., M.D., M.C.R.  
Brandon Schwindt, D.M.D.  
Mark Mutschler, D.D.S.

Normund Auzins, D.M.D.  
Ryan Allred, D.M.D.  
Jay Wylam, D.M.D.  
Michael Doherty, D.D.S.  
Eric Downey, D.D.S.

## **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 – Amy B. Fine, D.M.D.
- Hygiene Liaison – Yadira Martinez, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Hai Pham, D.M.D.
- Dental Exam Committee – Hai Pham, D.M.D.

Commission on Dental Competency Steering Committee (CDCA)

- Hai Pham, D.M.D.
- Yadira Martinez, R.D.H., E.P.P.

Oregon Dental Association – Amy B. Fine, D.M.D.

Oregon Dental Hygienists' Association Yadira Martinez, R.D.H., E.P.P.

Oregon Dental Assistants Association – Amy B. Fine, D.M.D.

Western Regional Exam Board (WREB)

- Dental Exam Review Committee – Amy B. Fine, D.M.D.
- Hygiene Exam Review Committee – Yadira Martinez, 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.

*Committee:*

- Yadira Martinez, R.D.H., E.P.P., Chair
- Jose Javier, D.D.S.
- Chip Dunn

*Subcommittee:*

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

- Yadira Martinez, R.D.H., E.P.P.
- Alicia Riedman, R.D.H., E.P.P.
- Amy B. Fine, D.M.D.



American Board of Dental Examiners, Inc.

16<sup>th</sup> Annual Meeting of the Members of the American Board of Dental Examiners, Inc.™

Saturday, November 7<sup>th</sup>, 2020:

THIS MEETING WILL BE CONDUCTED BY TELECONFERENCE/ONLINE—Details to Come\*

Please note that ADEX will send information regarding the necessary Meetings for Committees prior to the Annual Meeting

ADEX Quality Assurance Committee

ADEX Dental Examination Committee & Subcommittees

ADEX Dental Hygiene Examination Committee

Other ADEX Committees

ADEX Board of Directors

\*This meeting may be recorded

Questions contact: [office@adexexams.org](mailto:office@adexexams.org)

**LICENSING, STANDARDS AND COMPETENCY COMMITTEE  
Held as a Zoom Meeting**

**Minutes  
October 7, 2020**

MEMBERS PRESENT: Yadira Martinez, R.D.H., Chair  
Hai Pham, D.M.D.  
Jose Javier, D.D.S.  
Chip Dunn  
Daren L. Goin, D.M.D. - ODA Rep.  
Susan Kramer, R.D.H. - ODHA Rep.  
Ginny Jorgensen, CDA, EFDA, EFODA, - ODAA Rep.

STAFF PRESENT: Stephen Prisby, Executive Director  
Daniel Blickenstaff, D.D.S., Dental Director/Chief Investigator  
Haley Robinson, Office Manager  
Ingrid Nye, Examination & Licensing Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Cassie Leone, O.D.A.; Barry Taylor, D.M.D., O.D.A.; Lisa Rowley, R.D.H., ODHA; Mary Harrison, Oregon Dental Assistants' Association (ODAA); Phil Marucha, D.M.D., Oregon Health Sciences University, School of Dentistry (OHSU); Amy Coplen, R.D.H., Pacific University; Mary Ellen Murphy; David Waldschmidt; Dain Paxton, D.M.D.; Eric Fagerstrom  
*Note -Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.*

**Call to Order:** The teleconference meeting was called to order by Chair Martinez at 5:05 p.m.

Dr. Javier joined the meeting at 5:27 p.m.

Dr. Pham joined the meeting at 5:41 p.m.

**MINUTES**

Mr. Dunn moved and Ms. Jorgensen seconded that the minutes of the May 24, 2019 Licensing, Standards and Competency meeting be approved as presented. The motion passed unanimously.

The Committee discussed ORS 679.310, but since this is a statute, no action was taken.

Ms. Kramer moved and Ms. Jorgensen seconded that the Committee recommend that the Board move OAR 818-001-0000 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

**818-001-0000  
Notice of Proposed Rule Making**

Prior to the adoption, amendment, or repeal of any permanent rule, the Oregon Board of Dentistry shall give notice of the proposed adoption, amendment, or repeal:

(1) By publishing a notice in the Secretary of State's Bulletin referred to in ORS 183.370 at least 21 days prior to the effective date.

(2) By mailing, [emailing or electronic mailing](#) a copy of the notice to persons on the mailing list established

pursuant to ORS 183.335(8) at least 28 days before the effective date of the adoption, amendment, or repeal.

(3) By mailing, [emailing or electronic mailing](#) a copy of the notice to the following persons and publications:

(a) Oregon Dental Hygienists' Association;

(b) Oregon Dental Assistants Association;

(c) Oregon Association of Dental Laboratories;

(d) Oregon Dental Association;

(e) The Oregonian;

(f) Oregon Health & Science University, School of Dentistry;

(g) The United Press International;

(h) The Associated Press;

(i) The Capitol Building Press Room.

Ms. Kramer moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-001-0002 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

### **818-001-0002**

#### **Definitions**

As used in OAR chapter 818:

(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.

(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.

(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.

(4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

(5) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.

(7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

(8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.

(9) "Licensee" means a dentist or hygienist.

(10) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.

(11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.

(12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.

(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.

(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

(c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(g) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(h) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(i) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

(j) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth

and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

(13) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry or dental hygiene.

(14) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).

(15) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

(16) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.

(17) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

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

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-001-0082 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-001-0082

#### Access to Public Records

(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice.

(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies.

(3) The Board follows the Department of Administrative Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:

(a) \$0.10 per name and address for computer-generated lists on paper or ~~labels~~; \$0.20 per name and address for computer-generated lists on paper ~~or labels~~ sorted by specific zip code;

(b) Data files ~~on diskette~~ [submitted electronically](#) or [on a device](#) ~~CD~~:

(A) All Licensed Dentists — \$50;

(B) All Licensed Dental Hygienists — \$50;

(C) All Licensees — \$100.

- (c) Written verification of licensure — \$2.50 per name; and
- (d) Certificate of Standing — \$20.

Dr. Goin moved that the Committee recommend that the Board move OAR 818-012-0005 as presented to the Rules Oversight Committee for further review. The motion did receive a second and so the motion died.

The Committee reviewed and discussed OAR 818-012-0005 (3) and (4) and decided not to take any action pending more information from staff regarding OMFS residency program requirements and Botulinum Toxin Type A and dermal filler courses

Dr. Goin moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-012-0005 (5) and (6) as presented and add the language from OAR 818-012-0005 (6) to OAR 818-021-0060 to the Rules Oversight Committee for further review. 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 ~~and dermal fillers~~ to treat ~~a conditions~~ that ~~is~~ are within the oral and maxillofacial region ~~scope of the practice of dentistry~~ after completing a minimum of 10 ~~20~~ hours in a hands on clinical course(s), ~~which includes both~~ in Botulinum Toxin Type A ~~and 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 (3) by successfully completing training in Botulinum Toxin Type A and/or dermal fillers 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 implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical 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 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 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, 2022.)

Ms. Kramer moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-012-0030 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

#### **818-012-0030**

##### **Unprofessional Conduct**

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

- (1) Attempt to obtain a fee by fraud, or misrepresentation.
- (2) Obtain a fee by fraud, or misrepresentation.
  - (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
  - (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
  - (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
- (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
- (4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
- (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about

the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.

(8) Misrepresent any facts to a patient concerning treatment or fees.

(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

(A) Legible copies of records; and

(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.

(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.

(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.

(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.

(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.

(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.

(14) Violate any Federal or State law regarding controlled substances.

(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.

(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.

(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. (Effective January 2015).

(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in accordance with OAR 888-023-0820(8) in order to have access to the Program's electronic system if the Licensee holds an Oregon DEA registration.

**(24) Fail to maintain in a dental office an Automated External Defibrillator (AED). Each AED, or equivalent defibrillator, shall be maintained in a properly functioning capacity at all times. Proof of the availability of a properly functioning AED, or equivalent defibrillator shall be retained by the licensee for the current calendar year and the two preceding calendar years. (Effective January 1, 2021)**

Dr. Goin moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-012-0070 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

### **818-012-0070**

#### **Patient Records**

(1) Each licensee shall have prepared and maintained an accurate and legible record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:

(a) Name and address and, if a minor, name of guardian;

(b) Date description of examination and diagnosis;

(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "~~SOAP" (Subjective Objective Assessment Plan) or their~~ its equivalent.

(d) Date and description of treatment or services rendered;

(e) Date, description and documentation of informing the patient of any recognized treatment complications;

(f) Date and description of all radiographs, study models, and periodontal charting;

(g) Current ~~H~~health history; and

(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.

(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.

(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:

(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;

(b) The licensee gives the records, radiographs, or models to the patient; or

(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.

(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:

(a) Manufacture brand;

(b) Design name of implant;

(c) Diameter and length;

(d) Lot number;

- (e) Reference number;
- (f) Expiration date;
- (g) Product labeling containing the above information may be used in satisfying this requirement.
- (5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.
- (6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-021-0080 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

#### **818-021-0080 Renewal of License**

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every ~~person~~ licensee holding a current license. The licensee must ~~return the~~ completed the online renewal application and pay the ~~along with~~ current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085, "Reinstatement of Expired Licenses."

- (1) Each dentist shall submit the renewal fee and completed ~~and signed~~ online renewal application ~~form~~ by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years.
- (2) Each dental hygienist must submit the renewal fee and completed ~~and signed~~ online renewal application ~~form~~ by September 30 every other year. Dental Hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years.
- (3) The renewal application shall contain:
  - (a) Licensee's full name;
  - (b) Licensee's mailing address;
  - (c) Licensees business address including street and number or if the licensee has no business address, licensee's home address including street and number;
  - (d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number;
  - (e) Licensee's employer or person with whom the licensee is on contract;
  - (f) Licensee's assumed business name;
  - (g) Licensee's type of practice or employment;

(h) A statement that the licensee has met the continuing educational requirements for renewal set forth in OAR 818-021-0060 or 818-021-0070;

(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; **and**

(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction ~~or convicted of a crime.~~;

**(k) A statement disclosing if the licensee has been arrested and or convicted of a misdemeanor or felony;**

**(l) A statement disclosing if the licensee or licensees malpractice insurance company or risk retention group has had any claims for an alleged injury; and**

**(m) A statement disclosing any physical or mental condition that would inhibit licensee's ability to practice safely.**

Dr. Goin moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-026-0040 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

### **818-026-0040**

#### **Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia**

##### **Permits: Nitrous Oxide Permit**

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;

(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

- (a) Evaluate the patient **and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;**
- (b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
- (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
- (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
- (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
- (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of **preoperative and postoperative vital signs, and** all medications administered with dosages, time intervals and route of administration.
- (7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
- (8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
- (9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
- (a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
- (b) The patient can talk and respond coherently to verbal questioning;
- (c) The patient can sit up unaided or without assistance;
- (d) The patient can ambulate with minimal assistance; and
- (e) The patient does not have nausea, vomiting or dizziness.
- (10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.
- (11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-026-0050 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

**818-026-0050**

**Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
- (d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in

an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation 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.**

~~(1011)~~ 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.

The Committee reviewed and discussed OAR 818-026-0050 and decided not to take any action.

### **818-026-0065**

#### **Deep Sedation Permit**

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm

platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.

The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

**(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

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

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies,

monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

The Committee reviewed and discussed OAR 818-026-0070 and decided not to take any action.

**818-026-0070**

**General Anesthesia Permit**

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and
- (c) Satisfies one of the following criteria:
  - (A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.
  - (B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.
  - (C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;
- (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
- (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
- (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
- (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,

electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

**(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

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

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

- (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
- (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
- (c) The patient can talk and respond coherently to verbal questioning;
- (d) The patient can sit up unaided;
- (e) The patient can ambulate with minimal assistance; and
- (f) The patient does not have nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Ms. Kramer moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-035-0020 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

### **818-035-0020**

#### **Authorization to Practice**

**(1)** A supervising dentist, without first examining a new patient, may authorize a dental hygienist:

- (a) To take a health history from a patient;
- (b) To take dental radiographs;
- (c) To perform periodontal probings and record findings;
- (d) To gather data regarding the patient; and
- (e) To diagnose, treatment plan and provide dental hygiene services.

**(2)** When dental hygiene services are provided pursuant to subsection **(1)**, the supervising dentist need not be on the premises when the services are provided.

**(3)** When dental hygiene services are provided pursuant to subsection **(1)**, the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the dental hygiene services are provided.

**(4)** If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection **(1)**, no further dental hygiene services may be provided until an examination is done by the supervising dentist.

**(5)** A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.

(6) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the dental hygienist's findings.

(7) When dental hygiene services are provided pursuant to subsection (5), subsections (2), (3) and (4) also apply.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-035-0025 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

### **818-035-0025**

#### **Prohibitions**

A dental hygienist may not:

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

Dr. Pham moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-042-0040 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

### **818-042-0040**

#### **Prohibited Acts**

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

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(~~11~~ 12), OAR 818-026-0065(~~11~~ 12), OAR 818-026-0070(~~11~~ 12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.

- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (22) Perform periodontal probing.
- (23) Place or remove healing caps or healing abutments, except under direct supervision.
- (24) Place implant impression copings, except under direct supervision.
- (25) Any act in violation of Board statute or rules.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0080 as presented to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

### **818-042-0080**

#### **Certification — Expanded Function Dental Assistant (EFDA)**

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by [an Oregon](#) licensed dentist that the applicant has successfully polished six (6) amalgam or composite surfaces, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to

adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

Dr. Pham moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-042-0110 as amended to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

#### **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.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0113 as presented to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

#### **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.

The Committee reviewed and discussed information and correspondence regarding sleep apnea. Treatment and devices were discussed.

Dr. Goin moved and Dr. Pham seconded the recommendation that the Board accept that it is within a dentist's scope of practice to use a portable monitor to help determine the optimal effective position of a patient's oral appliance. The motion passed unanimously.

Dr. Pham moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-021-0088 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

#### **818-021-0088 Volunteer License**

- (1) An Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:
- (a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.
  - (b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
  - (c) Licensee must provide the health care service without compensation.
  - (d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.
  - (e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.
  - (f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.
- (2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

The Committee reviewed and discussed OAR 818-012-0040 and decided not to take any action. Oregon OSHA is promulgating rules that will impact all businesses in Oregon which will overlap and in some cases exceed Board infection control guidelines.

#### **818-012-0040 Infection Control Guidelines**

In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association.

- (1) Additionally, licensees must comply with the following requirements:

- (a) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.
  - (b) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.
  - (c) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.
  - (d) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.
  - (e) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.
  - (f) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.
- (2) Licensees must comply with the requirement that heat sterilizing devices shall be tested for proper function by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated. Testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-015-0007 and OAR 818-021-0012 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

#### **818-015-0007**

##### **Specialty Advertising**

- (1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.
- (2) The Board recognizes the following specialties:
  - (a) Endodontics;
  - (b) Oral and Maxillofacial Surgery;
  - (c) Oral and Maxillofacial Radiology;
  - (d) Oral and Maxillofacial Pathology;
  - (e) Orthodontics and Dentofacial Orthopedics;
  - (f) Pediatric Dentistry;
  - (g) Periodontics;
  - (h) Prosthodontics;
  - (i) Dental Public Health;
  - (j) Dental Anesthesiology;
  - (k) Oral Medicine;
  - (l) Orofacial Pain.
- (3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

#### **818-021-0012**

##### **Specialties Recognized**

(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, [oral medicine dentist](#), [orofacial pain dentist](#), orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, [oral medicine](#), [orofacial pain](#), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

The Committee reviewed the proposed temporary licensure rules requiring that the clinical licensure examinations include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient.

Dr. Goin moved to recommend the Board reconsider its August 21, 2020 vote and not implement temporary licensure rules on January 31, 2021. The motion did not receive a second and so the motion died.

Dr. Pham moved to recommend the Board remove “or live patient” from the language proposed in OAR 818-021-0010, OAR 818-021-0011, OAR 818-021-0017, OAR 818-021-0018, OAR 818-021-0019, OAR 818-021-0020, and OAR 818-021-0025. The motion did not receive a second and so the motion died.

Ms. Kramer moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-021-0010, OAR 818-021-0011, OAR 818-021-0017, OAR 818-021-0018, OAR 818-021-0019, OAR 818-021-0020, and OAR 818-021-0025 as presented to the Rules Oversight Committee for further review. Ms. Martinez, Ms. Jorgensen, Ms. Kramer, and Mr. Dunn voted aye. Dr. Goin, Dr. Pham, and Dr. Javier opposed the motion. The motion passed.

The four temporary license rules applicable to dentists all included this language:  
[All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative and endodontics.](#)

The three temporary license rules applicable to dental hygienist all included this language:  
[All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative, if applicable and periodontics](#)

The Committee reviewed and discussed OAR 818-012-0006 and did not to take any action.

### **818-012-0006 – Qualifications – Administration of Vaccines**

(1) A dentist may administer vaccines to a patient of record.

(2) A dentist may administer vaccines under Section (1) of this rule only if:

(a) The dentist has completed a course of training approved by the Board;

(b) The vaccines are administered in accordance with the “Model Standing Orders” approved by the Oregon Health Authority (OHA); and

(3) The dentist may not delegate the administration of vaccines to another person.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-026-0080 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

### **818-026-0080**

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

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon ~~Board of Medical Examiners~~ **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 intent. Such notification need only be submitted once every licensing period.

Dr. Pham moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-012-XXXX - Compliance with Governor's Executive Orders as presented to the Rules Oversight Committee for further review. Ms. Martinez, Ms. Jorgensen, Dr. Pham, Dr. Javier, Ms. Kramer, and Mr. Dunn voted aye. Dr. Goin opposed the motion. The motion passed.

### **818-012-XXXX - Compliance with Governor's Executive Orders**

#### **(1) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any**

provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Operating a business required by an Executive Order to be closed under any current Executive Order.

(b) Providing services at a business required by an Executive Order to be closed under any current Executive Order.

(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:

(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;

(B) Failing to implement a measured approach when resuming elective and nonemergent procedures in accordance with OHA guidance;

(d) Failing to comply with any Board of Dentistry guidance implementing an Executive Order;

(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(4) Penalties for violating this rule include: up to \$5,000 per violation pursuant to ORS 679.140(10). Any such penalties shall be imposed in accordance with ORS 679.140.

Dr. Pham moved and Mr. Dunn seconded that the Committee recommend that the Board note that an application is considered valid from the actual date the OBD Staff receive it at the OBD Office. The motion passed unanimously.

#### **818-021-0120**

##### **Application Valid for 180 Days**

(1) If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.

(2) An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.

(3) An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 7:38 p.m.

**UNFINISHED  
BUSINESS  
&  
RULES**

**From:** Altenhofen Mark <MARK.G.ALTEHOFEN@dhsosha.state.or.us>

**Sent:** Monday, October 12, 2020 9:41 AM

**To:** NYE Ingrid <Ingrid.Nye@state.or.us>

**Subject:** Proposed Legislative Language Changes for 2021

Dear Ingrid,

I am reaching out to provide information on proposed changes to legislative language for the upcoming 2021 session. These changes are being submitted on behalf of the Oregon Pain Management Commission (OPMC). OHA Staff, and OPMC leadership, would like to provide you and your organization this information in advance so you have the opportunity to ask questions or provide feedback. We welcome your input and would be happy to schedule a meeting to discuss further if that would be helpful.

