

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
JUNE 18, 2021**





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: VIRTUAL VIA ZOOM (Audio Only)

DATE: June 18, 2021

TIME: 8:00 a.m. – 1:30 p.m.

Call to Order – Alicia Riedman, R.D.H., President

8:00 a.m.

OPEN SESSION (Via Zoom, audio only)

*** This is when the public may connect on the Board Meeting**

at this phone #1-253-215-8782, Meeting ID: 825 8558 1046, Passcode: 154220

Review Agenda

1. Approval of Minutes
 - April 16, 2021 - Board Meeting
 - OLD BUSINESS

NEW BUSINESS

- Association Reports
 - Oregon Dental Association
 - Oregon Dental Hygienists' Association
 - Oregon Dental Assistants Association
- 3. Committee and Liaison Reports
 - WREB Liaison Report – Yadira Martinez, R.D.H.
 - AADB Liaison Report – Alicia Riedman, R.D.H.
 - ADEX Liaison Report – Vacant
 - CDCA Liaison Report – Amy B. Fine, D.M.D.
 - Administrative Workgroup Meetings April 27 & May 26 - Chair, Alicia Riedman, R.D.H.
 - Memo - recommendations for the Board to consider with the two meeting packets attached
 - Rules Oversight Committee Meeting June 18, 2021 @ 2:00 p.m. - Chair, Alicia Riedman, R.D.H.
- 4. Executive Director's Report
 - Board Member & Staff Updates
 - OBD Budget Status Report
 - FY 2020 Gold Star Certificate & Criteria
 - OBD 2021 – 2023 Budget Status Update
 - Customer Service Survey
 - Board and Staff Speaking Engagements
 - 2021 Legislative Session
 - Memo - Delegated Duties for Executive Director & Staff
 - OBD Bylaws
 - AADA & AADB Annual Meetings

Notes:

(1) A working lunch will be served for Board members at approximately 11:30 a.m.

(2) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

(3) 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.

- 2022 OBD Meeting Dates
5. Unfinished Business and Rules
 6. Correspondence
 - Botox Scope of Practice Question – Dr. Calie Roa
 - American Association of Orthodontists – revised clinical practice guidelines
 7. Other
 - HPSP Presentation with Lori Govar, MSW, MBA | Director, IBH Monitoring, (25-30 minutes)
 - More Robust, Independent Government Ethics Laws and Oversight Recommended by SOS
 - Respirator Medical Evaluation Scope of Practice
 - Willamette Dental Non-Resident Permits Request – ORS 679.050
 8. Articles & Newsletters (No Action Necessary)
 - ADEA – The Impact of the COVID-19 Pandemic on US Dental Schools
 - HPSP Newsletter May 2021
 - CODA Call for Nominees

EXECUTIVE SESSION

10:30 a.m.

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

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

LUNCH

11:30 a.m.

OPEN SESSION

12:15 p.m.

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

1:30 p.m.

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APPROVAL OF MINUTES

DRAFT 1
OREGON BOARD OF DENTISTRY
MINUTES
APRIL 16, 2021

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

STAFF PRESENT: Stephen Prisby, Executive Director
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)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT VIA TELECONFERENCE*: Cassie Leone, Oregon Dental Association; Lisa Rowley, R.D.H., Oregon Dental Hygienists' Association; Ginny Jorgenson, Oregon Dental Assistants' Association;

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

Call to Order: The meeting was called to order by the President at 8:06a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

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. Sharifi moved and Dr. Underhill seconded that the Board approve the minutes from the February 19, 2021 Board Meeting as presented. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Cassie Leone reported that the first virtual Oregon Dental Conference was successful and that the courses would be available until May 15th 2021. She also gave a brief legislative update regarding the dental therapy bill and the bill for appointing a new dental director.

Oregon Dental Hygienists' Association (ODHA)

Nothing to report at this time.

Oregon Dental Assistants' Association (ODAA)

Ginny Jorgenson reported that the ODAA Winter edition of their news bulletin was available online. The ODAA recently put on continuing education courses and attended the ODC virtually.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report

Nothing to report at this time.

AADB Liaison Report

Ms. Martinez reported that the yearly AADB meeting recently took place, with more information to be provided during the Executive Director's Report.

ADEX Liaison Report

Ms. Martinez announced that the Board is currently in need of a Board member to fill the spot of ADEX Liaison.

CDCA Liaison Report

Nothing to report at this time.

EXECUTIVE DIRECTOR'S REPORT

Board Member & Staff Updates

Mr. Prisby reported that the Governor appointed and the Senate confirmed Dr. Aarati Kalluri as the OBD's newest Board Member on March 4, 2021. She joined the Board due to the opening created when Dr. Todd Beck resigned from the Board in August 2020.