The following is a summary of the proposed changes that OPMC is proposing:

1. Amend ORS 413.572 (d) by removing the requirement of to conduct curriculum reviews of educational institutions in this state that provide post-secondary education or training for persons required by ORS 413.590 to complete a pain management education program.
2. Amend ORS 413.590 to revise requirements for licensed professionals to periodically complete a pain management education program. Specifically, require completion of periodic 1-hour CME updates rather than an initial six-hour requirement at initial licensure and upon license renewal. Please let me know if you have questions or I can be of further help regarding this matter. I can be reached directly on my mobile phone by calling (971) 208-1855 or via reply to this email. Currently, I am available on a part-time basis and able to return communications during the work week on Mondays, Tuesdays and Wednesdays before 10:00 AM.

Thank you for your time and attention to this message.

Kind regards,

Mark

Mark G. Altenhofen, MS  
OPMC Coordinator

OREGON HEALTH AUTHORITY  
Health Policy and Analytics Division

[mark.g.altenhofen@dhsosha.state.or.us](mailto:mark.g.altenhofen@dhsosha.state.or.us)

(971) 673-1189

[Oregon Pain Management Commission](#) | [Palliative Care and Quality of Life Interdisciplinary Advisory Council](#)

**413.590** Pain management education required of certain licensed health care professionals; duties of Oregon Medical Board; rules. (1) A physician assistant licensed under ORS chapter 677, a nurse licensed under ORS chapter 678, a psychologist licensed under ORS 675.010 to 675.150, a chiropractic physician licensed under ORS chapter 684, a naturopath licensed under ORS chapter 685, an acupuncturist licensed under ORS 677.759, a pharmacist licensed under ORS chapter 689, a dentist licensed under ORS chapter 679, an occupational therapist licensed under ORS 675.210 to 675.340 and a physical therapist licensed under ORS 688.010 to 688.201 must complete one pain management education program described under ORS 413.572. (2) The Oregon Medical Board, in consultation with the Pain Management Commission, shall identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients in chronic or terminal pain and who must complete one pain management education program established under ORS 413.572. The board may identify by rule circumstances under which the requirement under this section may be waived. [Formerly 409.560]

**413.592** Completion of pain management education program. A person required to complete one pain management education program established under ORS 413.572 shall complete the program: (1) Within 24 months of January 2, 2006; (2) Within 24 months of the first renewal of the person's license after January 2, 2006; or (3) For a physician assistant for whom an application under ORS 677.510 has been approved before January 2, 2006, within 24 months after January 2, 2006. [Formerly 409.565]

# CORRESPONDENCE

**Nothing to report under this tab**

# OTHER ISSUES

**From:** Wilson Vanessa B [mailto:VANESSA.B.WILSON@dhsoha.state.or.us]  
**Sent:** Thursday, July 30, 2020 10:49 AM  
**To:** Stephen Prisby <Stephen.Prisby@state.or.us>  
**Cc:** CLARY AMY <AMY.CLARY@dhsoha.state.or.us>; Snow Paige <Paige.Snow@dhsoha.state.or.us>;  
Teresa Haynes <Teresa.Haynes@state.or.us>  
**Subject:** HWRP & REALD Implementation

Hello Stephen,

The Health Care Workforce Reporting Program is planning to update demographic questions in surveys collected in or after January 2021 to reflect new standards for the collection of race, ethnicity, language and disability (REALD). The [REALD](#) standards were developed as a result of [House Bill 2134](#) passed by the Oregon legislature in 2013. The REALD standards help us increase and standardize Race, Ethnicity, Language, and Disability data collection across the Department of Human Services (DHS) and the Oregon Health Authority (OHA).

The use of these data standards will allow health care professionals licensed in Oregon to report their demographic identities with more granularity, if they so choose, while also supporting state planning efforts in equitably promoting a diverse and culturally responsive workforce for communities across the state. Many providers may already be familiar with these standards, as [HB 4212](#), passed during the most recent Special Session, requires providers to collect REALD data when providing COVID-19 related services.

See the attached REALD overview and FAQ for additional information, as well as information you may wish to share with your licensees. You may preview the survey questions [here](#).

Please let us know by Thursday 8/20/20 if you have any questions or concerns about these modifications or would like to set up a call to talk more about REALD implementation.

Thank you for your continued support of the Health Care Workforce Reporting Program.

Regards,  
Vanessa

**Vanessa Wilson**  
Research Analyst  
OREGON HEALTH AUTHORITY  
Health Policy and Analytics Division  
Research & Data  
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# Health care Workforce Reporting Program and REALD

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## Overview

The [REALD](#) standards help us increase and standardize Race, Ethnicity, Language, and Disability data collection across the Department of Human Services (DHS) and the Oregon Health Authority (OHA). The REALD standards (sometimes referred to as REAL+D, as the original effort focused on race, ethnicity and language) were developed as a result of [House Bill 2134](#) passed by the Oregon legislature in 2013.

The Health Care Workforce Reporting Program will be updating demographic survey questions in 2021 to reflect these standards. This will allow health care professionals licensed in Oregon to report their demographic identities with more granularity, if they so choose, while also supporting state planning efforts in equitably promoting a diverse and culturally responsive workforce for communities across the State.

The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS [413.042](#) and [413.161](#)). In 2014 the administrative rules detailing the data collection standards were completed ([OARs 943-070-0000 thru 943-070-0070](#)).

## Purpose

The REALD standards were developed for all types of health data collection efforts and are essential:

- To understanding, identifying, and eliminating health disparities, or unnecessary and avoidable differences in health and health care delivery;
- To bring recognition and visibility to everyone;
- To standardizing demographic data collection across sources of individual-level data governed by DHS and OHA and their contractors; and,
- To provide necessary granularity for addressing health inequities while also maintaining federal reporting standards.
- To guide development of resources to promote the diversity of the workforce so that it better reflects the populations served

## What it will look like

The specific changes in the survey are as follows:

- Race and Ethnicity: Addition of an open-ended prompt to describe identity, the combination of race and ethnicity designations into one question, addition of more granular categories for race and ethnicity, and addition of an option to designate a primary racial or ethnic identity;
- Language: Addition of a question pertaining to English proficiency;
- Disability: Addition of six questions that determine the prevalence of providers with disabilities (as a demographic).

You may preview the REALD questions as they will appear in the surveys [here](#). *Please note, licensees may decline to answer all of the REALD questions.*

## **Information for licensees**

We understand that many of these questions may seem out of place on surveys that are required by health professionals at time of license renewal. To help introduce the new standards to your licensees, you may wish to share the following with your licensees prior to the survey changes:

“Beginning [next year/at your next renewal/Jan 2021] the Health Care Workforce Survey that you are required to complete as part of your license renewal will include more detailed questions on race, ethnicity, language, and disability (REAL+D). These questions are included to support state planning efforts in equitably promoting a diverse and culturally responsive workforce for communities across the state. While your responses to these questions are extremely valuable in this effort, you are also able to decline to answer any of them and your responses will not affect the renewal of your license. Please visit the [REALD website](#) for more information on these data collection efforts.”

## **Contact us**

Contact staff at the Health Care Workforce Reporting Program and the Office of Equity and Inclusion [here](#).

## FAQ: Health care Workforce Reporting Program and REALD

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This is a subset of FAQ from the [REALD implementation guide](#). You can access the complete FAQ [here](#).

### **Why is there an open-ended question in addition to the race and ethnic categories?**

OARs require the use of an open-ended question to elicit an unprompted response. Having an option to answer an open-ended questions is important to people who do not like labels or have other identities outside of categories. The open-ended question provides a way to honor that and helps with data quality, before getting into categories. This question has three key advantages to understand who experience health inequities, as well as to ensure data quality. With this open-ended question, we can: 1. Cross-check the other selections to monitor data quality. 2. Identify new or emerging categories that may be useful to add in the future. 3. Know how a person self-describes their race and ethnicity, which may be useful for research and reporting purposes.

### **Why don't we just use the OMB federal standards? Why are the Race and Ethnicity categories combined in REALD?**

The Office of Management and Budget (OMB) minimum standards require asking two questions about: 1) Hispanic or Latino ethnicity (Yes or No), and 2) Race in five broad "parent" categories: American Indian or Alaska Native (AIAN), Asian, Black or African American, Native Hawaiian or Other Pacific Islander (NHOPI), and White. There are several limitations with this: 1) the two-question approach produces some ambiguity for participants who identify as Hispanic or Latino, and 2) the collapsing of subgroups within the OMB race categories masks significant differences between subgroups.

In contrast, the REALD standard combines race and ethnic identity into one question. Our goal is to reduce confusion over the difference between race and ethnicity. It is also to improve data quality. The U.S. Census Bureau studied the combined race and ethnicity option. Their results suggest this approach reduces missing data and decreases selection of "some other race." It also produces higher consistency in race or ethnicity reporting among Hispanics.

### **Does the OMB allow this? Does REALD roll up into federal standards?**

OMB encourages collection of more granular data, as long as categories can be rolled up into the OMB minimum categories. Further, most federal programs allow a combined question as long REALD categories can roll-up into OMB categories.

### **Why do we ask for primary racial or ethnic identity?**

When a person reports more than one racial or ethnic identity, it is preferable to use the identity that reflects the person's primary racial or ethnic identity. This takes away the need for the analyst to rely heavily on the "multi" category in reporting or research. The "multi" option often masks differences within groups as well. That said, it is also important to recognize and consider those who identify as biracial or multi-racial.

### **Why the increased granularity in the Race and Ethnicity categories?**

A limitation of the current federal OMB categories (with just six broad racial/ethnic categories) is that it

*“...mask important disparities in health and health care. More discrete ethnicity groups, based on ancestry, differ in the extent of risk factors, degree of health problems, quality of care received, and outcomes of care. More granular ethnicity data could inform the development and targeting of interventions to ameliorate disparities in health care that contribute to poorer health”* (Ulmer et al., 2009, p. 31)

Granularity in data standards increases the validity of responses with people being able to better choose any category that reflects their racial and ethnic identities. For example, the option to identify as Vietnamese may be more acceptable than as “Asian” (Laws & Heckscher, 2002). If people do not “see” themselves in the REALD categories, they may say “other.” There is a trade-off between an increase in validity that comes with granularity, and utility, as noted by Aspinall (2009).

Significant differences between subgroups of broader racial and ethnic categories make combining them misleading. The more we understand the nature of inequities, not only between groups (e.g., between individuals of European descent and those of African descent), but within groups (e.g., subgroups within the Hispanic group), the more we can explore and understand causal mechanisms (Commodore-Mensah, Himmelfarb, Agyemang, & Sumner, 2015).

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### **Aren't disability questions like those in the REALD considered protected medical information?**

No. These questions focus on “functional limitations” rather than diagnosis, disability identity or impairments. It would be difficult to know the person's actual medical condition based on answers to these questions.

### **Why not just ask one disability question?**

If we only asked one question, we would not be able to identify and address inequities of different groups of people with disabilities. Not all people with disabilities experience the same inequities. For example, we may find that there is underrepresentation among licensees with respect to hearing and vision limitations. It may be that people who are deaf or have serious difficulty hearing, are less likely to access training and education required for licensure. Compared with other people with disabilities. This could prompt us to consider if this is due to communication challenges and limited outreach in the pipeline. As another example, it may be that people who are deaf or have serious difficulty hearing, are less likely to maintain employment, compared to non-disabled people and other people with disabilities. This data could prompt us to consider unique barriers identified by deaf and hard of hearing who work. There may be a separate set of barriers identified by hearing people using wheelchairs, for example. The seven questions help us consider differences among people with disabilities with respect to social and health inequities.

### **Why ask about age one acquired a condition/disability?**

This follow-up question is to acknowledge that disability status can be both or either an upstream determinant of health or a health outcome. Further, one's exposure to social and educational inequities

(e.g., in educational attainment) is a function of when the person acquired their disability, and how long they have lived with a disability. For example, someone who became hard of hearing before the age of three will have a very different lived experience than someone who became hard of hearing later in life. This is due to differences in language acquisition and language access. This may result in inequities in educational attainment and consequently employment earnings. A study conducted by Loprest and Maag revealed that individuals who acquired a disability before age five, compared with those who acquired a disability later in life, as well as non-disabled people, were less likely to complete high school (2003). It is important to know about these differences within subgroups so we can improve the pipeline in STEM fields for example, with respect to students with disabilities, starting in middle and high school.

## References

Aspinall, P. J. (2009). The future of ethnicity classifications. *Journal of Ethnic & Migration Studies*, 35(9), 1417-1435. doi:10.1080/13691830903125901

Commodore-Mensah, Y., Himmelfarb, C. D., Agyemang, C., & Sumner, A. E. (2015). Cardiometabolic health in African Immigrants to the United States: A call to re-examine research on African-descent populations. *Ethnicity & Disease*, 25(3), 373-380. doi:10.18865/ed.25.3.373

Laws, M. B., & Heckscher, R. A. (2002). Racial and ethnic identification practices in public health data systems in New England. *Public Health Reports*, 117(1), 50-61. doi:doi:10.1093/phr/117.1.50

Loprest, P., Maag, E., & Urban Inst, W. D. C. (2003). The relationship between early disability onset and education and employment. Retrieved from <http://stats.lib.pdx.edu/proxy.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=ED500833&site=ehost-live>

Ulmer, C., McFadden, B., & Nerenz, D. R. (2009). *Race, ethnicity, and language data: Standardization for health care quality improvement*. Washington DC: National Academies Press

**Enrolled**  
**House Bill 4212**

Sponsored by Representative KOTEK; Representatives KENY-GUYER, LEIF, NERON, NOSSE, PRUSAK, REARDON, SCHOUTEN, SOLLMAN, WILLIAMS (at the request of Joint Committee on the First Special Session of 2020)

CHAPTER .....

AN ACT

Relating to strategies to protect Oregonians from the effects of the COVID-19 pandemic; creating new provisions; amending ORS 18.784, 93.810, 194.225, 194.290, 194.305, 194.400 and 458.685; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

**LOCAL GOVERNMENT AND SPECIAL GOVERNMENT BODY  
PUBLIC MEETINGS AND OPERATIONS**

**SECTION 1.** (1) Notwithstanding ORS 192.610 to 192.690, the governing body of a public body may hold all meetings by telephone or video conferencing technology or through some other electronic or virtual means. When a governing body meets using telephone or video conferencing technology, or through other electronic or virtual means, the public body shall make available a method by which the public can listen to or observe the meeting. If a governing body meets using telephone or video conferencing technology, or through other electronic or virtual means:

(a) The public body does not have to provide a physical space for the public to attend the meeting; and

(b) If the telephone or video conferencing technology allows the public body to do so, the public body shall record the meeting and make the recording available to the public. This paragraph does not apply to executive sessions.

(2) If the governing body of the public body elects not to use telephone or video conferencing technology or other electronic or virtual means to conduct meetings, all persons attending meetings held in person must maintain social distancing, including maintaining intervals of six feet or more between individuals, wherever possible.

(3) For any executive session at which the media are permitted to attend, whether conducted in person or using electronic or virtual means, the governing body shall provide a means for media to attend the executive session through telephone or other electronic or virtual means.

(4) Notwithstanding ORS 192.610 to 192.690 or any other applicable law or policy, any public testimony or comment taken during a meeting need not be taken in person if the public body provides an opportunity to submit testimony or comment by telephone or video conferencing technology, or through other electronic or virtual means, or provides a means

of submitting written testimony, including by electronic mail or other electronic methods, and the governing body is able to consider the submitted testimony in a timely manner.

(5) Notwithstanding any requirement that establishes a quorum required for a governing body to act, the minimum number of members of a governing body required for the body to act shall exclude any member unable to attend because of illness due to COVID-19.

(6) If the public health threat underlying the declaration of a state of emergency issued by the Governor on March 8, 2020, or compliance with an executive order issued under ORS 401.165 to 401.236 in connection with that emergency, causes a municipal corporation or council of governments to fail to comply with ORS 294.305 to 294.565 or 294.900 to 294.930, the municipal corporation or council of governments may make reasonable expenditures for continued operations within the existing or most recently adopted budget, provided that any failure to comply with ORS 294.305 to 294.565 or 294.900 to 294.930 is cured as soon as is reasonably practicable.

(7) Notwithstanding ORS 221.770, a city may satisfy the requirements of holding a public hearing under ORS 221.770 (1)(b) and (c) by holding the hearing in accordance with this section and by making certification to the Oregon Department of Administrative Services as soon as is reasonably practicable after the city adopts its budget.

(8) As used in this section:

(a) Terms used in this section have the meanings given those terms in ORS 192.610, except that “public body” excludes the state or any board, department, commission, council, bureau, committee, subcommittee, advisory group or other agency of the state.

(b) “Budget” and “municipal corporation” have the meanings given those terms in ORS 294.311.

(c) “Council of governments” has the meaning given that term in ORS 294.900.

**SECTION 2.** Section 1 of this 2020 special session Act is repealed 30 days after the date on which the declaration of a state of emergency issued by the Governor on March 8, 2020, and any extension of the declaration, is no longer in effect.

## GARNISHMENT MODIFICATIONS

**SECTION 3.** ORS 18.784 is amended to read:

18.784. (1) Except as provided in subsection (6) of this section, if a writ of garnishment is delivered to a financial institution that has an account of the debtor, the financial institution shall conduct a garnishment account review of all accounts in the name of the debtor before taking any other action that may affect funds in those accounts. If the financial institution determines from the garnishment account review that one or more payments described in subsection (3) of this section were deposited in an account of the debtor by direct deposit or electronic payment during the lookback period described in subsection (2) of this section, an amount equal to the lesser of the sum of those payments or the total balance in the debtor’s account is not subject to garnishment.

(2)(a) The provisions of this section apply *[only]* to payments described in subsection (3)(a) to (f) of this section that are deposited during the lookback period that ends on the day before the day on which the garnishment account review is conducted and begins on:

*[(a)]* (A) The day in the second calendar month preceding the month in which the garnishment account review is conducted, that has the same number as the day on which the period ends; or

*[(b)]* (B) If there is no day as described in *[paragraph (a) of this subsection,]* **subparagraph (A) of this paragraph**, the last day of the second calendar month preceding the month in which the garnishment account review is conducted.

(b) **The provisions of this section apply to payments described in subsection (3)(g) of this section that are deposited during the lookback period that ends on the day before the day on which the garnishment account review is conducted and begins on March 8, 2020.**

(3) The provisions of this section apply only to:

(a) Federal benefit payments;

- (b) Payments from a public or private retirement plan as defined in ORS 18.358;
- (c) Public assistance or medical assistance, as defined in ORS 414.025, payments from the State of Oregon or an agency of the State of Oregon;
- (d) Unemployment compensation payments from the State of Oregon or an agency of the State of Oregon;
- (e) Black lung benefits payments from the United States Department of Labor; *[and]*
- (f) Workers' compensation payments from a workers' compensation carrier~~].~~; **and**
- (g) **Recovery rebate payments made under section 2201(a) of the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136) deposited in an account of the debtor at any time, unless:**

**(A) The writ of garnishment is issued to collect:**

- (i) **A judgment in a criminal action that requires the defendant to pay restitution; or**
- (ii) **A civil judgment against a person who has been convicted of a crime if the civil judgment is based on the same underlying facts as the conviction; and**

**(B) The writ of garnishment contains the following statement: "This Garnishment Has Been Issued to Collect a Criminal Money Judgment that Awards Restitution or a Civil Judgment Based on a Criminal Offense."**

(4) The provisions of this section apply only to a payment that a financial institution can identify as being one of the types of payments described in subsection (3) of this section from information transmitted to the financial institution by the payor.

(5) A financial institution shall perform a garnishment account review only one time for a specific garnishment. If the same garnishment is served on a financial institution more than once, the financial institution may not perform a garnishment account review or take any other action relating to the garnishment based on the second and subsequent service of the garnishment.

(6) A financial institution may not conduct a garnishment account review under this section if a Notice of Right to Garnish Federal Benefits from the United States Government or from a state child support enforcement agency is attached to or included in the garnishment as provided in 31 C.F.R. part 212. If a Notice of Right to Garnish Federal Benefits is attached to or included in the garnishment, the financial institution shall proceed on the garnishment as otherwise provided in ORS 18.600 to 18.850.

(7) The provisions of this section do not affect the ability of a debtor to claim any exemption that otherwise may be available to the debtor under law for any amounts in an account in a financial institution.

**SECTION 4.** ORS 18.784, as amended by section 3 of this 2020 special session Act, is amended to read:

18.784. (1) Except as provided in subsection (6) of this section, if a writ of garnishment is delivered to a financial institution that has an account of the debtor, the financial institution shall conduct a garnishment account review of all accounts in the name of the debtor before taking any other action that may affect funds in those accounts. If the financial institution determines from the garnishment account review that one or more payments described in subsection (3) of this section were deposited in an account of the debtor by direct deposit or electronic payment during the lookback period described in subsection (2) of this section, an amount equal to the lesser of the sum of those payments or the total balance in the debtor's account is not subject to garnishment.

(2)~~[(a)]~~ The provisions of this section apply **only** to payments described in subsection (3)~~[(a) to (f)]~~ of this section that are deposited during the lookback period that ends on the day before the day on which the garnishment account review is conducted and begins on:

~~[(A)]~~ **(a)** The day in the second calendar month preceding the month in which the garnishment account review is conducted, that has the same number as the day on which the period ends; or

~~[(B)]~~ **(b)** If there is no day as described in ~~[subparagraph (A) of this paragraph,]~~ **paragraph (a) of this subsection**, the last day of the second calendar month preceding the month in which the garnishment account review is conducted.

*[(b) The provisions of this section apply to payments described in subsection (3)(g) of this section that are deposited during the lookback period that ends on the day before the day on which the garnishment account review is conducted and begins on March 8, 2020.]*

(3) The provisions of this section apply only to:

(a) Federal benefit payments;

(b) Payments from a public or private retirement plan as defined in ORS 18.358;

(c) Public assistance or medical assistance, as defined in ORS 414.025, payments from the State of Oregon or an agency of the State of Oregon;

(d) Unemployment compensation payments from the State of Oregon or an agency of the State of Oregon;

(e) Black lung benefits payments from the United States Department of Labor; **and**

(f) Workers' compensation payments from a workers' compensation carrier[; and].

*[(g) Recovery rebate payments made under section 2201(a) of the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136) deposited in an account of the debtor at any time, unless:]*

*[(A) The writ of garnishment is issued to collect:]*

*[(i) A judgment in a criminal action that requires the defendant to pay restitution; or]*

*[(ii) A civil judgment against a person who has been convicted of a crime if the civil judgment is based on the same underlying facts as the conviction; and]*

*[(B) The writ of garnishment contains the following statement: "This Garnishment Has Been Issued to Collect a Criminal Money Judgment that Awards Restitution or a Civil Judgment Based on a Criminal Offense."]*

(4) The provisions of this section apply only to a payment that a financial institution can identify as being one of the types of payments described in subsection (3) of this section from information transmitted to the financial institution by the payor.

(5) A financial institution shall perform a garnishment account review only one time for a specific garnishment. If the same garnishment is served on a financial institution more than once, the financial institution may not perform a garnishment account review or take any other action relating to the garnishment based on the second and subsequent service of the garnishment.

(6) A financial institution may not conduct a garnishment account review under this section if a Notice of Right to Garnish Federal Benefits from the United States Government or from a state child support enforcement agency is attached to or included in the garnishment as provided in 31 C.F.R. part 212. If a Notice of Right to Garnish Federal Benefits is attached to or included in the garnishment, the financial institution shall proceed on the garnishment as otherwise provided in ORS 18.600 to 18.850.

(7) The provisions of this section do not affect the ability of a debtor to claim any exemption that otherwise may be available to the debtor under law for any amounts in an account in a financial institution.

**SECTION 5. (1) The amendments to ORS 18.784 by section 4 of this 2020 special session Act become operative on September 30, 2020.**

**(2) The amendments to ORS 18.784 by section 3 of this 2020 special session Act apply to garnishments issued on or before the operative date specified in subsection (1) of this section.**

#### **JUDICIAL PROCEEDING EXTENSIONS AND ELECTRONIC APPEARANCES**

**SECTION 6. (1)(a) Notwithstanding any other statute or rule to the contrary, during the time in which any declaration of a state of emergency issued by the Governor related to COVID-19, and any extension of the declaration, is in effect, and continuing for 60 days after the declaration and any extension is no longer in effect, and upon a finding of good cause, the Chief Justice of the Supreme Court may extend or suspend any time period or time requirement established by statute or rule that:**

(A) Applies in any case, action or proceeding after the case, action or proceeding is initiated in any circuit court, the Oregon Tax Court, the Court of Appeals or the Supreme Court;

(B) Applies to the initiation of an appeal to the magistrate division of the Oregon Tax Court or an appeal from the magistrate division to the regular division;

(C) Applies to the initiation of an appeal or judicial review proceeding in the Court of Appeals; or

(D) Applies to the initiation of any type of case or proceeding in the Supreme Court.

(b) The Chief Justice may extend or suspend a time period or time requirement under this subsection notwithstanding the fact that the date of the time period or time requirement has already passed as of the effective date of this 2020 special session Act.

(2)(a) Notwithstanding ORS 133.060 (1), during the time in which any declaration of a state of emergency issued by the Governor related to COVID-19, and any extension of the declaration, is in effect, and continuing for 90 days after the declaration and any extension is no longer in effect, the date specified in a criminal citation on which a person served with the citation shall appear may be more than 30 days after the date the citation was issued.

(b) During the time in which any declaration of a state of emergency issued by the Governor related to COVID-19, and any extension of the declaration, is in effect, and continuing for 60 days after the declaration and any extension is no longer in effect, the presiding judge of a circuit court may, upon the motion of a party or the court's own motion, and upon a finding of good cause, postpone the date of appearance described in paragraph (a) of this subsection for all proceedings within the jurisdiction of the court.

(3)(a) Notwithstanding ORS 136.290 and 136.295, and subject to paragraph (b) of this subsection, during the time in which any declaration of a state of emergency issued by the Governor related to COVID-19, and any extension of the declaration, is in effect, and continuing for 60 days after the declaration and any extension is no longer in effect, the presiding judge of a circuit court may, upon the motion of a party or its own motion, and upon a finding of good cause, order an extension of custody and postponement of the date of the trial beyond the time limits described in ORS 136.290 and 136.295.

(b) Notwithstanding paragraph (a) of this subsection, for a defendant to whom ORS 136.290 and 136.295 applies, the presiding judge may not extend custody and postpone the defendant's trial date if, as a result, the defendant will be held in custody before trial for more than a total of 180 days, unless the court holds a hearing and proceeds as follows:

(A) If the defendant is charged with a violent felony, the court may deny release upon making the findings described in ORS 135.240 (4), notwithstanding the fact that a court did not previously make such findings; or

(B) If the defendant is charged with a person crime, the court may set a trial date that results in the defendant being held in custody before trial for more than a total of 180 days, but not more than a total of 240 days, if the court:

(i) Determines the extension of custody is based upon good cause due to circumstances caused by the COVID-19 pandemic, public health measures resulting from the COVID-19 pandemic or a situation described in ORS 136.295 (4)(b) caused by or related to COVID-19; and

(ii) Finds, by clear and convincing evidence, that there is a substantial and specific danger of physical injury or sexual victimization to the victim or members of the public by the defendant if the defendant is released, and that no release condition, or combination of release conditions, is available that would sufficiently mitigate the danger.

(c) The result of a hearing held pursuant to this subsection does not affect the ability of a party to request a modification of the release decision under ORS 135.285.

(d) This subsection does not authorize a defendant to be held in custody before trial for a period longer than the maximum term of imprisonment the defendant could receive as a sentence under ORS 161.605 and 161.615.

(e) If the court proceeds under paragraph (b)(B) of this subsection, the defendant shall continue to be eligible for security release and the court may maintain, lower or raise the security amount at the hearing.

(f) As used in this subsection:

(A) “Good cause” means situations described in ORS 136.295 (4)(b), circumstances caused by the COVID-19 pandemic or public health measures resulting from the COVID-19 pandemic.

(B) “Person crime” means a person felony or person Class A misdemeanor, as those terms are defined in the rules of the Oregon Criminal Justice Commission.

(C) “Release decision” has the meaning given that term in ORS 135.230.

(4)(a) Notwithstanding any other statute or rule to the contrary, during the time in which any declaration of a state of emergency issued by the Governor related to COVID-19, and any extension of the declaration, is in effect, and continuing for 90 days after the declaration and any extension is no longer in effect, the Chief Justice may direct or permit any appearance before a court or magistrate to be by telephone, other two-way electronic communication device or simultaneous electronic transmission.

(b) If an appearance is set to occur by electronic means as described in paragraph (a) of this subsection, a presiding judge may instead order that the appearance be in person if, upon the request of a party, the presiding judge determines that there is a particular need for an in-person hearing or that a party has a constitutional right to an in-person hearing.

(5) The Chief Justice may delegate the exercise of any of the powers described in this section to the presiding judge of a court.

(6) Nothing in this section affects the rights of a defendant under the Oregon and United States Constitutions.

**SECTION 7.** (1) If the expiration of the time to commence an action or give notice of a claim falls within the time in which any declaration of a state of emergency issued by the Governor related to COVID-19, and any extension of the declaration, is in effect, or within 90 days after the declaration and any extension is no longer in effect, the expiration of the time to commence the action or give notice of the claim is extended to a date 90 days after the declaration and any extension is no longer in effect.

(2) Subsection (1) of this section applies to:

(a) Time periods for commencing an action established in ORS chapter 12;

(b) The time period for commencing an action for wrongful death established in ORS 30.020;

(c) The time period for commencing an action or giving a notice of claim under ORS 30.275; and

(d) Any other time limitation for the commencement of a civil cause of action or the giving of notice of a civil claim established by statute.

(3) Subsection (1) of this section does not apply to:

(a) Time limitations for the commencement of criminal actions;

(b) The initiation of an appeal to the magistrate division of the Oregon Tax Court or an appeal from the magistrate division to the regular division;

(c) The initiation of an appeal or judicial review proceeding in the Court of Appeals; or

(d) The initiation of any type of case or proceeding in the Supreme Court.

**SECTION 8.** (1) Sections 6 and 7 of this 2020 special session Act are repealed on December 31, 2021.

(2) The repeal of section 6 of this 2020 special session Act by subsection (1) of this section does not affect the release status of a defendant determined under section 6 (3) of this 2020 special session Act.

## EMERGENCY SHELTER

**SECTION 9.** ORS 446.265 and sections 10 and 11 of this 2020 special session Act are added to and made a part of ORS chapter 197.

**SECTION 10.** (1) As used in this section and section 11 of this 2020 special session Act, “emergency shelter” means a building that provides shelter on a temporary basis for individuals and families who lack permanent housing.

(2) A building used as an emergency shelter under an approval granted under section 11 of this 2020 special session Act:

(a) May resume its use as an emergency shelter after an interruption or abandonment of that use for two years or less, notwithstanding ORS 215.130 (7).

(b) May not be used for any purpose other than as an emergency shelter except upon application for a permit demonstrating that the construction of the building and its use could be approved under current land use laws and local land use regulations.

**SECTION 11.** (1) A local government shall approve an application for the development or use of land for an emergency shelter on any property, notwithstanding ORS chapter 195, 197, 215 or 227 or ORS 197A.300 to 197A.325, 197A.405 to 197A.409 or 197A.500 to 197A.521 or any statewide land use planning goal, rule of the Land Conservation and Development Commission, local land use regulation, zoning ordinance, regional framework plan, functional plan or comprehensive plan, if the emergency shelter:

(a) Includes sleeping and restroom facilities for clients;

(b) Will comply with applicable building codes;

(c) Is located inside an urban growth boundary or in an area zoned for rural residential use as defined in ORS 215.501;

(d) Will not result in the development of a new building that is sited within an area designated under a statewide land use planning goal relating to natural disasters and hazards, including floodplains or mapped environmental health hazards, unless the development complies with regulations directly related to the hazard;

(e) Has adequate transportation access to commercial and medical services; and

(f) Will not pose any unreasonable risk to public health or safety.

(2) An emergency shelter allowed under this section must be operated by:

(a) A local government as defined in ORS 174.116;

(b) An organization with at least two years’ experience operating an emergency shelter using best practices that is:

(A) A local housing authority as defined in ORS 456.375;

(B) A religious corporation as defined in ORS 65.001; or

(C) A public benefit corporation, as defined in ORS 65.001, whose charitable purpose includes the support of homeless individuals and that has been recognized as exempt from income tax under section 501(a) of the Internal Revenue Code on or before January 1, 2017; or

(c) A nonprofit corporation partnering with any other entity described in this subsection.

(3) An emergency shelter approved under this section:

(a) May provide on-site for its clients and at no cost to the clients:

(A) Showering or bathing;

(B) Storage for personal property;

(C) Laundry facilities;

(D) Service of food prepared on-site or off-site;

(E) Recreation areas for children and pets;

(F) Case management services for housing, financial, vocational, educational or physical or behavioral health care services; or

(G) Any other services incidental to shelter.

(b) May include youth shelters, veterans’ shelters, winter or warming shelters, day shelters and family violence shelter homes as defined in ORS 409.290.

(4) An emergency shelter approved under this section may also provide additional services not described in subsection (3) of this section to individuals who are transitioning from

unsheltered homeless status. An organization providing services under this subsection may charge a fee of no more than \$300 per month per client and only to clients who are financially able to pay the fee and who request the services.

(5) The approval of an emergency shelter under this section is not a land use decision and is subject to review only under ORS 34.010 to 34.100.

**SECTION 12.** Sections 10 and 11 of this 2020 special session Act are repealed 90 days after the effective date of this 2020 special session Act.

**SECTION 12a.** The repeal of sections 10 and 11 of this 2020 special session Act by section 12 of this 2020 special session Act does not affect an application for the development of land for an emergency shelter that was completed and submitted before the date of the repeal.

**SECTION 13.** (1) Notwithstanding ORS 203.082 (2), a political subdivision may allow any person to offer any number of overnight camping spaces on the person's property to homeless individuals who are living in vehicles, without regard to whether the motor vehicle was designed for use as temporary living quarters. A religious institution offering camping space under this section shall also provide campers with access to sanitary facilities, including toilet, handwashing and trash disposal facilities.

(2) A local government may regulate vehicle camping spaces under this section as transitional housing accommodations under ORS 446.265.

**SECTION 14.** Section 13 of this 2020 special session Act is repealed 90 days after the effective date of this 2020 special session Act.

**SECTION 15.** Section 16 of this 2020 special session Act is added to and made a part of ORS 458.600 to 458.665.

**SECTION 16.** (1) As used in this section:

(a) "Low-barrier emergency shelter" means an emergency shelter, as defined in section 10 of this 2020 special session Act, that follows established best practices to deliver shelter services that minimize barriers and increase access to individuals and families experiencing homelessness.

(b) "Navigation center" means a low-barrier emergency shelter that is open seven days per week and connects individuals and families with health services, permanent housing and public benefits.

(2) The Oregon Department of Administrative Services may award grants to local governments to:

- (a) Plan the location, development or operations of a navigation center;
- (b) Construct, purchase or lease a building for use as a navigation center;
- (c) Operate a navigation center that has been constructed, purchased or leased under paragraph (b) of this subsection; or
- (d) Contract for the performance of activities described in this subsection.

**SECTION 17.** Section 16 of this 2020 special session Act is repealed on January 2, 2022.

**NOTE:** Section 18 was deleted by amendment. Subsequent sections were not renumbered.

## NOTARIAL ACTS

**SECTION 19.** Section 20 of this 2020 special session Act is added to and made a part of ORS chapter 194.

**SECTION 20.** (1) As used in this section:

- (a) "Communication technology" means an electronic device or process that:
  - (A) Allows a notary public and a remotely located individual to communicate with each other simultaneously by sight and sound; and
  - (B) When necessary and consistent with other applicable law, facilitates communication with a remotely located individual who has a visual, hearing or speech impairment.

(b) "Foreign state" means a jurisdiction other than the United States, a state or a federally recognized Indian tribe.

(c) “Identity proofing” means a process or service by which a third person provides a notary public with a means to verify the identity of a remotely located individual by a review of personal information from public or private data sources.

(d) “Outside the United States” means a location outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands and any territory, insular possession or other location subject to the jurisdiction of the United States.

(e) “Remotely located individual” means an individual who is not in the physical presence of the notary public who performs a notarial act under subsection (3) of this section.

(2) A remotely located individual may comply with ORS 194.235 by using communication technology to appear before a notary public.

(3) A notary public located in this state may perform a notarial act using communication technology for a remotely located individual if:

(a) The notary public:

(A) Has personal knowledge under ORS 194.240 (1) of the identity of the remotely located individual;

(B) Has satisfactory evidence of the identity of the remotely located individual by a verification on oath or affirmation from a credible witness appearing before and identified by the notary public as a remotely located individual under this section or in the physical presence of the notary public under ORS 194.240 (2); or

(C) Has obtained satisfactory evidence of the identity of the remotely located individual by using at least two different types of identity proofing;

(b) The notary public is reasonably able to confirm that a record before the notary public is the same record in which the remotely located individual made a statement or on which the individual executed a signature;

(c) The notary public, or a person acting on behalf of the notary public, creates an audiovisual recording of the performance of the notarial act; and

(d) For a remotely located individual who is located outside the United States:

(A) The record:

(i) Is to be filed with or relates to a matter before a public official or court, governmental entity or other entity subject to the jurisdiction of the United States; or

(ii) Involves property located in the territorial jurisdiction of the United States or involves a transaction substantially connected with the United States; and

(B) The act of making the statement or signing the record is not prohibited by the foreign state in which the remotely located individual is located.

(4) If a notarial act is performed under this section, the certificate of notarial act required by ORS 194.280 and the short form certificate provided in ORS 194.285 must indicate that the notarial act was performed using communication technology.

(5) A short form certificate provided in ORS 194.285 for a notarial act subject to this section is sufficient if it:

(a) Complies with rules adopted under subsection (8)(a) of this section; or

(b) Is in the form provided in ORS 194.285 and contains a statement substantially as follows: “This notarial act involved the use of communication technology.”

(6) A notary public, a guardian, conservator, trustee or agent of a notary public, or a personal representative of a deceased notary public shall retain the audiovisual recording created under subsection (3)(c) of this section or cause the recording to be retained by a repository designated by or on behalf of the person required to retain the recording. Unless a different period is required by rule adopted under subsection (8)(d) of this section, the recording must be maintained for a period of at least 10 years after the recording is made.