Her first term began March 15, 2021 and ended March 31, 2021. This partial term was to fulfill the remaining term of Dr. Beck. Her first full term began April 1, 2021 and ends March 31, 2025. She is eligible to serve another full term.

Dr. Aarati Kalluri is a General Dentist and owner of Infinity Dental Care based in Hillsboro. She completed her Bachelors in Dentistry (BDS) and Masters in Prosthodontics and Dental Materials (MDS) in India and served as faculty in Graduate Prosthodontics in India, before moving to the

United States. She completed her DDS from University of California at San Francisco in 2008 with honors and was inducted into the Omicron Kappa Upsilon (OKU) Society for Academic Excellence. She opened her practice Infinity Dental Care in 2013 and ever since has been serving communities in Hillsboro and surrounding areas.

OBD Staff welcomed her with new Board Member orientation on March 19, 2021 with our assigned attorney Lori Lindley participating as well.

Dr. Winthrop “Bernie” Carter is now the OBD’s Dental Director/Chief Investigator as of April 1st as Dr. Daniel Blickenstaff’s retirement was effective March 31, 2021.

OBD Budget Status Report

Mr. Prisby presented the budget report for the 2019 - 2021 Biennium. This report, which was from July 1, 2019 through February 28, 2021, shows revenue of \$2,857,143.50 and expenditures of \$2,705,126.44.

Accounts Receivable Honor Roll FY 2020

The OBD was awarded honor roll status for commitment to excellence in the management and reporting of accounts receivable in FY 2020.

Customer Service Survey

Mr. Prisby presented the most recent customer service survey results for the current Fiscal Year, from July 1, 2020 through March 31, 2021. The results of the survey showed that the OBD continued to receive positive feedback from those that chose to submit a survey.

2021 Dental License Renewal

OBD Staff have completed the OBD's first dental license renewals through the new InLumon database and interface which began on February 20, 2021. It was very challenging not only for staff, but for Licensees.

As of April 2, 2021 Mr. Prisby presented the data on the March 2021 Dental License renewal period: Renewed 1,622; Expired 236; Retired 29; Revoked 0; Resigned 0 and Deceased 6.

Overall the Board saw a decrease of approximately 10% from one year ago when 1803 Dentists renewed their dental licenses in March 2020.

Board and Staff Speaking Engagements

Ingrid Nye gave a License Application virtual presentation to the graduating Dental Hygiene Students at OIT in Salem on Wednesday, February 10, 2021.

OBD Staff recorded virtual presentations for the Oregon Dental Conference on Tuesday, March 2, 2021. Dr. Bernie Carter, Shane Rubio, Haley Robinson, Ingrid Nye and Stephen Prisby recorded presentations covering an overview of the Board, expanded practice permits, FAQs, the HPSP, enforcement issues and record keeping. The presentations would be made available between April 8 – May 15 to ODC participants. Mr. Prisby thanked the Oregon Dental Association for inviting Board staff to present again at their well-respected conference.

Dr. Reza Sharifi gave a Board Updates virtual presentation to his colleagues at the Oregon Society of Oral and Maxillofacial Surgeons (OSOMS) on Saturday, March 6, 2021.

Alicia Riedman, RDH, and Stephen Prisby co-presented a Board Updates virtual presentation to the BDP Dental Hygiene Study Club & the Gum Gardeners Dental Hygiene Study Club on Monday, March 15, 2021.

Ingrid Nye gave a License Application virtual presentation to the graduating Dental Students at the OHSU School of Dentistry on Tuesday, April 6, 2021.

2021 Legislative Session

Mr. Prisby presented a report of legislation he is tracking on behalf of the OBD as the 2021 Legislative Session continued under challenging conditions.

AADA & AADB Mid-Year Meetings

The American Association of Dental Boards (AADB) 2021 Mid-Year Meeting was held February 26 - 28, 2021 as a virtual presentation. Lori Lindley participated and led the Board Attorneys' Roundtable and Yadira Martinez, RDH, attended portions of the meeting.

The American Association of Dental Administrators (AADA) 2021 Mid-Year Meeting was held on Tuesday, March 2, 2021. Mr. Prisby attended both the AADA and AADB Meetings and they were well run and informative.

Strategic Planning Memo

Mr. Prisby presented a memo seeking guidance from the Board regarding next steps and preparation for strategic planning. The Board agreed to utilize the OBD's Administrative Workgroup to discuss planning in further detail and bring recommendations to the Board at a future board Meeting.

2022 Proposed Board Meeting Dates

Mr. Prisby presented a draft of the proposed meeting dates for 2022.

Dr. Fine moved and Mr. Dunn seconded that the Board approve the 2022 meeting dates as presented. The motion passed unanimously.