(7) Before a notary public performs the notary public’s initial notarial act under this section, the notary public shall notify the Secretary of State that the notary public will be performing notarial acts with respect to remotely located individuals and identify the technologies the notary public intends to use. If the Secretary of State has established standards

under subsection (8) of this section or ORS 194.360 for approval of communication technology or identity proofing, the communication technology and identity proofing used by the notary public must conform to those standards.

(8) In addition to adopting rules under ORS 194.360, the Secretary of State may adopt rules under this section regarding the performance of a notarial act. The rules may:

(a) Prescribe the means of performing a notarial act involving a remotely located individual using communication technology;

(b) Establish standards for communication technology and identity proofing;

(c) Establish requirements or procedures to approve providers of communication technology and the process of identity proofing; and

(d) Establish standards and a period for the retention of an audiovisual recording created under subsection (3)(c) of this section.

(9) Before adopting, amending or repealing a rule governing the performance of a notarial act with respect to a remotely located individual, the Secretary of State shall consider:

(a) The most recent standards regarding the performance of a notarial act with respect to a remotely located individual promulgated by national standard-setting organizations and the recommendations of the National Association of Secretaries of State;

(b) Standards, practices and customs of other jurisdictions that have laws substantially similar to this section; and

(c) The views of governmental officials and entities and other interested persons.

**SECTION 21.** ORS 194.225 is amended to read:

194.225. (1) A notarial officer may perform a notarial act authorized by this chapter or by law of this state other than this chapter.

(2) A notarial officer may not perform a notarial act with respect to a record to which the officer or the officer's spouse is a party, or in which either the officer or the officer's spouse has a direct beneficial interest. A notarial act performed in violation of this subsection is voidable.

(3) **A notarial officer may certify that a tangible copy of an electronic record is an accurate copy of the electronic record.**

**SECTION 22.** ORS 194.225, as amended by section 21 of this 2020 special session Act, is amended to read:

194.225. (1) A notarial officer may perform a notarial act authorized by this chapter or by law of this state other than this chapter.

(2) A notarial officer may not perform a notarial act with respect to a record to which the officer or the officer's spouse is a party, or in which either the officer or the officer's spouse has a direct beneficial interest. A notarial act performed in violation of this subsection is voidable.

*[(3) A notarial officer may certify that a tangible copy of an electronic record is an accurate copy of the electronic record.]*

**SECTION 23.** ORS 194.290 is amended to read:

194.290. (1) The official stamp of a notary public must:

[(1)] (a) Include the notary public's name, jurisdiction, commission expiration date and other information required by the Secretary of State by rule; and

[(2)] (b) Be a legible imprint capable of being copied together with the record to which it is affixed or attached or with which it is logically associated.

**(2) The official stamp of a notary public is an official notarial seal for all purposes under the laws of this state.**

**SECTION 24.** ORS 194.290, as amended by section 23 of this 2020 special session Act, is amended to read:

194.290. [(1)] The official stamp of a notary public must:

[(a)] (1) Include the notary public's name, jurisdiction, commission expiration date and other information required by the Secretary of State by rule; and

[(b)] (2) Be a legible imprint capable of being copied together with the record to which it is affixed or attached or with which it is logically associated.

*[(2) The official stamp of a notary public is an official notarial seal for all purposes under the laws of this state.]*

**SECTION 25.** ORS 194.305 is amended to read:

194.305. (1) A notary public may select one or more tamper-evident technologies to perform notarial acts with respect to electronic records. A person may not require a notary public to perform a notarial act with respect to an electronic record with a technology that the notary public has not selected.

(2) Before a notary public performs the notary public's initial notarial act with respect to an electronic record, a notary public shall notify the Secretary of State that the notary public will be performing notarial acts with respect to electronic records and identify the technology the notary public intends to use. If the Secretary of State, by rule, has established standards pursuant to ORS 194.360 for approval of technology, the technology must conform to the standards. If the technology conforms to the standards, the Secretary of State shall approve the use of the technology.

**(3) A county clerk may accept for recording a tangible copy of an electronic record containing a notarial certificate as satisfying any requirement that a record accepted for recording be an original, if the notarial officer executing the notarial certificate certifies that the tangible copy is an accurate copy of the electronic record.**

**SECTION 26.** ORS 194.305, as amended by section 25 of this 2020 special session Act, is amended to read:

194.305. (1) A notary public may select one or more tamper-evident technologies to perform notarial acts with respect to electronic records. A person may not require a notary public to perform a notarial act with respect to an electronic record with a technology that the notary public has not selected.

(2) Before a notary public performs the notary public's initial notarial act with respect to an electronic record, a notary public shall notify the Secretary of State that the notary public will be performing notarial acts with respect to electronic records and identify the technology the notary public intends to use. If the Secretary of State, by rule, has established standards pursuant to ORS 194.360 for approval of technology, the technology must conform to the standards. If the technology conforms to the standards, the Secretary of State shall approve the use of the technology.

*[(3) A county clerk may accept for recording a tangible copy of an electronic record containing a notarial certificate as satisfying any requirement that a record accepted for recording be an original, if the notarial officer executing the notarial certificate certifies that the tangible copy is an accurate copy of the electronic record.]*

**SECTION 27. A tangible copy of an electronic record containing a notarial certificate that is accepted for recording by a county clerk before the effective date of this 2020 special session Act satisfies any requirement that the record be an original, if the notarial officer executing the notarial certificate certifies that the tangible copy is an accurate copy of the electronic record.**

**SECTION 28.** ORS 93.810 is amended to read:

93.810. The following are subjects of validating or curative Acts applicable to this chapter:

- (1) Evidentiary effect and recordation of conveyances before 1854.
- (2) Evidentiary effect and recordation of certified copies of deeds issued by the State Land Board before 1885 where the original deed was lost.
- (3) Defective acknowledgments of married women to conveyances before 1891.
- (4) Foreign instruments executed before 1903.
- (5) Deeds of married women before 1907, validity; executed under power of attorney and record as evidence.
- (6) Conveyances by reversioners and remainderpersons to life tenant.
- (7) Decrees or judgments affecting lands in more than one county.
- (8) Irregular deeds and conveyances; defective acknowledgments; irregularities in judicial sales; sales and deeds of executors, personal representatives, administrators, conservators and guardians; vested rights arising by adverse title; recordation.

- (9) Defective acknowledgments.
- (10) Title to lands from or through aliens.
- (11) An instrument that is presented for recording as an electronic image or by electronic means and that is recorded before June 16, 2011.

**(12) A tangible copy of an electronic record containing a notarial certificate that is accepted for recording by a county clerk before the effective date of this 2020 special session Act.**

**SECTION 29.** ORS 93.810, as amended by section 28 of this 2020 special session Act, is amended to read:

93.810. The following are subjects of validating or curative Acts applicable to this chapter:

- (1) Evidentiary effect and recordation of conveyances before 1854.
- (2) Evidentiary effect and recordation of certified copies of deeds issued by the State Land Board before 1885 where the original deed was lost.
- (3) Defective acknowledgments of married women to conveyances before 1891.
- (4) Foreign instruments executed before 1903.
- (5) Deeds of married women before 1907, validity; executed under power of attorney and record as evidence.
- (6) Conveyances by reversioners and remainderpersons to life tenant.
- (7) Decrees or judgments affecting lands in more than one county.
- (8) Irregular deeds and conveyances; defective acknowledgments; irregularities in judicial sales; sales and deeds of executors, personal representatives, administrators, conservators and guardians; vested rights arising by adverse title; recordation.
- (9) Defective acknowledgments.
- (10) Title to lands from or through aliens.
- (11) An instrument that is presented for recording as an electronic image or by electronic means and that is recorded before June 16, 2011.

*[(12) A tangible copy of an electronic record containing a notarial certificate that is accepted for recording by a county clerk before the effective date of this 2020 special session Act.]*

**SECTION 30.** ORS 194.400 is amended to read:

194.400. (1) The fee that a notary public may charge for performing a notarial act may not exceed \$10 per notarial act, **except that a notary public may charge a fee not to exceed \$25 per notarial act for a notarial act performed under section 20 of this 2020 special session Act.**

(2) A notary public may charge an additional fee for traveling to perform a notarial act if:

- (a) The notary public explains to the person requesting the notarial act that the fee is in addition to a fee specified in subsection (1) of this section and is in an amount not determined by law; and
- (b) The person requesting the notarial act agrees in advance upon the amount of the additional fee.

(3) If a notary public charges fees under this section for performing notarial acts, the notary public shall display, in English, a list of the fees the notary public will charge.

(4) A notary public who is employed by a private entity may enter into an agreement with the entity under which fees collected by the notary public under this section are collected by and accrue to the entity.

(5) A public body as defined in ORS 174.109 may collect the fees described in this section for notarial acts performed in the course of employment by notaries public who are employed by the public body.

**SECTION 31.** ORS 194.400, as amended by section 30 of this 2020 special session Act, is amended to read:

194.400. (1) The fee that a notary public may charge for performing a notarial act may not exceed \$10 per notarial act, *except that a notary public may charge a fee not to exceed \$25 per notarial act for a notarial act performed under section 20 of this 2020 special session Act*.

(2) A notary public may charge an additional fee for traveling to perform a notarial act if:

(a) The notary public explains to the person requesting the notarial act that the fee is in addition to a fee specified in subsection (1) of this section and is in an amount not determined by law; and

(b) The person requesting the notarial act agrees in advance upon the amount of the additional fee.

(3) If a notary public charges fees under this section for performing notarial acts, the notary public shall display, in English, a list of the fees the notary public will charge.

(4) A notary public who is employed by a private entity may enter into an agreement with the entity under which fees collected by the notary public under this section are collected by and accrue to the entity.

(5) A public body as defined in ORS 174.109 may collect the fees described in this section for notarial acts performed in the course of employment by notaries public who are employed by the public body.

**SECTION 32.** (1) Sections 19, 20 and 27 of this 2020 special session Act are repealed on June 30, 2021.

(2) The amendments to ORS 93.810, 194.225, 194.290, 194.305 and 194.400 by sections 22, 24, 26, 29 and 31 of this 2020 special session Act become operative on June 30, 2021.

**NOTE:** Section 33 was deleted by amendment. Subsequent sections were not renumbered.

### **ENTERPRISE ZONE TERMINATION EXTENSIONS**

**SECTION 34.** Section 35 of this 2020 special session Act is added to and made a part of ORS 285C.050 to 285C.250.

**SECTION 35.** (1) Notwithstanding ORS 285C.245 (2):

(a) An enterprise zone that would otherwise terminate on June 30, 2020, shall terminate on December 31, 2020.

(b) If this section takes effect after June 30, 2020, the sponsor of an enterprise zone that terminated on June 30, 2020, may rescind the termination and the enterprise zone shall terminate on December 31, 2020.

(2) Notwithstanding ORS 285C.250 (1)(a), the sponsor of an enterprise zone described in subsection (1) of this section may redesignate the enterprise zone under ORS 285C.250 on any date before January 1, 2021. The redesignation may not take effect before December 31, 2020.

(3) All other deadlines that relate to the termination date and redesignation of an enterprise zone described in subsection (1) of this section shall be interpreted as relating to December 31, 2020.

### **INDIVIDUAL DEVELOPMENT ACCOUNT MODIFICATIONS**

**SECTION 36.** ORS 458.685 is amended to read:

458.685. (1) A person may establish an individual development account only for a purpose approved by a fiduciary organization. Purposes that the fiduciary organization may approve are:

(a) The acquisition of post-secondary education or job training.

(b) If the account holder has established the account for the benefit of a household member who is under the age of 18 years, the payment of extracurricular nontuition expenses designed to prepare the member for post-secondary education or job training.

(c) If the account holder has established a savings network account for higher education under ORS 178.300 to 178.360 on behalf of a designated beneficiary, the funding of qualified higher education expenses as defined in ORS 178.300 by one or more deposits into a savings network account for higher education on behalf of the same designated beneficiary.

(d) The purchase of a primary residence. In addition to payment on the purchase price of the residence, account moneys may be used to pay any usual or reasonable settlement, financing or

other closing costs. The account holder must not have owned or held any interest in a residence during the three years prior to making the purchase. However, this three-year period shall not apply to displaced homemakers, individuals who have lost home ownership as a result of divorce or owners of manufactured homes.

(e) The rental of a primary residence when housing stability is essential to achieve state policy goals. Account moneys may be used for security deposits, first and last months' rent, application fees and other expenses necessary to move into the primary residence, as specified in the account holder's personal development plan for increasing the independence of the person.

(f) The capitalization of a small business. Account moneys may be used for capital, plant, equipment and inventory expenses and to hire employees upon capitalization of the small business, or for working capital pursuant to a business plan. The business plan must have been developed by a financial institution, nonprofit microenterprise program or other qualified agent demonstrating business expertise and have been approved by the fiduciary organization. The business plan must include a description of the services or goods to be sold, a marketing plan and projected financial statements.

(g) Improvements, repairs or modifications necessary to make or keep the account holder's primary dwelling habitable, accessible or visitable for the account holder or a household member. This paragraph does not apply to improvements, repairs or modifications made to a rented primary dwelling to achieve or maintain a habitable condition for which ORS 90.320 (1) places responsibility on the landlord. As used in this paragraph, "accessible" and "visitable" have the meanings given those terms in ORS 456.508.

(h) The purchase of equipment, technology or specialized training required to become competitive in obtaining or maintaining employment or to start or maintain a business, as specified in the account holder's personal development plan for increasing the independence of the person.

(i) The purchase or repair of a vehicle, as specified in the account holder's personal development plan for increasing the independence of the person.

(j) The saving of funds for retirement, as specified in the account holder's personal development plan for increasing the independence of the person.

(k) The payment of debts owed for educational or medical purposes when the account holder is saving for another allowable purpose, as specified in the account holder's personal development plan for increasing the independence of the person.

(L) The creation or improvement of a credit score by obtaining a secured loan or a financial product that is designed to improve credit, as specified in the account holder's personal development plan for increasing the independence of the person.

(m) The replacement of a primary residence when replacement offers significant opportunity to improve habitability or energy efficiency.

**(n) The establishment of savings for emergency expenses to promote financial stability and to protect existing assets. As used in this paragraph, "emergency expenses" includes expenses for extraordinary medical costs or other unexpected and substantial personal expenses that would significantly impact the account holder's noncash assets, health, housing or standard of living if not promptly addressed.**

(2)(a) *[If an emergency occurs,]* An account holder may withdraw all or part of the account holder's deposits to an individual development account for *[a purpose not described in subsection (1) of this section. As used in this paragraph, "emergency" includes making payments for necessary medical expenses, to avoid eviction of the account holder from the account holder's residence and for necessary living expenses following a loss of employment.]* **emergency expenses as defined in subsection (1)(n) of this section, without regard to whether the account was established for emergency savings.**

(b) The account holder must reimburse *[the account]* **an account established for a purpose listed under subsection (1)(a) to (m) of this section** for the amount withdrawn under this subsection *[within 12 months after the date of the withdrawal. Failure of an account holder to make a timely reimbursement to the account is grounds for removing the account holder from the individual*

*development account program*]. Until the reimbursement has been made in full, an account holder may not withdraw any matching deposits or accrued interest on matching deposits from the account **except under this subsection.**

(3) If an account holder withdraws moneys from an individual development account for other than an approved purpose, the fiduciary organization may remove the account holder from the program.

(4)(a) If the account holder of an account established for the purpose set forth in subsection (1)(c) or (j) of this section has achieved the account's approved purpose in accordance with the personal development plan developed by the account holder under ORS 458.680, the account holder may withdraw, or authorize the withdrawal of, the remaining amount of all deposits, including matching deposits, and interest in the account as follows:

(A) For an account established for the purpose set forth in subsection (1)(c) of this section, by rolling over the entire withdrawal amount, not to exceed the limit established pursuant to ORS 178.335, into one or more of the savings network accounts for higher education under ORS 178.300 to 178.360, the establishment of which is the purpose of the individual development account; or

(B) For an account established for the purpose set forth in subsection (1)(j) of this section, by rolling over the entire withdrawal amount into an individual retirement account, a retirement plan or a similar account or plan established under the Internal Revenue Code.

(b) Upon withdrawal of all moneys in the individual development account as provided in paragraph (a) of this subsection, the account relationship shall terminate.

(c) The rollover of moneys into a savings network account for higher education under this subsection may not cause the amount in the savings network account for higher education to exceed the limit on total contributions established pursuant to ORS 178.335.

(d) Any amount of the rollover that has been subtracted on the taxpayer's federal return pursuant to section 219 of the Internal Revenue Code shall be added back in the determination of taxable income.

(5) If an account holder moves from the area where the program is conducted or is otherwise unable to continue in the program, the fiduciary organization may remove the account holder from the program.

(6) If an account holder is removed from the program under subsection [(2),] (3) or (5) of this section, all matching deposits in the account and all interest earned on matching deposits shall revert to the fiduciary organization. The fiduciary organization shall use the reverted funds as a source of matching deposits for other accounts.

**NOTE:** Sections 37 through 39 were deleted by amendment. Subsequent sections were not renumbered.

## **RACE AND ETHNICITY DATA COLLECTION AND REPORTING DURING COVID-19 PANDEMIC**

### **SECTION 40. (1) As used in this section:**

(a) **"COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).**

(b) **"Encounter" means an interaction between a patient, or the patient's legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test.**

(c) **"Health care provider" means:**

(A) **An individual licensed or certified by the:**

(i) **State Board of Examiners for Speech-Language Pathology and Audiology;**

(ii) **State Board of Chiropractic Examiners;**

(iii) **State Board of Licensed Social Workers;**

(iv) **Oregon Board of Licensed Professional Counselors and Therapists;**

- (v) Oregon Board of Dentistry;
- (vi) State Board of Massage Therapists;
- (vii) Oregon Board of Naturopathic Medicine;
- (viii) Oregon State Board of Nursing;
- (ix) Oregon Board of Optometry;
- (x) State Board of Pharmacy;
- (xi) Oregon Medical Board;
- (xii) Occupational Therapy Licensing Board;
- (xiii) Oregon Board of Physical Therapy;
- (xiv) Oregon Board of Psychology; or
- (xv) Board of Medical Imaging;

(B) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(C) A clinical laboratory licensed under ORS 438.110; and

(D) A health care facility as defined in ORS 442.015.

(d) “Telemedicine” means the delivery of a health service through a two-way communication medium, including but not limited to telephone, Voice over Internet Protocol, transmission of telemetry or any Internet or electronic platform that allows a provider to interact in real time with a patient, a parent or guardian of a patient or another provider acting on a patient’s behalf.

(2) The authority shall adopt rules:

(a) Requiring a health provider to:

(A) Collect encounter data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with the standards adopted by the authority under ORS 413.161; and

(B) Report the data in accordance with rules adopted under ORS 433.004 for the reporting of diseases.

(b) Prescribing the manner of reporting.

(c) Ensuring, to the extent practicable, that the data collected and reported under this section by health care providers is not duplicative.

(d) Establishing phased in deadlines for the collection of data under this section, beginning no later than October 1, 2020.

(3) The authority may provide incentives to health care providers and facilities to help defer the costs of making changes to electronic health records or similar systems.

(4) Data collected by health care providers under this section is confidential and subject to disclosure only in accordance with the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164, ORS 192.553 to 192.581 or other state or federal laws limiting the disclosure of health information.

**SECTION 41.** Section 40 of this 2020 special session Act may be enforced by any means permitted under the law by:

(1) A health professional regulatory board specified in section 40 of this 2020 special session Act with respect to a provider under the jurisdiction the board.

(2) The Oregon Health Authority or the Department of Human Services with regard to health care facilities under each agency’s respective jurisdiction.

(3) The authority with regard to emergency medical services providers licensed under ORS 682.216 and clinical laboratories licensed under ORS 438.110.

**SECTION 41a.** Section 40 of this 2020 special session Act is amended to read:

**Sec. 40.** (1) As used in this section:

(a) “COVID-19” means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

(b) “Encounter” means an interaction between a patient, or the patient’s legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the

purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test.

(c) "Health care provider" means:

(A) An individual licensed or certified by the:

(i) State Board of Examiners for Speech-Language Pathology and Audiology;

(ii) State Board of Chiropractic Examiners;

(iii) State Board of Licensed Social Workers;

(iv) Oregon Board of Licensed Professional Counselors and Therapists;

(v) Oregon Board of Dentistry;

(vi) State Board of Massage Therapists;

(vii) Oregon Board of Naturopathic Medicine;

(viii) Oregon State Board of Nursing;

(ix) Oregon Board of Optometry;

(x) State Board of Pharmacy;

(xi) Oregon Medical Board;

(xii) Occupational Therapy Licensing Board;

(xiii) Oregon Board of Physical Therapy;

(xiv) Oregon Board of Psychology; or

(xv) Board of Medical Imaging;

(B) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(C) A clinical laboratory licensed under ORS 438.110; and

(D) A health care facility as defined in ORS 442.015.

(d) "Telemedicine" means the delivery of a health service through a two-way communication medium, including but not limited to telephone, Voice over Internet Protocol, transmission of telemetry or any Internet or electronic platform that allows a provider to interact in real time with a patient, a parent or guardian of a patient or another provider acting on a patient's behalf.

(2) The authority shall adopt rules:

(a) Requiring a health provider to:

(A) Collect encounter data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with the standards adopted by the authority under ORS 413.161; and

(B) Report the data in accordance with rules adopted under ORS 433.004 for the reporting of diseases.

(b) Prescribing the manner of reporting.

(c) Ensuring, to the extent practicable, that the data collected and reported under this section by health care providers is not duplicative.

*[(d) Establishing phased in deadlines for the collection of data under this section, beginning no later than October 1, 2020.]*

(3) The authority may provide incentives to health care providers and facilities to help defer the costs of making changes to electronic health records or similar systems.

(4) Data collected by health care providers under this section is confidential and subject to disclosure only in accordance with the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164, ORS 192.553 to 192.581 or other state or federal laws limiting the disclosure of health information.

**SECTION 41b. (1) Section 41 of this 2020 special session Act becomes operative on December 31, 2020.**

**(2) The amendments to section 40 of this 2020 special session Act by section 41a of this 2020 special session Act become operative on December 31, 2021.**

**SECTION 42. Section 43 of this 2020 special session Act is added to and made a part of the Insurance Code.**

**SECTION 43.** An insurer transacting insurance in this state may not consider any information collected and reported under section 40 of this 2020 special session Act to:

- (1) Deny, limit, cancel, rescind or refuse to renew a policy of insurance;
- (2) Establish premium rates for a policy of insurance; or
- (3) Establish the terms and conditions of a policy of insurance.

#### PHYSICIAN ASSISTANTS

**SECTION 44.** Section 45 of this 2020 special session Act is added to and made a part of ORS 677.495 to 677.535.

**SECTION 45.** (1) Notwithstanding any other provision of ORS 677.495 to 677.535, a physician assistant may, without entering into a practice agreement, perform services and provide patient care within the physician assistant's scope of practice in accordance with subsection (2) of this section.

(2) A physician assistant may perform services and provide patient care as described in subsection (1) of this section only in compliance with guidelines and standards established by one or more supervising physicians.

(3) A physician assistant who performs services and provides patient care under this section is exempt from any chart review and onsite supervision requirements described in ORS 677.495 to 677.535 or rules adopted by the Oregon Medical Board pursuant to ORS 677.495 to 677.535.

(4) The board may adopt rules to carry out this section.

**SECTION 46.** (1) As used in this section:

(a) "Physician assistant":

(A) Has the meaning given that term in ORS 677.495; and

(B) Means a person licensed to practice as a physician assistant in another state or territory of the United States.

(b) "Telehealth" means the use of electronic and telecommunications technologies to provide health care services.

(2) A physician assistant may use telehealth to perform services for and provide patient care to a patient who is located across state lines from the physician assistant if the services and patient care are within the physician assistant's scope of practice.

(3) The Oregon Medical Board may adopt rules to carry out this section.

**SECTION 47.** Sections 45 and 46 of this 2020 special session Act are repealed on the date on which the declaration of a state of emergency issued by the Governor on March 8, 2020, and any extension of the declaration, is no longer in effect.

#### CAPTIONS

**SECTION 48.** The unit captions used in this 2020 special session Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2020 special session Act.

#### EMERGENCY CLAUSE

**SECTION 49.** This 2020 special session Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2020 special session Act takes effect on its passage.

**Passed by House June 26, 2020**

.....  
Timothy G. Sekerak, Chief Clerk of House

.....  
Tina Kotek, Speaker of House

**Passed by Senate June 26, 2020**

.....  
Peter Courtney, President of Senate

**Received by Governor:**

.....M.,....., 2020

**Approved:**

.....M.,....., 2020

.....  
Kate Brown, Governor

**Filed in Office of Secretary of State:**

.....M.,....., 2020

.....  
Bev Clarno, Secretary of State

**National, Regional, and Specialized Accreditors and State Boards of Dentistry:**

**In accordance with established policy of the Commission on Dental Accreditation and regulations of the United States Department of Education, please consider this notification that as a result of action taken by the Commission at its August 6-7, 2020 meeting, the following education programs have been notified of the Commission's "intent to withdraw accreditation" at its next regularly scheduled meeting on February 11-12, 2021 if these programs do not achieve compliance with accreditation standards or policy by that date:**

General Practice Residency

Queen's Medical Center, Honolulu, HI

Endodontics

University of Alabama at Birmingham, Birmingham, AL

Dental Assisting

College of San Mateo, San Mateo, CA

Miller-Motte College-Raleigh, Raleigh, NC

Northeast State Community College, Kingsport, TN

Seattle Vocational Institute, Seattle, WA

**In addition, the Commission recognized that the following programs have voluntarily discontinued their participation in the Commission's accreditation program:**

Endodontics

81<sup>st</sup> Medical Group/DS/SGDDT/Keesler AFB, Keesler AFB, MS

Oral and Maxillofacial Surgery Residency

Medical College of Wisconsin, Milwaukee, WI

Oral and Maxillofacial Surgery, Clinical Fellowship – Oncology

Legacy Emanuel Hospital & Health Center, Portland, OR

Dental Hygiene

North Central Missouri College, Trenton, MO

Dental Assisting

Lake Washington Institute of Technology, Kirkland, WA

**The following new programs have been granted accreditation:**

Endodontics

Southern Illinois University Edwardsville, Alton, IL

Dental Therapy

Iilisagvik College, Utqiagvik (Barrow), AK

Dental Hygiene  
North Idaho College, Coeur d'Alene, ID

The accreditation statuses of programs reviewed by the Commission on Dental Accreditation at its Summer 2020 meeting can be found at <http://www.ada.org/en/coda/accreditation/accreditation-news/accreditation-notice>

The accreditation statuses of all programs accredited by the Commission on Dental Accreditation can be found at <http://www.ada.org/en/coda/find-a-program/search-dental-programs>

You can also access the CODA-accredited program annual survey results at: <http://www.ada.org/en/coda/find-a-program/program-surveys/>

If you have further questions regarding this information, please contact the Commission on Dental Accreditation. Thank you.

**Marjorie Hooper** [hooperm@ada.org](mailto:hooperm@ada.org)  
Coordinator, CODA Operations  
Office of the Director  
Commission on Dental Accreditation (CODA)  
312.440.4653 (office)  
312.587.5107 (fax)

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Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 [www.ada.org/coda](http://www.ada.org/coda)

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# Healthier Together Oregon

**2020-2024 State Health Improvement Plan**

Oregon  
**Health**  
Authority

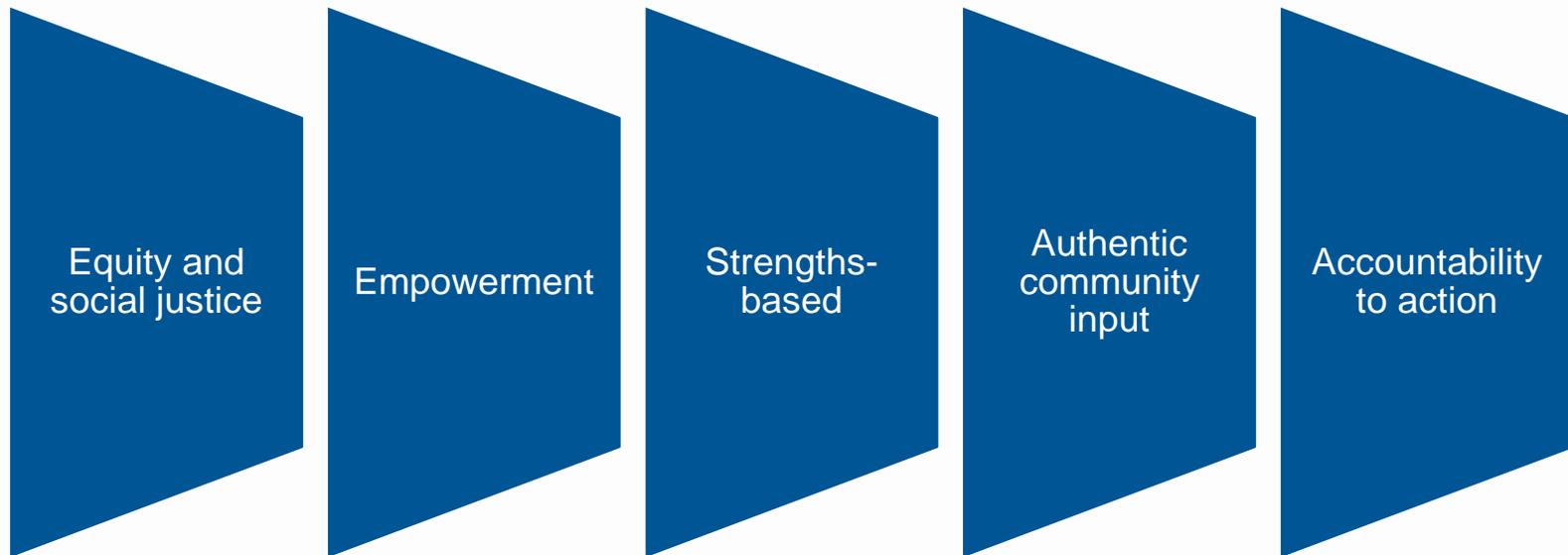
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# Purpose of the SHIP

- Identifies our state's health priorities
- Addresses unjust and unacceptable disparities
- Tool for aligning efforts with cross-sector partners
- Inform Community Health Improvement Plans
- Inform policy, priorities and investments for OHA and other state agencies
- Requirement of public health accreditation
- Plan for equitable recovery from COVID-19

# Vision and values

Oregon will be a place where health and wellbeing are achievable across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.



PUBLIC HEALTH DIVISION

Office of the State Public Health Director

# Implementation Framework



# Workforce Development

1. **Ensure cultural responsiveness among health care providers** through increased use of traditional health workers and trainings.
2. **Implement standards for workforce development** that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services.
3. Require all public facing state agencies and state contractors receive **training about trauma and toxic stress**
4. **Require sexual orientation and gender identity training** for all health and social service providers.
5. **Create a behavioral health workforce** that is culturally and linguistically reflective of the communities they serve.
6. Support **alternative healthcare delivery models** in rural areas.
7. **Expand human resource practices** that promote equity.

# Workforce Development: Strategies and Measures

Strategy	Short term measure
Implement standards for workforce development that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services.	% of state employees that completed diversity, equity and inclusion related training (iLearn)
Ensure cultural responsiveness among health care providers through increased use of traditional health workers and trainings.	# of Traditional Health Workers employed by CCOs (OHA)
Require sexual orientation and gender identity training for all health and social service providers.	To be determined
Create a behavioral health workforce that is culturally reflective of the communities they serve.	% of behavioral health care providers identifying as BIPOC-AI/AN (OHA Behavioral Health Workforce Survey)

# Q & A

- [Healthoregon.org/2020ship](https://healthoregon.org/2020ship)
- [Healthiertogetheroregon.org](https://healthiertogetheroregon.org)
- Christy Hudson ([christy.j.hudson@state.or.us](mailto:christy.j.hudson@state.or.us))



# Healthier Together Oregon

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon  
**Health**  
Authority



Commission on Dental Accreditation

Via Email Transmission: [kcorreia@lhs.org](mailto:kcorreia@lhs.org)

August 17, 2020

Ms. Kathryn Correia  
Legacy Health  
1919 NW Lovejoy Street  
Portland, Oregon 97209

RE: Legacy Emanuel Hospital & Health Center, Portland, OR  
Clinical Fellowship Training Program in Oral and Maxillofacial Surgery-Oral/Head  
and Neck Oncologic Surgery

Dear Ms. Correia,

At its August 6, 2020 meeting, the Commission considered correspondence indicating that the clinical fellowship training program in oral and maxillofacial surgery-oral/head and neck oncologic surgery will voluntarily discontinue accreditation on June 30, 2020. The correspondence indicated the last class graduated on June 30, 2020 and the program no longer enrolls any fellows in any year of the program.

In accordance with the program's reported program closure effective date, the Commission affirmed the clinical fellowship training program in oral and maxillofacial surgery-oral/head and neck oncologic surgery's June 30, 2020 planned closure.

In accordance with Commission policy, students/residents enrolled in and who successfully completed the program prior to the discontinuance effective date will be considered graduates of an accredited program. It will be the closing institution's responsibility to ensure that appropriate student/resident records and transcripts are maintained for future reference. Any students/residents enrolled on or after the program's reported date of discontinuance must be advised that they will not be graduates from a CODA-accredited program.

Please note that the Commission is required by Federal regulation to inform the United States Department of Education as well as appropriate institutional accrediting and state agencies that the accreditation status of the clinical fellowship training program in oral and maxillofacial surgery-head and neck oncologic surgery has been discontinued. Such notice will occur by copy of this letter.

The Commission wishes to thank you for your past cooperation. Should the program be reestablished, the Commission would be pleased to consider an application for accreditation.

Ms. Kathryn Correia

August 17, 2020

page 2

Sincerely,



Jennifer E. Snow, MPH  
Manager, Advanced Dental Education  
Commission on Dental Accreditation

JS/cc

cc: Dr. Hai Pham, chief of the Department of Dentistry, [hi5dental.doctor@gmail.com](mailto:hi5dental.doctor@gmail.com)  
Dr. R. Bryan Bell, program director, Clinical Fellowship Training Program in Oral and  
Maxillofacial Surgery-Oral/Head and Neck Oncologic Surgery,  
[Richard.Bell@providence.org](mailto:Richard.Bell@providence.org)  
Dr. Herman Bounds, Director, Accreditation and State Liaison, United States  
Department of Education (via CODA website and electronic letter)  
Mr. Stephen Prisby, executive director, Oregon Board of Dentistry,  
[Stephen.Prisby@state.or.us](mailto:Stephen.Prisby@state.or.us) (via CODA website and electronic letter)  
Dr. Mark Chassin, president and chief executive officer, the Joint Commission,  
[mchassin@jointcommission.org](mailto:mchassin@jointcommission.org) (via CODA website and electronic letter)  
Dr. Arthur C. Jee, chair, CODA  
Dr. Sherin Tooks, director, CODA

**Request for Approval of a Local Anesthesia Course – Minnesota State University, Mankato.**

Brigette R. Cooper of Minnesota State University Mankato is requesting that the Board approve Minnesota State University Mankato continuing education program for local anesthesia.

**Relevant Rules:**

**OAR 818-035-0040 – Expanded Functions of Dental Hygienists**

(1) Upon 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 dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents under the general supervision of a licensed dentist.

## Lorie Becker's LA CE course from MN

Cooper, Brigette R <brigette.cooper@mnsu.edu>

Mon 10/5/2020 8:27 AM

To: NYE Ingrid <Ingrid.Nye@state.or.us>

Cc: Becker, Lorie <lorie.becker@advantagedental.com>

 1 attachments (675 KB)

MSU LA Outline for LKBecker.jpeg;

Hi Ingrid,

So nice to chat with you this morning – you were very helpful! I am the current chair of the Department of Dental Education at Minnesota State University, Mankato. Attached is the course outline of the 20-hour CE course on Local Anesthesia that Lorie Becker took at Minnesota State University, Mankato in 1996. I hereby formally request the Oregon Board of Dentistry review our Local Anesthesia course content and approve Lorie Becker as a dental hygienist to be certified to provide local anesthesia.

Please let me know if you have any questions.

Thanks,  
Brigette

**BRIGETTE COOPER, MS, RDH**

Chair, Department of Dental Education

122 Clinical Sciences Building

Minnesota State University, Mankato 56001



Board of Dentistry  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201

### CONTINUING EDUCATION LOCAL ANESTHESIA COURSE

#### Day 1

8:00 Registration  
8:15 Introduction  
8:30 H & N Anatomy review  
9:30 Break  
9:45 Neurophysiology  
Pharmacology  
Patient Evaluation  
12:00 Lunch  
1:00 Documentation  
Armamentarium  
2:15 Break  
2:30 Anatomical considerations  
3:00 - 5:00 Maxillary injections - ASA, MSA & IO

#### Day 2

8:00 Review of clinical experiences - ASA & MSA injections  
8:15 Written exam review  
8:30 Agent Selection  
9:30 Break  
9:45 Anatomical considerations  
10:15-12:00 Maxillary injections - PSA  
Lunch  
1:00 Systemic and local complications  
Management of emergencies  
2:30 Break  
2:45 Anatomical considerations  
3:30 - 5:00 Mandibular injections - IA, B & M

#### Day 3

8:00 Review of clinical experiences - IA, B & M  
8:15 Written exam review  
8:30 Anatomical considerations  
9:15 Break  
9:30 Maxillary Injections - GP & NP  
Mandibular injections - IA, B & M  
12:00 Review of clinical experiences

**NEWSLETTERS  
&  
ARTICLES OF  
INTEREST**

A candidate challenges the ADEX Dental Hygiene Examination utilizing a typodont at Palm Beach State College, Aug. 5, 2020 (Photo courtesy Palm Beach State College)

# SUMMER Newsletter

2020 | The Commission on Dental Competency Assessments



## *Inside This Issue*

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PG. 3 Dental Candidates Have National Exam

PG. 4 CompeDont™ Surpasses Expectations

PG. 5 Exam Accolades

PG. 6 CDCA Named PACE Provider

PG. 6 “A Season Like No Other”

August 12, 2020

## Letter from the Chairman

To my CDCA Colleagues,

I hope you are doing well. I'm happy to share some terrific news about the acceptance of the ADEX dental exam. After a vote of acceptance August 7th by the Alaska Board of Dental Examiners, beginning January 1, 2021, the ADEX dental exam will be accepted in every US jurisdiction that accepts a 3rd party licensure exam for initial licensure. The ADEX exam is now truly the national dental exam! This has been a long journey over many years to further portability championed by leaders from CDCA, ADEX, and others. We still have work to do in dental hygiene, but we will continue to endeavor to meet this goal as well.