Dental Scope of Practice Question – Kybella

The Board received correspondence from Levi Shull, D.M.D., regarding whether or not administering Kybella would be within a dentist's scope of practice.

Dr. Sharifi moved and Dr. Javier seconded that the Board affirm that, since it is not provided in CODA approved dental schools, it is not within the scope of practice of dentistry. The motion passed unanimously.

Election of Officers

Dr. Fine moved and Mr. Dunn seconded that the Board elect Ms. Alicia Riedman, RDH, as Board President, and Dr. Jose Javier as Board Vice-President. The motion passed unanimously.

CORRESPONDENCE

Dental Scope of Practice Question – American Academy of Sleep Medicine (AASM)

The Board received correspondence from the AASM expressing concerns regarding a recently published position statement issued by the American Academy of Dental Sleep Medicine on the use of home sleep apnea tests (HSATs) by dentists. The AASM is asking for the Board to clarify the scope of practice for dentists in Oregon using HSATs. No motion was made at this time.

OTHER ISSUES

Proposal from Pacific University Dental Hygiene Students – Dental Assistant Local Anesthesia Certification

Dr. Underhill moved and Dr. Sharifi seconded that the Board move the proposal from the dental hygiene students at Pacific University to the Licensing, Standards and Competency Committee for further review. The motion passed unanimously.

Stephen Prisby recognized and thanked Yadira Martinez, RDH for her service as OBD President over the past 12 months and presented her with a certificate.

ARTICLES AND NEWS (Informational Only)

- FDA Dental Amalgam Recommendations
- HPSP February 2021 Newsletter
- HPSP March 2021 Newsletter
- SRTA Expands to New States with Live & Manikin-Based Testing

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

OPEN SESSION: The Board returned to Open Session at 12:46p.m.

CONSENT AGENDA

2021-0111, 2021-0104, 2021-0115, 2021-0107, 2021-0119, 2021-0117, 2021-0106

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

COMPLETED CASES

2021-0001, 2020-0081, 2020-0165

Ms. Riedman moved and Dr. Sharifi seconded that the Board close the matter with a finding of No Violation or No Further Action. The motion passed unanimously.

2021-0126

Dr. Javier moved and Ms. Martinez 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 with Ms. Martinez, Ms. Riedman, Dr. Javier, Dr. Sharifi, Dr. Fine, Ms. Brixey, Mr. Dunn and Dr. Underhill voting aye. Dr. Kalluri recused.

KATO, JEREMY S., D.D.S.; 2021-0038

Dr. Sharifi moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$6,000.00 civil penalty to be paid within six months, unconditionally pass the Probe: Ethics and Boundaries Course within six months, complete three hours of Board approved continuing education in record keeping within 60 days, complete a three hour Board approved continuing education course on opioid prescribing with an emphasis on the dental profession within 60 days and Licensee agrees to not reapply for a DEA license for five years. The motion passed unanimously.

2021-0073

Dr. Kalluri moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that his documentation of periodontal findings and diagnoses are thorough and accurate; and treatment provided is consistent with current contemporary periodontal therapeutic guidelines. The motion passed unanimously.

KRAUSE, CANDACE, D.M.D.; 2021-0037

Dr. Fine 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 \$10,000.00 civil penalty to be paid within six months, unconditionally pass the Probe, Ethics and Boundaries course within nine months, complete a three hour Board approved continuing education course on record keeping within 60 days, complete a three hour Board approved continuing education course on opioid prescribing with an emphasis on the dental profession within 60 days and Licensee agrees to not reapply for a DEA license for five years. The motion passed unanimously.

2021-0081

Ms. Brixey moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he completes biological monitoring testing of his sterilization devices on a weekly basis, and documents that he PARQs his patients, what anesthetic, concentration, and amount of anesthetic is administered, and that he documents that he informs the patient whenever an adverse event occurs when the patient has been treated. Licensee is also reminded to inform his patients regarding sudden movements while treatment is occurring which could interfere with his treatment being provided. The motion passed unanimously.

2021-0008

Mr. Dunn moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he provides documentation of a driver, and documents the name of the driver on the sedation form after completing parenteral moderate sedation procedures. The motion passed unanimously.