In early April, I shared a letter about the exciting news and press release of the approval of the CompeDont™DTX for its use within ADEX's Class II and Class III restorative dental examinations. Soon after many state boards met, evaluated the CDCA's patent-pending innovations that offered use of a simulated tooth in licensure testing with excellent fidelity to patient care and approved its use. After an impressive production ramp-up by the manufacturer Acadental, a significant re-tooling of CDCA exam operations and an impressive response by CDCA examiners, the CDCA was once again safely delivering frequent exams throughout the US by early June. The CDCA has served over 1000 dental candidates with its CompeDont™DTX tooth and the results couldn't have been better. Not only have we received positive, unsolicited feedback about the fidelity of the simulation from candidates, faculty, and examiners, but the candidate pass/fail performance has been remarkably similar to patient-based testing.

In May, the CDCA presented its study of a non-patient based product to the ADEX dental hygiene committee and ADEX board. After its approval, the CDCA and Acadental worked to launch this customized typodont for its use for exams beginning July 10th. We are still in the midst of dental hygiene exams that were rescheduled from July through October based on school needs. While the CDCA continues to offer patient-based testing as required by jurisdictions, by October the CDCA will have completed over 2000 Non-Patient Treatment Clinical Examinations.

Of course, the events and concerns related to COVID-19 have dramatically altered many things in our personal and professional lives. I can't tell you how impressed I've been at the response of our CDCA members to answer the call for examinations throughout the disruptions and the changing and evolving guidance from the CDC and state authorities. Your willingness to participate in whatever way makes sense for you have allowed the CDCA to meet requests by schools to host examinations when other examination organizations were not as able to do so. And your Esprit de Corp at exam locations under complex conditions has been amazing. We've received many terrific comments from school faculty and candidates noting not only their appreciation for you being there but also how professional and "nice" the exam teams were.

I hope you take a moment to read some of this feedback captured here in the Summer 2020 CDCA Newsletter.

I'd also be remiss not to point out the incredible efforts and poise of our dedicated CDCA staff team during the past several months. They never stopped working; building new solutions, re-imagining administrative protocols to fit new requirements, creating new software, new schedules and new systems while remaining responsive to schools, candidates and the state boards we serve in protecting the public.

Thank you again for your support of the CDCA's mission and the vital role you play in protecting the public and serving the oral health professions. As always, I wish you and your family the best of health and I look forward to seeing each of you soon.

Very truly yours,



Harvey Weingarten, DDS

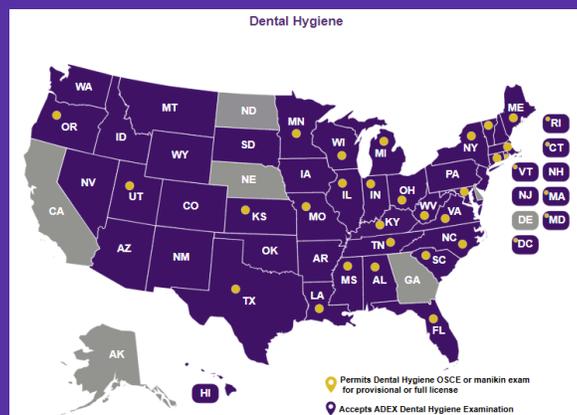
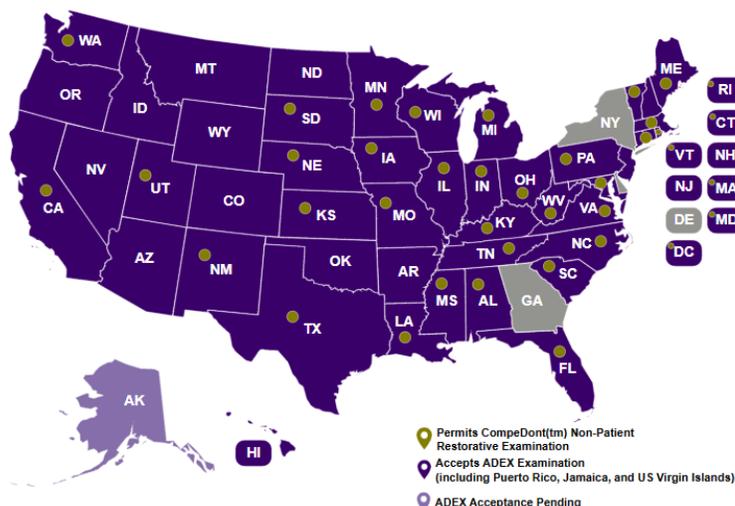
Chairman



# Dental Candidates Have National Exam In ADEX

## States Weigh, Approve Non-Patient Exams

Dental



Roughly 400 times per week, visitors to the CDCA website click to view the [ADEX Examination Acceptance Maps](#).

In recent months the maps grew to illustrate acceptance of non-patient examinations and state-specific information sought by candidates, educators, state boards and CDCA members.

Candidates can now reach every corner of the US with a patient or non-patient based ADEX examination administered by the CDCA. Alaska's board of dental examiners voted to accept ADEX for dental licensure at its August meeting. The decision becomes law sometime this fall. Georgia will accept ADEX beginning January 1, 2021.

The American Board of Dental Examiners approved the CompeDont™ DTX for use in Dental licensure examinations in April. After reviewing literature regarding pilot examinations and data demonstrating the simulated tooth's ability to present a reliable facsimile of a natural tooth, 36 states determined the CompeDont™ is suitable for use in high-stakes assessments. More than half have already communicated the tooth will be permitted into the future, while others continue to weigh long-term decisions.

States voiced interest in a non-patient dental hygiene examination. In May, ADEX approved a manikin for use in Dental Hygiene examinations. To date, 29 states now permit ADEX manikin treatment clinical exams (MTCE). The first examination of this type took place on July 10, 2020. Exams for 2020 graduates will continue through the fall as schools work to reopen.

CDCA School Programs Director Shayna Overfelt says the acceptance of the ADEX examination is truly appreciated by candidates. "I cannot describe the sense of relief many of these students express to us when we deliver the news that CDCA can in fact help them conquer that final hurdle."

"It has been a privilege to help states boards' navigate this landscape and professionally pleasing to see the hard work of many be accepted as a new gold standard," said Dr. Guy Champagne. Following through in its commitment to service and development of a national, uniform examination process, the CDCA will continue to be a resource when called upon.

## CompeDont™ Surpasses Expectations

Analysis of data from CompeDont™'s inaugural season surpasses performance expectations as determined via initial pilot examinations.

While a final review of all scores from 2020 candidates is not yet complete, preliminary data indicates near-perfect alignment with patient-based examinations delivered in the same time period. Cohort data shown in the column on the right demonstrates pass rates for both exam types.

“The data is extremely promising,” said Dr. Ellis Hall, Director of Examinations. “The preliminary results and analysis illustrate pass rates nearly identical to prior years.” Historical data provides a pool of psychometrically valid data used as benchmarks when establishing a new method of examination.

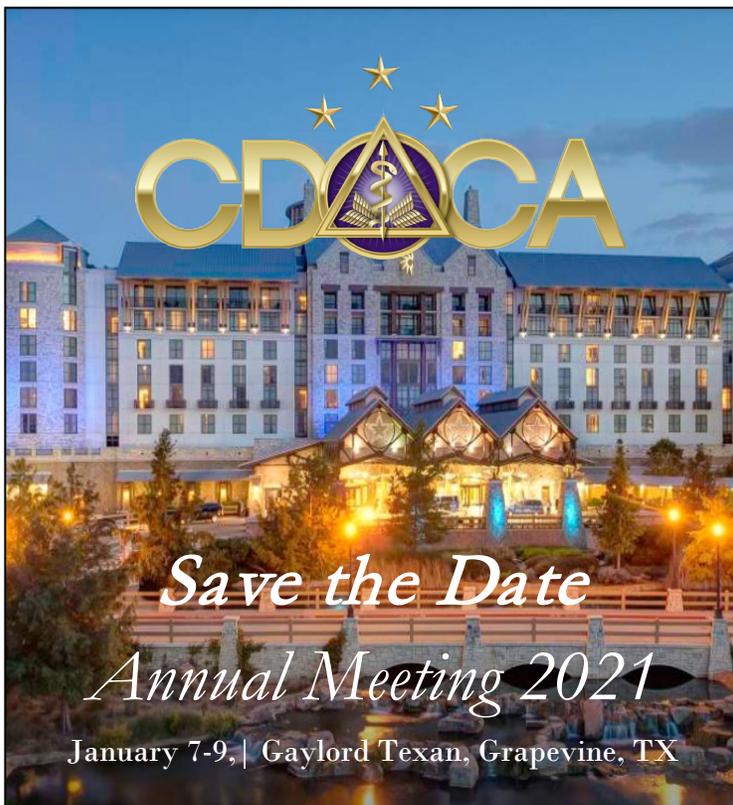
## 2020 Patient Based Restorative Candidates (n=2600+)

- Anterior Restorative = 94%
- Posterior Restorative = 94%
- Average = 94% pass rate

## 2020 CompeDont™ Restorative Candidates (n=880)

- Anterior = 95% pass rate
- Posterior = 93%
- Average = 94% pass rate

The above statistics represent candidates tested and scores available through July 6, 2020. Data for the entire 2020 season will be evaluated when all examinations are complete.



## CompeDont™ Conversations

Information regarding the development and piloting of a simulated tooth for use in the restorative portion of the ADEX Dental Examination first appeared in these pages a year ago. Today, word of the tooth's remarkable ability to pivot into the place of nearly non-existent patient examinations dominates conversations across the industry.

From candidate-penned blog posts, to publications by the American Student Dental Association, feedback regarding the inaugural exam series for the CompeDont™ DTX tooth began pouring in days after the first exams took place in early June. CDCA initiated candidate and educator surveys are now under review.

To see excerpts of submitted surveys and read some of the external media finds [visit the CDCA Newsroom](#) on our website. Read more reaction from educators at both dental and dental hygiene examinations on page 5.

## New in Member Resources

Do you visit the CDCA Member Resources page? It's kind of like the "how often do you floss" question, right?

Member Resources is home to valuable information that will help you keep up to date and aware of current events, policies and changes CDCA Members need to know. Here are most important places to visit.

### ["From the Director"](#)

As of September 1, 2020, candidates will be able to use **ultrasonic and high-speed handpieces in patient-based exams** if an assistant or assistive device provides evacuation. Please read Examination Standards and other recent posts to help make protocols for examinations impacted by recent events clear.

### [Standardizations & Videos](#)

All examiners must complete applicable standardizations before participating in an examination. New standardizations are available in ["My Standardizations."](#) This includes information about how to navigate new exam software. A new ["Videos"](#) section is your link to webinars and videos produced to support you and your teams on site. Select the exam type and click to view.

### [COVID-19 Updates](#)

If you think you've missed a message in the past few months, this is a good place to look. We've grouped all messages related to COVID-19 here.

The Essential Employee Travel Letter and other important information can be found by scrolling through the posts on the [home page](#).

### [Complete the Profile Review Process](#)

All members are asked to log in and review their information between now and September 1<sup>st</sup>. You'll be asked to read updated policies and check things like your address and email. Be sure to add your AGD# to your profile for CE recording purposes!

## Exam Accolades

Site coordinators completing surveys for recent examinations relay accolades for exam team members and chiefs. Here are just a few from this season:

"Dr. Hedstrom was our Chief. He is a pleasure to work with daily. I look forward to him coming to Tufts each year."

"Yvette was wonderful to work with. She was prompt with getting back to me and answered all of my questions. She was thorough and accommodating. I really enjoyed working with her and her team."  
~Florence-Darlington Technical College

"I have been an examiner for many years and have worked with many different Chiefs. Dr. Yaman could not have done a better job under the more difficult than usual circumstances." ~New York University."  
~New York University

"I can't thank you enough for administering the first dental hygiene manikin exam as a pathway for licensure. Trailblazers is all I can say!!" ~Delaware Technical Community College

"We would like to express our gratitude to the Examination Team for taking on a live patient exam in the midst of a COVID-19 case spike." Lake Erie (Florida) LECOM

"a HUGE thank you for EVERYTHING...you made it possible for 26 outside students to come here in record time! Your examiners Christine and Kristen were amazing; coming down on a day with terrible weather (hurricane!) to prep for the exam." ~University of Bridgeport.

## State Spotlight: Maine



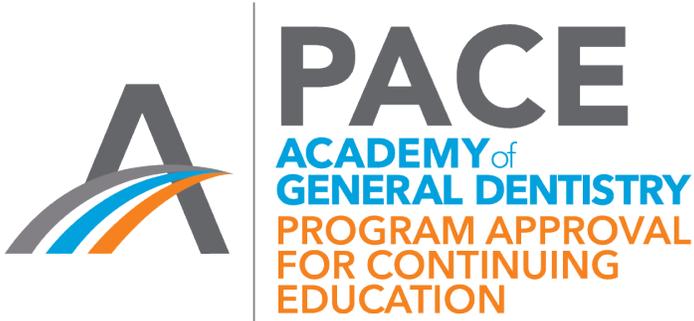
In 1969, Maine was one of the 8 original member states to the North East Regional Board of Dental Examiners, today's CDCA.



The Maine Board of Dental Practice was established in 1891, making it one of the oldest in the United States.



Currently, 27 examiners hail from The Pine Tree State, including our Director of Examinations, Dr. Ellis Hall.



## CDCA Named PACE-Approved Program Provider for CE

The Academy of General Dentistry now recognizes the CDCA as a national program provider for continuing education credit.

The decision follows a rigorous review process by the PACE Council assessing the CDCA’s methodologies, information-gathering, vetting, and planning of valuable curricula. PACE providership will allow the Commission to present continuing education courses at the Annual Meeting, Educators Conference, and, in the future, online.

The CDCA is the only dental assessment agency with the PACE distinction. Courses appropriate for all oral professions will be sought. If you wish to be considered as a future presenter, please [let us know!](#)



Here’s something you don’t see every day.

The farmette next to the Central Office has a curious pony and less than stellar fence. He’s been spotted in the parking lot twice in recent weeks!

Above, Candidate Services Specialist, Savannah Cox, left and Sr. Manager of Candidate Services Sara Nazarenko, right, escort the quasi mascot home.

## “A Season Like No Other”

COVID-19 brought unprecedented health and safety measures. It also makes for new experiences in familiar places.

Vice-Chair Dr. Mark Armstrong traveled by car to many sites in June and July. “This will definitely make 2020 a season like no other.” The Assignments Committee continues to work diligently scheduling examiners at schools as close to home as possible.

“Every school I’ve been to has been careful to take temperatures, provide PPE, it’s reassuring to know that guidelines are followed among peers and other practitioners,” commented Christine Dominic, RDH.

Dr. Mark Brennan chose to fly to some assignments. “I am very comfortable on Southwest. I’ve heard unfavorable stories from people on other airlines. All middle seats are kept empty. I’ve never been a flight that was full and some with 35-60 people. Very often I am the only person in my row.”

The Board recognizes member’s participation decisions are personal. In response, the Participation Policy is currently suspended.



What did your exam look like? [Share your pics](#) with us! [Click here](#) to see scenes from schools this season. (above, left/bottom UPenn, right, Palm Beach State)

**From:** Southern Regional Testing Agency <jbui@srta.org>  
**Sent:** Monday, September 21, 2020 7:00 AM  
**To:** PRISBY Stephen <Stephen.Prisby@state.or.us>  
**Subject:** SRTA: Traditional live-patient or fully manikin-based exams available

An update on the Southern Regional Testing Agency



### **An Update from Our Testing Agency**

State dental boards, dental and hygiene schools and their students across the U.S. are continuing to adapt to numerous new education and regulatory environments in the wake of the COVID-19 pandemic. The Southern Regional Testing Agency (SRTA), the first agency to develop and pilot a **complete manikin-based exam**, has had a successful exam season during the pandemic because of the quality of our test, our service and our attention to detail. Our agency remains the most responsive agency in addressing the needs of students, schools and states with thorough, high-quality and highly regarded assessment modules to meet the various needs of state regulators and academic institutions. Moving forward we will continue to offer both a complete manikin-based exam, as well as our traditional live-patient exam.

Experts at SRTA and in the dental industry have worked to develop our complete manikin-based exam over the last two years, **eliminating the need for live patients** and substituting manikin typodonts that mimic accurate occlusion and tooth anatomy that is uncannily life like. SRTA offers a variety of exam options using manikins and live-patients for both dental and dental hygiene students. No matter which exam a school and candidate may choose, paramount to SRTA's assessment is demonstration of mastery in the hands-on skills that are required for our industry.



## Exam Section Retake

New this year, SRTA will waive the cost of the retake of one section of the dental or hygiene exam if the candidate is not successful in their initial exam.\*

\*See our [dental](#) or [dental hygiene](#) manual for further terms.



## **Feedback on Manikin-based Exam**

Initial offerings of SRTA's complete manikin-based exam have been well received by schools, students and examiners. Here are a few comments from a recent survey of candidates after completing the exam:

*“... the caries simulated what it would feel like on a natural tooth.”*

*“...the exam was fairer considering everyone got the same teeth.”*

With comparable passage rates to our live-patient exam, SRTA's complete manikin-based exam promises a thorough assessment of the candidates' hands-on clinical skills to ensure preparedness for the dental industry.

## **SRTA's Promise**

Our priority is to thoroughly and safely assess students' competencies for their transition to the dental profession. Our competitive examination fees, new free retake program and the programs we offer schools and students to ensure they are well-prepared on exam day make us the most approachable testing agency in our industry.

We invite you to learn more about SRTA's exams by visiting [our website](#). We would be happy to set up a call or make a presentation to you or your board about our offerings at your earliest convenience. Please contact me anytime at the email below.

Thank you,  
**Jessica Bui**  
Executive Director  
[jbui@srta.org](mailto:jbui@srta.org)

# Recommendations About the Use of Dental Amalgam in Certain High-Risk Populations: FDA Safety Communication

**Date Issued: September 24, 2020**

The U.S. Food and Drug Administration (FDA) is providing recommendations about the use of [dental amalgam](#) in certain groups of people who may be at greater risk to the potential adverse health effects of mercury exposure, to include:

- Pregnant women and their developing fetuses;
- Women who are planning to become pregnant;
- Nursing women and their newborns and infants;
- Children, especially those younger than six years of age;
- People with pre-existing neurological disease;
- People with impaired kidney function; and
- People with known heightened sensitivity (allergy) to mercury or other components of dental amalgam.

For over 20 years, the FDA has been reviewing, considering and holding public discussions regarding the scientific literature and other evidence on the safety of dental amalgam. Key among our findings are the uncertainties about the acceptable reference exposure levels for mercury vapor (gas), the potential for mercury to convert to other mercury compounds in the body, and whether the degree of accumulation of mercury from dental amalgam results in negative (adverse) health outcomes. The FDA held a meeting of our Dental Products Panel of the Medical Devices Advisory Committee in [December 2010](#)[External Link Disclaimer](#) and a meeting of our Immunology Devices Panel in [November 2019](#) to discuss these uncertainties. Elemental mercury used in dental amalgam is known to cause adverse health effects, particularly when the extent of exposure is high, in individuals who have reduced ability to remove mercury from their bodies, and in individuals who are sensitive to mercury. Although the majority of evidence suggests exposure to mercury from dental amalgam does not lead to negative health effects in the general population, little to no information is known about the effect this exposure may have on members of the specific groups listed above who may be at greater risk to potential negative health effects of mercury exposure. Accordingly, the FDA recommends that [non-mercury restorations](#) (fillings) such as composite resins and glass ionomer cements be used, when possible and appropriate, in people who may be at higher risk for adverse health effects from mercury exposure.