YONAN, PETER M., D.M.D.; 2021-0087

Dr. Underhill moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to include a reprimand, a \$6,000.00 civil penalty to be paid within 90 days of the effective date of the order, complete a four-hour Board approved continuing education course on infection control within 30 days of the effective date of the Order and submit monthly spore testing results for one year from the effective date of the Order. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

2021-0005

Dr. Javier moved and Dr. Sharifi seconded that the Board issue a Notice of Dismissal, dismissing the Notice of Proposed Disciplinary Action dated December 21, 2020, and close the matter with a STRONGLY worded Letter of Concern reminding Licensee to assure that he 1) DOCUMENT in the patient record pre-treatment and post-treatment vital signs, minimally including blood pressure, pulse, and pulse oximeter oxygen saturation percentages; 2) DOCUMENT the condition of the patient upon discharge assuring all Dental Practice Act discharge criteria have been completed prior to the patient being discharged; 3) when performing surgical extraction of teeth that he DOCUMENT any removal of bone and/or sectioning of tooth, any elevation of mucoperiosteal flap, any related cutting of gingiva and bone, any removal of tooth structure, and/or any minor smoothing of socket bone and closure; and 4) consider review of the DPA where nitrous oxide sedation rules and discharge criteria are cited. The motion passed unanimously.

2021-0016

Dr. Sharifi moved and Dr. Javier seconded that the Board reaffirm the Boards February 19, 2021 decision. The motion passed unanimously.

FELLER, JONATHAN M., D.D.S.; 2021-0071

Dr. Kalluri moved and Dr. Javier seconded that the Board issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$3,000.00 civil penalty to be paid within 60 days, complete six hours of Board approved continuing education in infection control within 60 days, complete three hours of Board approved continuing education in record keeping within 30 days, pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days, and for a period of one year from the effective date of the Order, submit results of weekly testing of his heat sterilizing devices with a biologic monitoring system on a weekly basis. The motion passed unanimously.

HODGERT, ROBERT H., D.M.D.; 2018-0178

Dr. Fine moved and Mr. Dunn seconded that the Board accept Licensees request and remove the restriction prohibiting the prescribing or administering of any controlled substance. The motion passed unanimously.

SHIELDS, NICHOLE M., R.D.H.; 2015-0073

Ms. Brixey moved and Dr. Javier seconded that the Board issue a Notice of Proposed License Revocation. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Approval of Non-Resident Permit – Sara J. Park, D.D.S.

Mr. Dunn moved and Dr. Javier seconded that the Board approve the temporary non-resident permit for Dr. Sara J. Park. The motion passed unanimously.

Request for reinstatement of a retired license - Hal J. Oien, D.M.D.

Dr. Underhill moved and Dr. Fine seconded that the Board approve the reinstatement of dental license for Dr. Hal Oien. The motion passed unanimously.

Request for Reinstatement of an Expired License - Angelia C. Spiegel, R.D.H.

Dr. Javier moved and Dr. Sharifi seconded that the Board approve the reinstatement of dental license for Angelia Spiegel, R.D.H. The motion passed unanimously.

Request for Approval of a Local Anesthesia Course – University of Florida

Ms. Brixey moved and Dr. Javier seconded that the Board approve the local anesthesia course as presented. The motion passed unanimously.

Request for Approval as a Recognized Testing Agency – The Royal College of Dentists of Canada

Dr. Sharifi moved and Dr. Javier seconded that the Board deny the Royal College of Dentists of Canada request for approval as a Board-recognized testing agency for specialty examination in Oral and Maxillofacial Surgery. The motion passed unanimously.

Request for Release of Investigative Summary – 2020-0094

Dr. Kalluri moved and Dr. Fine seconded that the Board release the investigative summary for case 2020-0094 as requested. The motion passed unanimously.

RATIFICATION OF LICENSES

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

ADJOURNMENT

The meeting was adjourned at 12:59 p.m. Ms. Martinez stated that the next Board Meeting would take place on June 18, 2021.

Yadira Martinez, R.D.H.
President

ASSOCIATION REPORTS

Nothing to report under this tab

COMMITTEE REPORTS

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

April 2021 - April 2022

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
Aarati Kalluri, D.D.S.

Alayna Schoblaske, D.M.D., ODA Rep.
Lesley Harbison, R.D.H., ODHA Rep.
Linda Kihs, CDA, EFDA, OMSA, MADAA, ODAA 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.
Lisa Rowley, R.D.H., ODHA Rep.
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA 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.
Sheena Kansal, D.D.S.
Chip Dunn

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

Subcommittees:

Evaluators

- Jose Javier, D.D.S., Senior Evaluator
- Reza Sharifi, D.M.D., Evaluator

Licensing, Standards and Competency

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

Committee:

Amy B. Fine, D.M.D. Chair
Reza Sharifi, D.M.D.
Aarati Kalluri, D.D.S.
Jennifer Brixey

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

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

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

Philip Marucha, D.D.S., ODA Rep.
Sharity Ludwig, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.

Anesthesia

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

Committee:

Reza Sharifi, D.M.D., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D., M.C.R.
Brandon 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 – Jose Javier, D.D.S.
- Hygiene Liaison – Alicia Riedman, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Amy B. Fine, D.M.D.
- Dental Exam Committee – Amy B. Fine, D.M.D.