The FDA **does not** recommend anyone remove or replace existing amalgam fillings in good condition unless it is considered medically necessary by a health care professional (for example, a documented hypersensitivity to the amalgam material). Removing intact amalgam fillings may result in a temporary increase in exposure of mercury vapor released during the removal process in addition to the potential loss of healthy tooth structure.

At this time, the FDA does not find the available evidence supports a [complete ban of the use of dental amalgam](#). The weight of the existing evidence does not show that exposure to mercury from dental amalgam leads to adverse health effects in the general population, and its longevity is better

than that of alternatives, especially for large restorations. In addition, a ban on amalgam may result in deferred or no treatment and have unintended health implications, especially in communities where there might be limited availability of alternative materials.

## Recommendations for Patients and Caregivers About the Use of Dental Amalgam

- Be aware the following groups of people may be at greater risk for potential negative effects of mercury vapor (gas) released from dental amalgam fillings:
  - Pregnant women and their developing fetuses;
  - Women who are planning to become pregnant;
  - Nursing women and their newborns and infants;
  - Children, especially those younger than six years of age;
  - People with pre-existing neurological disease;
  - People with impaired kidney function;
  - People with known heightened sensitivity (allergy) to mercury or other components of dental amalgam.

If you are an individual in one of these groups, the FDA recommends that alternative, non-mercury materials such as composite resins or glass ionomer cements be used when possible and appropriate.

- Be aware the durability of any tooth restoration (filling) depends on many factors besides dental filling material. To help your teeth and fillings last as long as possible, you should maintain a healthy diet, proper oral hygiene, and regular dental checkups.
- You should discuss treatment options, including the associated benefits and risks of using dental amalgam or an alternative non-mercury filling material, with your dentist. View the FDA's [informational brochure](#) for patients and talk with your dentist if you have additional questions.

## Recommendations for Dental Health Care Providers About the Use of Dental Amalgam

- Review the above **Recommendations for Patients and Caregivers About the Use of Dental Amalgam** and discuss the risks and benefits of using dental amalgam and other restorative materials with your patients to allow them to make informed choices regarding their treatment options. We encourage you to share the FDA's informational brochure with your patients prior to any consent to treatment.
- When discussing dental amalgam, avoid using the term "silver filling," as this may imply the filling is made solely from silver and does not accurately convey the mercury component of this restorative material.
- When using amalgam:
  - Use encapsulated amalgam and avoid bulk elemental mercury to minimize the risk of occupational exposure.
  - Avoid placing amalgam in direct contact with other fixed or removable metallic devices in the mouth.
  - Use [mercury hygiene best practices](#)[External Link Disclaimer](#) to minimize the patient's and your exposure to mercury vapor. Use [amalgam separators](#) to prevent mercury-containing dental amalgam waste from being released into the environment.

## Potential Adverse Health Effects of Mercury Exposure from Dental Amalgam

**Dental amalgam** is a type of dental restorative material that is a mixture of elemental mercury and an alloy primarily composed of silver, tin, and copper, and is used to restore the missing structure and surfaces of a decayed tooth. It releases small amounts of mercury in the form of a vapor (gas), depending on the number and age of existing fillings as well as some dietary and chewing habits. Inhaling mercury vapors may be harmful, especially at doses considered higher than those typically seen from use of dental amalgam. Mercury vapor release is highest when placement or removal of the filling occurs. The levels of mercury vapors may also temporarily increase when chewing, brushing, or teeth grinding over the tooth with the amalgam filling. The mercury vapors are primarily absorbed by the body through inhalation to the lungs. The body eliminates some of the absorbed mercury, but small amounts distributed through the bloodstream may collect in certain tissues, including the brain and kidneys, or in the case of pregnant women, in the blood going to the fetus through the umbilical cord.

Mercury is a known toxicant to the nervous system and long-term exposure to **high** mercury doses, such as may occur in some occupational settings, may be associated with **signs or symptoms** such as:

- Mood disorders (for example, anxiety, depression, irritability)
- Sleep difficulties or disturbances
- Fatigue (feeling tired)
- Memory troubles or disturbances
- Tremors (shaking of extremities)
- Difficulties with coordination
- Visual changes
- Changes in hearing
- Kidney damage

The concentrations of mercury vapor released from dental amalgam are low compared to those typically associated with clinical signs of toxicity. Over more than two decades, the FDA and other public health agencies have conducted numerous reviews of scientific data related to potential health effects of dental amalgam. These reviews have generally arrived at the same conclusion that the weight of the existing evidence does not show that exposure to mercury from dental amalgam leads to adverse health effects in the general population, including those signs and symptoms listed above as well as some neurodegenerative diseases such as multiple sclerosis, Alzheimer's disease, and Parkinson's disease.

Although the weight of available evidence does not show that exposure to mercury from dental amalgam leads to adverse health effects in the general population, some caution should be exercised when interpreting conclusions made from review of the scientific literature for reasons including, but not limited to, the following:

- Conflicting or contradictory findings from different studies that may have affected the certainty in reaching the determination on dental amalgam exposure.
- Exposure to additional amounts of mercury from other environmental and/or dietary sources (such as fish) and recent evidence regarding the body's ability to convert one form of mercury into another, which have raised uncertainties regarding the attribution of mercury exposure sources in a given individual.
- Limitations in study design and execution, including lack of control groups, small sample sizes, single-source data, limited duration of follow-up, and underpowering for evaluation of less common outcomes.

There are also uncertainties regarding the levels of exposure to mercury vapor from dental amalgam, and what level of exposure is considered safe for greater risk individuals. Levels of exposure do not

necessarily fall consistently within a narrow range, but are dependent on size, number, and age of the fillings, and stresses applied to the filling, such as chewing and brushing. Current estimates of continuous, exposure to mercury from dental amalgam and other sources over a lifetime that are likely to be without risks of harmful effects in the general population and greater risk groups, vary considerably. Taken together, these uncertainties present challenges with regard to defining a specific threshold of toxicity for chronic, low-level mercury exposure from dental amalgam and other sources, particularly for sensitive groups.

There is limited data regarding health outcomes in groups of patients who may be more susceptible or sensitive to the direct neurological effects of mercury (such as developing fetuses and children, and individuals with neurological disorders), or those with an impaired ability to excrete mercury (such as those with kidney dysfunction). Therefore, there is greater uncertainty and concern about the potential risks to these individuals.

## Use of Amalgam versus Resin-Based Composites

Dental amalgam has advantages over resin-based composites in certain limited clinical situations. This includes use in high caries risk patients, for large fillings in posterior (back) teeth where biting forces are high, and where moisture can present a problem for certain placement such as near the gumline. For esthetic reasons and others concerning mercury use and disposal, the use of dental amalgam has seen a significant decline over the last decade. Other filling [materials](#) such as resin-based composites and glass ionomers have become more widely used. The durability of these resin-based materials has improved, although its longevity does not equal that of amalgam, especially for large restorations with higher biting forces, wear, or stress.

Resin-based composite [materials](#) have important advantages. Namely, they are color-matched to the surrounding tooth structure for better esthetics and do not contain heavy metals, and their placement typically requires the removal of less healthy tooth structure compared to dental amalgam. Resin-based materials disadvantages include shrinkage that can lead to marginal gaps, hypersensitivity to unreacted methacrylate components as well as clinical limitations regarding placement and longevity. Resin-based composites also generally require more time and cost for placement.

If a patient is concerned about mercury exposure from dental amalgam or falls into one of the high risk populations listed above, the use of alternative materials should be strongly considered.

## FDA Actions

The FDA will continue to keep the public informed if significant new information about dental amalgam becomes available.

## Additional Resources

- [FDA's Dental Amalgam Website](#)
- [FDA's Informational Brochure - Information for Patients About Dental Amalgam Fillings](#)

## Reporting Problems with Your Dental Amalgam

If you think you have had an allergic or other reaction attributable to dental amalgam, the FDA encourages you to [report the problem through the MedWatch Voluntary Reporting Form](#). When submitting a report, detailed information regarding the signs and symptoms of the adverse event and

the timing of the events relative to the placement of the material would be useful to FDA's evaluation.

Health care personnel employed by facilities that are subject to the FDA's user facility reporting requirements should follow the reporting procedures established by their facilities.

## **Questions?**

If you have questions, email the Division of Industry and Consumer Education (DICE) at [DICE@FDA.HHS.GOV](mailto:DICE@FDA.HHS.GOV) or call 800-638-2041 or 301-796-7100.

## ADA reaffirms that dental amalgam is ‘durable, safe, effective’ restorative material

*Association responds to FDA statement*

September 24, 2020

By Jennifer Garvin

Washington — The ADA reaffirmed its position that dental amalgam is a “durable, safe and effective” restorative material in response to the U.S. Food and Drug Administration’s Sept. 24 [statement](#) that existing evidence shows that dental amalgam is not harmful to the general population and treatment options should be thoroughly discussed by the patient and dentist.

The FDA did note that ongoing research into amalgam and alternative restorative materials is necessary, something which the ADA also supports.

The ADA also expressed support for the FDA recommendation that “existing amalgam fillings in good condition should not be removed or replaced unless it is considered medically necessary,” according to an [ADA news release](#).

"Dentists have used dental amalgam for a long time, and we know that it's durable, reliable and safe," said ADA President Chad P. Gehani. "While dental amalgam is one effective restorative material, dental treatment is not one-size-fits-all. As dentists we are always working with our patients to help them make well-informed decisions based on their individual needs."

In its statement, FDA advised patients with questions to discuss all treatment options with their dental provider, “including the benefits and risks of using dental amalgam and other dental restorative materials, to help [them] make an informed decision.”

While the FDA said certain groups may be at greater risk for potential negative effects from exposure to mercury, the ADA noted in its release that agency also said there is “little to no information” known about the effects dental amalgam may have on these specific groups and stressed there “was no new scientific evidence cited as part of the FDA recommendation.”

“Patients should consult with their dentists to decide which filling material is best for them based on a number of factors, such as size and location of the cavity, patient history, cosmetic concerns and cost,” the release concluded.

For dentists who have patients with questions about the FDA news, the ADA has information on all restorative materials at [MouthHealthy.org](#).

### Call for Nominations to CODA Site Visitor Positions

The Commission on Dental Accreditation (CODA) requests nominations to fill upcoming Site Visitor vacancies.

CODA seeks nominations for individuals who have broad backgrounds in dental or dental-related education and who have specific expertise in the areas listed below. For all areas, broader representation of minority dental faculty is a need.

**There is also an extreme need for nominations to the following:**

- **Predoctoral Finance**
- **Predoctoral National Licensure**
- **Dental Public Health**
- **Oral Medicine**
- **Oral and Maxillofacial Radiology**
- **Orofacial Pain**
- **Pediatric Dentistry**
- **Allied Dentist**
- **Dental Therapy**

Overall, this call for nominations is for:

#### **Dental Education**

- Predoctoral Basic Sciences
- Predoctoral Chair
- Predoctoral Clinical Sciences
- Predoctoral Curriculum
- **Predoctoral Finance**
- **Predoctoral National Licensure**

Nominees for the roles above should be actively involved in predoctoral dental education and should have demonstrated interdisciplinary activities and involvement.

#### **Advanced Dental Education**

- Advanced Education General Dentistry
- Dental Anesthesiology
- **Dental Public Health**
- Endodontics
- General Practice Residency

- **Oral Medicine**
- Oral and Maxillofacial Surgery Clinical Fellowships
- Oral and Maxillofacial Pathology
- **Oral and Maxillofacial Radiology**
- Oral and Maxillofacial Surgery
- Orthodontics Fellowships
- Orthodontics
- **Orofacial Pain**
- **Pediatric Dentistry**
- Periodontics
- Prosthodontics

Nominees for the roles above should have experience in the respective discipline. Priority consideration will be given to individuals with current, active involvement in advanced education programs in the respective disciplines and familiarity with accreditation issues.

#### **Allied Dental Education**

- **Allied Dentist**
- Dental Assisting
- Dental Hygiene
- Dental Laboratory Technology
- **Dental Therapy**

When conducting allied dental education site visits, the Commission makes every effort to match the discipline site visitors with the setting of the program being evaluated. Community/Technical colleges and vocational/technical schools sponsor the majority of accredited programs in each discipline. For this reason, you are encouraged to nominate individuals who are faculty members at institutions of this kind. The Commission will consider all qualified nominees for appointment.

**The deadline for all nominations is December 1, 2020.**

Site visitors are appointed for one-year terms, and may be reappointed for up to six years.

Site Visitor Nomination Criteria and the Site Visitor Nomination Form are found at:  
<https://www.ada.org/en/coda/accreditation/accreditation-news/call-for-nominations>

Please email completed nomination forms to the appropriate [CODA staff manager](#), who will forward the submission to the appropriate committee(s) and Commission for consideration. Nominations submitted by postal mail will not be accepted.

**Please note: only those individuals who submit a completed nomination form will be considered; curriculum vitae will not be accepted.**

Thank you for your assistance in developing a highly qualified and widely diverse group of site visitors to carry out the important work of accreditation. For questions, please refer to the criteria document at the link above.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

**NOTICE OF ADOPTION OF A POLICY STATEMENT**

**Title of Policy Statement:** Dental Hygiene Initial Limited License Expiration Date Extension during the COVID-19 Response. Policy Number: HSQA OAS E03

**Issuing Entity:** Department of Health, Health Systems Quality Assurance

**Subject Matter:** Extending the 18-month expiration date for the dental hygiene initial limited license while in-person examinations required to renew are cancelled or postponed during the COVID-19 response.

**Effective Date:** October 1, 2020

**Contact Person:** Bruce Bronoske, Jr.  
[bruce.bronoske@doh.wa.gov](mailto:bruce.bronoske@doh.wa.gov)  
(360) 236-4843

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE:** October 02, 2020

**TIME:** 12:34 PM

**WSR 20-20-078**

*Department of Health  
Office of Health Professions  
Dental Hygiene Examining Committee*

# Policy Statement

Revised – 10/18/11

<i>Title:</i>	Dental Hygiene Initial Limited License Expiration Date Extension during the COVID-19 Response.	<i>Number:</i> HSQA OAS E03
<i>References:</i>	<a href="#">RCW 18.29.190</a> , <a href="#">RCW 43.70.280</a> , <a href="#">Governor Proclamation 20-05</a> , <a href="#">Governor Proclamation 20-32</a> (v.1 released March 26, 2020)	
<i>Contact:</i>	Bruce Bronoske, Jr., Dental Hygiene Program Manager	
<i>Phone:</i>	(360) 236-4843	
<i>Email:</i>	bruce.bronoske@doh.wa.gov	
<i>Effective Date:</i>	October 1, 2020	
<i>Supersedes:</i>	n/a	
<i>Approved By:</i>	Kristin Peterson, HSQA Assistant Secretary	

The Department of Health (department) will extend the 18-month expiration date for the dental hygiene initial limited license until September 30, 2021 due to the coronavirus disease 2019 (COVID-19) emergency response and the Governor issued proclamation declaring a state of emergency: [Proclamation 20-05](#).

Dental hygienists are allowed to practice with an initial limited license up to 18 months with conditional application requirements as stated in [RCW 18.29.190\(2\)](#). Conditional application requirements include successfully completing an approved dental hygiene patient evaluation/prophylaxis examination, an approved local anesthesia written and clinical examination, an educational program on the administration of local anesthesia and nitrous oxide, and demonstrating didactic and clinical competency in the administration of nitrous oxide analgesia. A limited license allows dental hygienists, who have not completed all of the Washington State examinations or educational requirements, to perform hygiene procedures within a limited scope of practice as outlined in [RCW 18.29.190\(3\)](#).

In response to the COVID-19 emergency, in-person dental hygiene examinations are cancelled or postponed. The Dental Hygiene Examining Committee reviewed potential non-patient based exam options and determined that there are none currently available that meet licensing requirements. Therefore, dental hygienists with a limited license approaching the 18-month expiration date would not be able to apply for a renewable limited license and would not be able to continue to practice. [RCW 43.70.280\(2\)](#) requires rulemaking to extend the expiration date. On March 26, 2020, the Governor issued [Proclamation 20-32](#) that waives and suspends rulemaking requirements related to licensing health care workers. Based on [Proclamation 20-32](#), the Secretary of Health extended health profession license expiration dates for licenses up for renewal between April 1 and September 30, 2020. This extension allowed health professionals to focus on patient care, without worrying about renewal requirements.

To continue protecting public health, beginning October 1, 2020 the department will extend the initial limited license expiration date until September 30, 2021.

# The Health Professionals' Services Program: Oregon's Alternative-to-Discipline Monitoring Program for Nurses

Christopher J. Hamilton, PhD, MPA

As the adage goes, “If you've seen one alternative to discipline program, you've seen one alternative to discipline program.” However, Oregon's alternative-to-discipline program for nurses, the Health Professionals' Services Program (HPSP), has a unique history as it continues to help nurses by providing accountability and structure, while also continuing to adapt.

## BACKGROUND

Alternative-to-discipline programs, their programming, and their services are born from need, resources, and, sometimes, legislation. Before 2010, monitoring programs for Oregon's health professional boards were run by the individual boards. Legislation in 2009 consolidated Oregon's monitoring programs for health professional boards into one unified program with oversight by Oregon's Addictions and Mental Health Division of the Department of Human Services. The Department of Human Services put the program out to bid, and Reliant Behavioral Health (RBH) was the successful respondent. The consolidated program began operation in July 2010 with the Oregon State Board of Nursing (OSBN), Oregon Medical Board (OMB), Oregon Board of Dentistry (OBOD), and Oregon Board of Pharmacy (OBOP) as participating health boards.

HPSP is intended to be an alternative-to-discipline program for participating boards. All other Oregon health professional boards, besides the four HPSP participating boards (OSBN, OMB, OBOD, and OBOP), must have a public record of discipline when there are behavioral health concerns of their licensees. For Oregon, HPSP is the alternative-to-discipline monitoring program for registered nurses, licensed practical nurses, and advanced practice nurses; certified nurse assistants

are not eligible for HPSP. In bifurcated fashion, formally disciplined nurses are monitored through the board's probation program, and these nurses have formal board orders of discipline available to the public.