Commission on Dental Competency Steering Committee (CDCA)

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

Oregon Dental Association – Sheena Kansal, D.D.S.

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

Oregon Dental Assistants Association – Alicia Riedman, 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. Also to work on and make strategic planning recommendations to the Board.

Committee:

- Alicia Riedman, R.D.H., E.P.P., Chair
- Gary Underhill, D.M.D.
- Aarati Kalluri, D.D.S.
- Chip Dunn

Subcommittee:

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

- Alicia Riedman, R.D.H., E.P.P.
- Jose Javier, D.D.S.
- Yadira Martinez, R.D.H., E.P.P.



Oregon

Kate Brown, Governor

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

TO: OBD Board Members

FROM: Stephen Prisby, OBD Executive Director

DATE: May 28, 2021

SUBJECT: Administrative Workgroup Recommendations

The Administrative Workgroup met twice since our last Board Meeting on April 16, 2021. The meeting packets for the April 27 and May 26 meetings are attached for your review.

The Workgroup would like to bring the following information and recommendations to the Board for discussion and agreement:

- Board conduct in person strategic planning with a professional facilitator October 22 & 23, 2021 (after the regular Board meeting concludes) and have dinner together that evening
 - Saturday, October 23, from 9 am – 3 pm
- The Workgroup recommends the Board pursue a 4-year Strategic Plan (2022 - 2026)
- The Board will receive an update at the June Board Meeting on status of the procurement of a professional facilitator as that was not finalized when the Administrative Workgroup last met
- The Workgroup has selected July 21 to conduct the annual performance review of the Executive Director

Administrative Workgroup Purpose:

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

Chair, Alicia Riedman, R.D.H., E.P.P.
Gary Underhill, D.M.D.
Aarati Kalluri, D.D.S.
Chip Dunn

Meeting packets attached

MEETING NOTICE

ADMINISTRATIVE WORKGROUP

Oregon Board of Dentistry
Zoom Meeting
(connection information on next page)

**Tuesday, April 27, 2021
12:00 pm – 12:45 pm**

Workgroup Members:

Alicia Riedman, RDH., Chair
Gary Underhill, DMD
Aarati Kalluri, DDS
Chip Dunn
Stephen Prisby, OBD Executive Director

Also invited Haley Robinson, OBD Office Manager

AGENDA

Call to Order Alicia Riedman, RDH, Chair

- Discuss strategic planning for the OBD
- Memo to Board at April 16, 2021 Board Meeting – Attached
- 2017-2020 OBD Strategic Plan - Attached
- Draft - Request for Proposal Document – Attached
- Staffing Update – Challenges & Opportunities
- Open Discussion
- Schedule and discuss need for next meeting
- Any Recommendations to the Board
- Adjourn

You are invited to a scheduled Zoom meeting. The meeting will start at 12 pm,
and we will open up the Zoom Link at 11:55 am.

Topic: OBD Admin Workgroup - Strategic Planning
Time: Apr 27, 2021

Join Zoom Meeting

<https://zoom.us/j/97139981277?pwd=Wnk0anVKZkNEbzJka1U2cldRQnROdz09>

Meeting ID: 971 3998 1277
Passcode: Dgy341



Oregon

Kate Brown, Governor

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

TO: OBD Board Members

FROM: Stephen Prisby, OBD Executive Director

DATE: April 5, 2021

SUBJECT: Strategic Planning Possible Next Steps

I recommend the Board utilize our current Administrative Workgroup or create an ad hoc workgroup to make recommendations to the full Board for work on the next OBD Strategic Plan.

We can convene a virtual or teleconference meeting to accommodate participants and keep this important work moving forward before the June or August Board Meetings.

Some of the planning and details the Workgroup could discuss include:

- Dates for Strategic Planning
- Location
- Budget
- Facilitator and Speaker Ideas
- Other important factors to consider

The Workgroup's guidance and suggestions would be brought forward to a future Board Meeting, for discussion, acceptance and approval by the full Board.

I look forward to your input and our discussion at the April 16, 2021 Board Meeting.

Oregon Board of Dentistry

2017 - 2020



Strategic Plan

Adopted August 19, 2016



Oregon Board of Dentistry

2017 – 2020 Strategic Plan

Board members & staff of the Oregon Board of Dentistry who participated in the development of this strategic plan at the April 23, 2016 planning session:

Julie Smith, DDS, MD, MCR- President

Todd Beck, DMD – Vice President

James Morris

Yadira Martinez, RDH

Alicia Riedman, RDH

Alton Harvey, Sr.

Gary Underhill, DMD

Amy B. Fine, DMD

Brandon Schwindt, DMD

Jonna Hongo, DMD

Stephen Prisby - Executive Director

Paul Kleinstub, DDS, MS - Dental Director/Chief Investigator

Teresa Haynes – Exam & Licensing Manager

Harvey Wayson –Investigator

Daryll Ross - Investigator

Ingrid Nye – Office Specialist

Lori Lindley – Sr. Asst. Attorney General

Sue Dicile - Meeting Facilitator



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OVERVIEW

The authority and responsibilities of the Oregon Board of Dentistry (OBD) are contained in Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry and dental hygiene by enforcing the standards of practice established in statute and rule.

In late 2015 the board and staff of the OBD discussed and approved a strategic planning initiative. The launch was timely, as the last time the board conducted a strategic planning process and developed a plan was in 2007. All OBD board members joined the board after 2008 and a new executive director was hired in June 2015.

In order to deliver on its statutory obligations and its mission - to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals - the OBD is challenged to address a rapid and accelerating rate of change. Significant shifts are occurring in dentistry practice, organizational structures, business models and markets. As a result the OBD is experiencing increase in the number of complaints submitted, the technical complexity of cases, and litigation in response to patient complaints and resulting investigations.

The OBD is also experiencing internal change. Its small staff of expert and experienced professional investigators and administrative staff will experience a high degree of attrition due to retirements within the upcoming four years.

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely through regulation but through information, outreach and education. Surveys conducted in 2014 and 2015 indicate an 85% approval rating for the OBD among those returning the surveys; however more remains to be done to ensure that oral healthcare practitioners in Oregon are informed and educated about the Dental Practice Act and the rules and statutes that regulate dentistry in Oregon.

The OBD mission exhorts the agency to ensure high standards and quality of oral health care. However economic forces in general and a widening income-to-cost-of-living gap in Oregon are forcing many to seek lowest-cost dentistry options. Defining “*high quality oral health care*” that is accessible at all income levels while providing clear guidelines for practitioners and for OBD’s investigative staff is a mission-critical challenge. The board was unanimous in adding the word “equitably” to the mission statement, assuring and clarifying that both the public and licensees will be treated fairly in all matters before the board.

This strategic plan outlines the OBD’s approach to exercising its statutory responsibilities while adapting to rapid change. The OBD approaches the challenges outlined in this plan with confidence and commitment to the profession it regulates and the welfare of those receiving dental care in Oregon.



THE OBD MISSION & SWOT ASSESSMENT

The Mission of the Oregon Board of Dentistry

To promote high quality oral health care in the State of Oregon
by equitably regulating dental professionals.

Board of Dentistry Strengths, Weaknesses, Opportunities & Threats

OPPORTUNITIES

- To continue to build trust with stakeholders through transparency, predictability, effective and updated means of communication, due process, and treating all with respect.
- To implement process improvement including conversion from paper to electronic media prior to the upcoming retirements of experienced staff members.
- To train new staff before attrition limits the opportunity for knowledge transfer.
- To advocate for and ultimately to retain the autonomy of OBD and other Oregon regulatory boards.
- To better involve other entities that have an impact on the practice of dentistry.
- To institute continuous learning for board members beginning with on-boarding and continuing throughout their OBD service.

THREATS

- The paradigm shift toward corporate dentistry and managed care creates challenges for regulation of oral health care providers in Oregon.
- Negative perception of the OBD among a small but vocal number of licensees.
- Insufficient flexibility and access to facilitative technologies with the potential to streamline processes and procedures, saving time and cost and offering enhanced decision support.

STRENGTHS

- A high level of support among licensees demonstrated by the results of 2014 & 2015 surveys that show OBD approval rating at 85%.
- A diverse, open, ethical, committed board whose members "*put the patient first.*"
- Staff expertise, work ethic and experience.
- A fair and thorough investigative process that results in well-vetted reports, recommendations and decisions.

WEAKNESSES

- Lack of control over funding.
- Timeliness limited by staffing level.
- Upcoming staff attrition is not yet addressed with a plan.
- Length of time required to bring new board and staff members up-to-speed.

STRATEGIC PRIORITY A

Ensure Patient Safety

The practice of dentistry is increasingly following trends in the market. In the rush to capture emerging demand some practitioners are offering services for which they do not have the requisite training and expertise.

The volume of complaints submitted to OBD is large (approximately 250/year) due to a variety of problems including a recent increase arising from surgical procedures such as dental implants. This trend can be anticipated to grow as the practice of dentistry becomes increasingly competitive and market-driven. This trend is accompanied by an increase in the number of complaints that are litigated, adding time and complexity to investigative and regulatory processes.

Goals

- ➡ Reduce patient risk due to implant complications and failure.
- ➡ Strengthen the approach to sedation safety.