Per Oregon Revised Statute, HPSP can neither diagnose nor treat and is required to monitor the nurse or other licensee in compliance with their monitoring agreement, treatment, recovery support, and work. The legislature also outlined what is statutorily reportable to a licensing board within 24 hours of confirmation of an event:

- Criminal behavior
- Conduct that causes injury, death, or harm to the public or a patient, including sexual impropriety with a patient
- Impairment in a healthcare setting in the course of employment
- A positive toxicology test result as determined by federal regulations pertaining to drug testing
- Violation of a restriction on a licensee's practice imposed by the impaired health professional program or the licensee's health profession licensing board
- Civil commitment for mental illness
- Failure to participate in the program after entering into a diversion agreement
- Failure to enroll in the program after being referred to the program

Oregon's eligible (behavioral health diagnosis and Oregon license) nurses can be referred by the board. However, if no patient harm, crime, or workplace impairment has occurred, and the licensee attests that to the best of their knowledge they are not under investigation by the board, they may self-refer into HPSP. Since 2010, HPSP has worked with 561 nurses (July 1, 2010, to June 30, 2019). HPSP monitoring is paid by the participating health professional boards, and there is no monitoring cost to the nurse, but the nurse is responsible to pay for evaluations, treatment, and ongoing toxicology. In addition, self-referred nurses must pay to undergo a Safe Practice Investigation to ensure there has not been patient harm, criminal activity, or workplace impairment. Eligible nurses who self-enroll are allowed to respond in the negative to use of alcohol and/or drugs and treatment questions at the time of their renewal. Explicitly, the renewal questions state, “You

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may answer NO if: You are currently enrolled in Oregon's Health Professionals' Services Program as a Self-Referral."

## MONITORING

Participation in the program varies by nurse. For example, eligible nurses diagnosed with a substance use disorder participate in HPSP for 4 years. Nurses with a mental health diagnosis and no substance use disorder participate for 2 years. Nurses are required to remain in compliance with their monitoring agreement for the last 2 years of participation. If a noncompliant event occurs during the final 2 years, the duration of monitoring is extended. HPSP is a 5-year program for OMB, OBOD, and OBOP licensees with moderate or severe substance use disorders and a 2-year program for those licensees with mental health diagnoses only.

Once enrolled, nurses are assigned to an HPSP agreement monitor. The HPSP agreement monitors are seasoned, master-level counselors and social workers with backgrounds in mental health and addictions. An agreement monitor meets in person or by phone to onboard, orientate, and review expectations with the nurse. For the first 3 months or longer, the nurse will meet weekly by phone with their agreement monitor to check in and establish a relationship. After 3 months, the nurse will continue to check in weekly but is only required to have one voice-to-voice phone call per month.

During the weekly check-in, the nurse provides updates on any treatment they are involved in, community recovery support, work, anything that may become a stressor or concern, and other changes like medications. Releases are in place with the nurse's treatment provider(s) and workplace so monthly updates can be provided to HPSP by treatment providers and the nurse's workplace monitor.

Toxicology is also an important and necessary aspect of monitoring. Random testing builds accountability and allows nurses to be successful in their abstinence and recovery. Tests are random and can occur from Monday through Saturday. The nurse checks in daily by phone, Internet, or a mobile app to see if they have been selected to test that day. Nurses can start checking as early as 3:00 a.m. and must have checked by 5:00 p.m. Toxicology panels and scheduling are unique to the impairing substances and unique to health professionals. In Oregon, urine collections are observed. In addition to urine toxicology, HPSP uses alternative blood, hair, and nail tests to increase detection windows and act as a deterrent to use. Toxicology requires a minimum of 36 tests in the first year, with the frequency dropping every year as the nurse remains compliant with their monitoring agreement.

Inevitably, changes occur for nurses during the 4 years of participation in HPSP. These may be changes at home, at work, or with family. Although they are unable to counsel or treat, the nurse's agreement monitor is instrumental to the nurse's success. As this nurse stated in their survey after HPSP completion: "In reflecting on the monitoring process I find that instead of feeling ashamed, I feel empowered. Every morning when I check to see if I need to test, I embrace the daily reminder that I am putting my sobriety first, for myself

and for my profession. Working in healthcare I made a pledge to protect the public, and with monitoring, I have a paper trail to prove I am standing by that promise."

## HPSP CHANGES

To aid in clarity and to provide consistent application, HPSP has over 30 guidelines in place. Guideline topics range from toxicology to medication management and have all been developed in collaboration with the boards (OSBN, OMB, OBOD, and OBOP) and the Department of Human Services, Addictions & Mental Health Division. These changes have been small but help provide program structure.

There were no legislative changes for HPSP until 2013 when legislation was passed that made changes for the nurses and other licensees who were on a mental-health-only track. Before 2013, all mental-health-only licensees participated in a minimum of six toxicology tests over the first 6 months of participation. After the 2013 law, mental-health-only licensees only had toxicology tests if explicitly required for that individual licensee by their board or if the independent third-party evaluator recommended toxicology. In addition, any hospital admission for mental health reasons was a non-compliant event, and after the change to the law, it would only be noncompliance if there was a civil commitment; thus, nurses and other licensees are able to access the care they need without fear of noncompliance.

The next change to HPSP came in 2016 and was mainly administrative. Oversight and contracting of HPSP changed in 2017 from the Oregon Health Authority (previously the Department of Human Services) to the health professional boards participating in the program. This change did not affect nurses and other licensees (past or present) participating in HPSP.

HPSP, the program, the team, and the participants are continually adapting to change. The future will likely hold exciting new advances in toxicology. In the future, saliva tests may change the need to observe urine collections if reliable panels can be developed that cover the vast spectrum of substances available to health professionals. In addition, HPSP was an early adaptor to ethyl glucuronide (EtG)/ethyl sulfate (EtS) and phosphatidylethanol (PEth) - testing. As research continues in other metabolic alcohol markers, we will have additional forensic information on how often and how much someone consumes alcohol.

## HPSP OUTCOMES

Between July 1, 2010, and June 30, 2019, HPSP served 961 health professionals. Of the rate of 961, 561 were from the OSBN. Across the four participating boards, HPSP yields a 70% completion/on-track-to-complete rate (674/961). The completion/on-track-to-complete rate for nurses is lower at 61.5% (345/561). The 38.5% of nurses who are not successful is not a failure as the program has performed its role in upholding public safety and removed potentially impaired nurses from practice.

With noncompliance for nonnegative toxicology, the nurse is required to refrain from practice and is required to obtain an independent third-party evaluation by an approved treatment

provider. If nurses who are reported noncompliant adhere and complete the treatment recommendations outlined by the independent third-party evaluator and are provided with clear return-to-work recommendations after their treatment completion, they are usually allowed to remain in the HPSP. The OSBN has the discretion to take action on HPSP nurses who are reported noncompliant. One option the OSBN may exercise is issuing a board order and putting the noncompliant nurse on Board-operated probation.

HPSP performs satisfaction surveys every 6 months and also performs surveys 3 months after enrollment and at program completion. RBH takes HPSP feedback seriously and works to improve the program in all aspects under RBH's control. RBH continues to find ways to help nurses succeed and hopes to see nurse completion rates closer to the other health professionals in the future.

For more information on HPSP, please visit [www.RBHMonitoring.com](http://www.RBHMonitoring.com).

# LICENSE RATIFICATION

## **16. RATIFICATION OF LICENSES**

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

### **DENTAL HYGIENISTS**

H8028	ELISA ANN MONARO , R.D.H.	8/13/2020
H8029	MEGHANN E RADGOWSKI , R.D.H.	8/13/2020
H8030	CHELSEA HADLEY , R.D.H.	8/13/2020
H8031	CARISSA WELDING , R.D.H.	8/13/2020
H8032	MARIANNE ELISE VAN DONGEN , R.D.H.	8/13/2020
H8033	MAIRA MARTINEZ , R.D.H.	8/13/2020
H8034	MICHELLE ROBINSON , R.D.H.	8/13/2020
H8035	MELANIE NOELIE FOURNET , R.D.H.	8/13/2020
H8036	SONJA BERTRAND , R.D.H.	8/13/2020
H8037	KATHERINE P LI , R.D.H.	8/13/2020
H8038	BRITTANY EGGERS , R.D.H.	8/13/2020
H8039	MARY WATSON , R.D.H.	8/13/2020
H8040	GEMMA ARELI SANCHEZ MANCILLA , R.D.H.	8/13/2020
H8041	SHAYLA ENGELBRECHT , R.D.H.	8/13/2020
H8042	CARRIE MARKS , R.D.H.	8/13/2020
H8043	KAREN S. E. L. BOULOS , R.D.H.	8/13/2020
H8044	LORIE KAY BECKER , R.D.H.	8/13/2020
H8045	DANIELLE UNDERWOOD , R.D.H.	8/26/2020
H8046	CLEA N PETERSON , R.D.H.	8/26/2020
H8047	MIKAYLA NICOLE WATSON , R.D.H.	8/26/2020
H8048	CALEY W URENDA , R.D.H.	8/26/2020
H8049	KYNDALL ANN MARELICH , R.D.H.	8/26/2020
H8050	SHASTINA M GAMBLE , R.D.H.	8/26/2020
H8051	BRIANNA SKYE MEYERS , R.D.H.	8/26/2020
H8052	JASMEUN MARIE KANEKOA , R.D.H.	8/26/2020
H8053	ALICIA LINN FROEHLICH , R.D.H.	8/26/2020
H8054	KATIE BURGE , R.D.H.	8/26/2020
H8055	DANIELLE WILES , R.D.H.	8/26/2020
H8056	LOGAN A KADLECICK , R.D.H.	8/26/2020
H8057	MAYRA HESS , R.D.H.	8/26/2020
H8058	SAMANTHA S PERSHIN , R.D.H.	8/26/2020
H8059	LINDSEY LAYNE MAUCH , R.D.H.	8/26/2020
H8060	ASHLY ANN GROOM , R.D.H.	8/26/2020
H8061	CASSANDRA DIANE BLUM , R.D.H.	8/26/2020
H8062	OLIVIA JUSTINE BURGER , R.D.H.	8/26/2020
H8063	RACHEL MARIE LANGFORD , R.D.H.	8/26/2020
H8064	RILEY PLANK , R.D.H.	9/10/2020
H8065	MARYNA R BAGMUT , R.D.H.	9/10/2020
H8066	SIERRA MAUREEN BORAGNO , R.D.H.	9/10/2020
H8067	SAMANTHA LEIGH SAN JOSE , R.D.H.	9/10/2020
H8068	REBECCA A ZATTA , R.D.H.	9/10/2020
H8069	KIEU VAN MOISAN , R.D.H.	9/10/2020
H8070	MACKENZIE MATHERS , R.D.H.	9/10/2020
H8071	MARJORIE VINITA AMAYA , R.D.H.	9/10/2020
H8072	RUTH M CARROLL , R.D.H.	9/10/2020
H8073	NINA THERESA CUTLER WHITE , R.D.H.	9/10/2020
H8074	NICOLE ANN HOFFMAN , R.D.H.	9/10/2020

H8075	MELISSA GOYINS , R.D.H.	9/10/2020
H8076	ALICIA KAY HOLIMAN , R.D.H.	9/10/2020
H8077	HALEY WAYT , R.D.H.	9/10/2020
H8078	DAKOTA FAHEY , R.D.H.	9/10/2020
H8079	MADISON CLARK , R.D.H.	9/10/2020
H8080	SHANNON RAE HAHN , R.D.H.	9/10/2020
H8081	BRIANNA GELOW , R.D.H.	9/10/2020
H8082	SHYLA V STONE , R.D.H.	9/17/2020
H8083	SAMANTHA LEE PHILLIPS , R.D.H.	9/17/2020
H8084	EMILY TIETJE , R.D.H.	9/17/2020
H8085	MICHAEL LAROCO , R.D.H.	9/17/2020
H8086	LINDSAY RACHEL JAUCHIUS , R.D.H.	9/17/2020
H8087	HANNAH LAREE SWENSON , R.D.H.	9/17/2020
H8088	BRIANA C ELWOOD , R.D.H.	9/17/2020
H8089	LAURA JEANNE REYES , R.D.H.	9/17/2020
H8090	RAE BOVEE , R.D.H.	9/17/2020
H8091	MADISON PAPINEAU , R.D.H.	9/17/2020
H8092	ASHLEYE DAWN GUILD , R.D.H.	9/17/2020
H8093	KORRIN MOHR , R.D.H.	9/17/2020
H8094	JOHN YU , R.D.H.	9/17/2020
H8095	MACKENZIE HOSLEY , R.D.H.	9/17/2020
H8096	ESTEFANIA CABRERA , R.D.H.	9/24/2020
H8097	TIFFANY WANNOMAE , R.D.H.	9/24/2020
H8098	LOREEN KARAM , R.D.H.	9/24/2020
H8099	MADISEN BUNCH , R.D.H.	9/24/2020
H8100	ALEXANDRIA D LOHN , R.D.H.	9/24/2020
H8101	EMMA WATSON , R.D.H.	9/24/2020
H8102	TIM MURPHY , R.D.H.	9/24/2020
H8103	KYLA VANSPEYBROCK , R.D.H.	9/24/2020
H8104	SCHERISE M HOBBS , R.D.H.	9/24/2020
H8105	MELISSA HINTZ , R.D.H.	9/24/2020
H8106	NORMA SANTIAGO HERNANDEZ , R.D.H.	9/24/2020
H8107	ALLISON NICOLE WOOD , R.D.H.	9/24/2020
H8108	AMY CHAN , R.D.H.	9/24/2020
H8109	SHEYANNE PEDERSEN , R.D.H.	9/24/2020
H8110	BREANNA BOUNDS JOHNSON , R.D.H.	9/24/2020
H8111	EMILY MCCLAIN , R.D.H.	9/24/2020
H8112	EDILET RODRIGUEZ , R.D.H.	10/5/2020
H8113	NICOLE KATHRYN ETTNER , R.D.H.	10/5/2020
H8114	MEGAN RUTH BIFANO , R.D.H.	10/5/2020
H8115	RACHEL REICH , R.D.H.	10/5/2020
H8116	VALENTINA FROLOV , R.D.H.	10/5/2020
H8117	TYLER GROBMEIER , R.D.H.	10/5/2020
H8118	SILVIA MARIANA DE SANTIAGO GONZALEZ , R.D.H.	10/5/2020
H8119	JACKLYN R FERRARIS , R.D.H.	10/5/2020
H8120	CIERRA AMELIA VUCENIC , R.D.H.	10/5/2020
H8121	ABIGAIL CHRISTINE TREMAYNE , R.D.H.	10/5/2020
H8122	TAMARA CAMILLE ABUKHZAM , R.D.H.	10/5/2020
H8123	E. JORDAN ABBOTT , R.D.H.	10/5/2020
H8124	KELCIE S ROFINOT , R.D.H.	10/5/2020
H8125	CLAIRE ELIZABETH GRANGE , R.D.H.	10/5/2020
H8126	CARLIN CHUNG , R.D.H.	10/5/2020
H8127	MARIA-ANN LEILANI BORING , R.D.H.	10/5/2020
H8128	MADELINE GRACE BERGEN , R.D.H.	10/5/2020
H8129	CATHIE JO VACCA , R.D.H.	10/5/2020

## DENTISTS

D11290	NATASHA BODIROGA , D.M.D.	8/13/2020
D11291	BENJAMIN S PRITTS , D.M.D.	8/13/2020
D11292	GERALD L TORGESON , D.D.S.	8/13/2020
D11293	BRANDON MICHAEL TAYLOR , D.D.S.	8/13/2020
D11294	TARHYN AUGER , D.M.D.	8/13/2020
D11295	DAVID CHUKWUMAH ROBERTS , D.D.S.	8/13/2020
D11296	ERIK SEABERG , D.D.S.	8/13/2020
D11297	JONATHAN H WELCH , D.M.D.	8/13/2020
D11298	KYLE FONKEN , D.D.S.	8/13/2020
D11299	EDWIN R BENNETT IV , D.D.S.	8/13/2020
D11300	VY THANH TRAN , D.D.S.	8/27/2020
D11301	HATAI JIVAGUNCHAINAN , D.M.D.	8/27/2020
D11302	TIFFANY ANN FLAHERTY , D.D.S.	8/27/2020
D11303	RYAN ADAM MARTIN , D.M.D.	8/27/2020
D11304	SCOTT CURTIS , D.M.D.	8/27/2020
D11305	CALVIN TYLER SKINNER , D.D.S.	8/27/2020
D11306	ANNA YOO , D.M.D.	8/27/2020
D11307	MITCHELL GARRETT LAMB , D.M.D.	8/27/2020
D11308	SUSMITHA RAO KOTI , D.D.S.	8/27/2020
D11309	HUSEIN SHAIKH HUSSEIN , D.M.D.	8/27/2020
D11310	GEOFFREY HOUF , D.M.D.	8/27/2020
D11311	D. CHASE CARLSON , D.M.D.	8/27/2020
D11312	GREGORY P WELCH , D.D.S.	8/27/2020
D11313	VICTOR TRAN , D.M.D.	8/27/2020
D11314	CORBIN THOMAS AVEY , D.D.S.	8/27/2020
D11315	JACOB RYAN KAUFMAN , D.M.D.	8/27/2020
D11316	ZACHARY J JACKSON , D.D.S.	8/27/2020
D11317	HAYDEN ALEXANDER MERIWETHER , D.M.D.	8/27/2020
D11318	DANG KHOA TRINH NGUYEN , D.M.D.	8/27/2020
D11319	MICHAEL RAY CARREON , D.M.D.	8/27/2020
D11320	BRIAN D WOJAHN , D.M.D.	8/27/2020
D11321	EMIL ALEX BERKOVICH , D.D.S.	8/27/2020
D11322	BRYAN JOSEPH BAKER , D.M.D.	8/27/2020
D11323	TYLER CRAVEN , D.M.D.	9/10/2020
D11324	TAYLOR A ELLSON , D.M.D.	9/10/2020
D11325	HANNAH R GLAZUNOV , D.M.D.	9/10/2020
D11326	NICOLAS T MAXIM , D.M.D.	9/10/2020
D11327	ANASTASIA MOSPANOVA , D.D.S.	9/10/2020
D11328	STEPHANIE CATONI , D.M.D.	9/10/2020
D11329	VASHTI BUESO , D.D.S.	9/10/2020
D11330	HEATHER MARIE RIES , D.M.D.	9/10/2020
D11331	EIMY JULIANA RODRIGUEZ , D.D.S.	9/10/2020
D11332	JENNIFER LYNN MONTGOMERY , D.M.D.	9/10/2020
D11333	ALLISON MAE SWANSON , D.M.D.	9/17/2020
D11334	NATALIE N POTTER , D.M.D.	9/17/2020
D11335	HAILEY DODSON , D.M.D.	9/17/2020
D11336	RIAZ MORSHEED ALI , D.D.S.	9/17/2020
D11337	KIRSTIN STROM , D.M.D.	9/17/2020
D11338	GINO RENZO ORLANDO , D.D.S.	9/17/2020
D11339	MATTHEW DEJONG , D.D.S.	9/17/2020
D11340	ISHPREET KAUR , D.D.S.	9/17/2020

D11341	ZIYAD AMIR KADIR , D.M.D.	9/24/2020
D11342	ANUPRABHA SHRIVASTAVA , D.D.S.	9/24/2020
D11343	ZANYAR DARVISHI , D.M.D.	9/24/2020
D11344	SAREENA GILLANI , D.M.D.	9/24/2020
D11345	GURVEEN KAUR KHATKAR , D.D.S.	9/24/2020
D11346	BEATRIX R ZENGER , D.M.D.	10/7/2020
D11347	BELLE CHEN , D.D.S.	10/7/2020
D11348	ANEETAM BASSI , D.D.S.	10/7/2020
D11349	MAIKHANH TRAN , D.M.D.	10/7/2020
D11350	JOHN FAWCETT , D.M.D.	10/7/2020
D11351	KYLE ASH , D.M.D.	10/7/2020

# LICENSE & EXAM ISSUES

**Nothing to report under this tab**