Action Items

Implants

- Convene a stakeholder workgroup.
- Analyze and determine minimum training requirements.
- Adopt education requirements to be completed prior to placement of implants.
- Establish implant rules.

Sedation

- Review and refine OBD's rules for sedation.
- Audit sedation complaints.
- Establish protocols and an overall approach to ensure sedation safety.

STRATEGIC PRIORITY B

Manage Change in the Practice of Dentistry

The growth of national corporate entities providing dentistry services in Oregon has complicated the regulatory landscape and is emerging as a challenge to the standards of patient care upheld in Oregon. Linking complaints to a specific office location or practitioner within a large corporate dentistry provider can be difficult. Response to requests for documents and information from such entities is often slow and complicated, fostering delays in the investigative process.

Goals

- ➡ Enforce the state statute on dental practice ownership.

Action Items

- Explore and if determined feasible take action on facility permitting.
- Communicate the law requiring dental practice ownership to entities wishing to establish dental practices in Oregon.

STRATEGIC PRIORITY C

Manage Case Complexity

The number of complaints received by the OBD is growing at between 3% - 5% per year, collateral with an increase in case complexity due to shifts in the practice of and market for oral health care services. Key contributors to increases in complaints and complexity include the growing demand for surgical procedures such as implants, practitioners performing procedures outside of their skill set, and a trend toward case litigation. These trends are straining the OBD's capacity and impacting the time-to-resolution of investigations.

Goals

- ➡ Reduce time to complete investigations.
- ➡ Reduce backlog.

Action Items

- Establish a toolkit for process improvement and streamlining.
- Enforce the statute regarding timeframe for licensee response to OBD requests.
- Communicate with and educate licensees on OBD's investigative process.

STRATEGIC PRIORITY D
Plan for Attrition

A significant percentage of OBD staff is becoming eligible for retirement. This will result in an exodus of expertise and institutional knowledge. Impacts of unfilled positions or lengthy ramp-up time could include stress on remaining staff, added cost, and delay in processing complaints. OBD is endeavoring in this planning cycle to anticipate attrition in key positions and plan for timely and effective succession.

Goal

➔ Maintain capacity and competency at all levels in the agency.

Action Items

- Plan and implement cross-training.
- Document job duties and standard work practices.
- Establish a succession plan and contingencies.
- Establish training procedures for new board and new staff members.
- Evaluate and enhance board member on-boarding.

STRATEGIC PRIORITY E

Retain OBD Autonomy

A mission-critical concern for the OBD is the trend toward consolidation of Oregon regulatory entities into the auspices of large state bureaucracies. The OBD considers its autonomy to be a key factor in the high confidence placed in it by state policymakers and licensees, its capacity to act both nimbly and equitably, and its ability to attract practitioners with the requisite levels of experience and qualifications to serve as board members.

Goal

➡ Maintain OBD autonomy.

Action Items

- Establish and deploy a strategy for stakeholder outreach.
- Communicate the value of OBD and the principle of regulatory board autonomy.



Oregon Board of Dentistry STRATEGIC PLAN 2017– 2020

OBD MISSION

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

FIVE MISSION-CRITICAL PRIORITIES

A. Ensure Patient Safety

B. Manage Change in Dentistry Practice

C. Manage Case Complexity

D. Plan for Attrition

E. Retain OBD Autonomy

GOALS

- Reduce risks due to implant complications and failure.
- Strengthen the approach to sedation safety.

- Enforce the state statute on dental practice ownership.

- Reduce investigative window.
- Reduce investigative case backlog.

- Maintain capacity & competency at all levels in the agency.

- Retain OBD autonomy.

ACTION AGENDA

Anticipated Milestones for the 2017-2020 Planning Cycle

Implants

- ➔ Convene a stakeholder workgroup.
- ➔ Analyze and determine minimum training requirements.
- ➔ Adopt education requirements to be completed prior to placement of implants.
- ➔ Establish implant rules.

- ➔ Explore and if determined feasible take action on facility permitting.
- ➔ Communicate the law requiring dental practice ownership to entities wishing to establish dental practices in Oregon.

- ➔ Establish a toolkit for process improvement and streamlining.
- ➔ Enforce the statute regarding timeframe for licensee response to OBD requests.
- ➔ Communicate with and educate licensees on OBD's investigative process.

- ➔ Plan and implement cross-training.
- ➔ Document job duties and standard work practices.
- ➔ Establish a succession plan and contingencies.
- ➔ Establish training procedures for new board and staff members.
- ➔ Evaluate and enhance board member on-boarding.

- ➔ Establish and deploy a strategy for stakeholder outreach.
- ➔ Communicate the value of OBD and the principle of regulatory board autonomy.

Sedation

- ➔ Review and refine the OBD's rules for sedation.
- ➔ Audit sedation complaints.
- ➔ Establish protocols and approach for sedation safety.



Oregon Board of Dentistry 2017-2020 Strategic Plan Timeline & Milestones

STRATEGIC PRIORITIES	2016-2017	2017-2018	2018-2019	2019-2020
Ensure Patient Safety				
<u>Implants</u>	<ul style="list-style-type: none"> Stakeholder workgroup convened. 	<ul style="list-style-type: none"> Minimum training requirements analyzed and determined. 	<ul style="list-style-type: none"> Rules and education requirements in place. 	GOAL: Reduced risk of implant complications/failure.
<u>Sedation</u>	<ul style="list-style-type: none"> Rules for sedation reviewed and refined. Sedation complaints audited. Protocols and plan for safety & compliance established. 	<ul style="list-style-type: none"> Audit results reviewed. Report drafted by staff re "State of Dental Sedation in OR". 	<ul style="list-style-type: none"> Sedation safety investigations conducted. 	GOAL: Approach to sedation safety strengthened.
Manage Change in Dentistry Practice	<ul style="list-style-type: none"> Concept of facility permitting investigated. State law pertaining to local ownership of dental practices communicated to entities seeking to establish practices in Oregon. 	<ul style="list-style-type: none"> Facilities permitting, if feasible, planned and implemented. Ongoing communication about state law re practices in Oregon. 	<ul style="list-style-type: none"> Plan deployed. Ongoing communication about state law re practices in Oregon. 	GOAL: State statute on dental practice ownership enforced.
Manage Case Complexity	<ul style="list-style-type: none"> Toolkit for process improvement & streamlining established. State statute requiring licensee response to request within specific timeframe enforced. Communication and education for licensees on OBD's investigative process initiated. 	<ul style="list-style-type: none"> Toolkit in use. State statute enforced. Communication and education on investigative process deployed. 	<ul style="list-style-type: none"> Toolkit in use. State statute enforced. Communication and education on investigative process deployed. 	GOAL: Reduce investigative window. GOAL: Investigative case backlog reduced.
Plan for Attrition	<ul style="list-style-type: none"> Cross-training implemented. Job duties and standard work practices documented. Succession plan and contingencies established. Training for staff and board, and board member on-boarding evaluated & enhanced. 	<ul style="list-style-type: none"> Training and succession strategies deployed. 	<ul style="list-style-type: none"> Training and succession strategies deployed. 	GOAL: OBD capacity and competency maintained at all levels.

Retain OBD Autonomy	• Strategic Outreach Plan established.	• <i>Outreach Plan deployed.</i>	• <i>Outreach Plan deployed.</i>	GOAL: OBD autonomy maintained.
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April 2016 Board Members



*Julie Ann Smith, D.D.S.,
M.D., M.C.R. - President*



*Todd Beck, D.M.D. -
Vice President*



*Alton Harvey Sr. –
Immediate Past President*



James Morris



Yadira Martinez, R.D.H.



Jonna Hongo, D.M.D.



Brandon Schwindt, D.M.D.



Amy Fine, D.M.D.



Gary Underhill, D.M.D.



Alicia Riedman, R.D.H.

April 2016 – Board Staff



*Stephen Prisby –
Executive Director*



*Paul Kleinstub, D.D.S., M.S.,
Dental Director/Chief
Investigator*



*Teresa Haynes – Licensing
Manager*



Daryll Ross - Investigator



*Harvey Wayson –
Investigator*



*Ingrid Nye – Office
Specialist*



*Lori Lindley - Sr. Assistant
Attorney General*



Proposal Request

May XX, 2021

To: Organizational Improvement Services Contractors – Service Categories A

Vendor

Proposal Request: Business and Strategic Planning Facilitation

The Oregon Board of Dentistry (The Board) requires the services of a professional Facilitator with a background in the healthcare field to assist in updating the Board's strategic plan and key performance measures. The current strategic plan and key performance measures can be viewed by visiting <https://www.oregon.gov/dentistry/Documents/OBD%20Strategic%20Plan%202017-2020.pdf>

The Oregon Board of Dentistry ("Agency") intends to award one contract not to exceed \$10,000 to the company best able to provide the services requested. All Proposers must submit a proposal as described below and be registered to do business in Oregon. Additional materials may be submitted with Proposal but may not exceed 15 pages. Proposals will be evaluated as described below.

The Board reserves the right to schedule interviews with the top 3 candidates should it be deemed necessary. Interviews will be held during normal business hours, without exception, Monday – Friday 8am-5pm.

Time period for this award is from the date executed through May XX, 2021. The contract term may be extended to a maximum term of June XX, 2021. All rates quoted will be in effect for the entire contract period. Contractor will provide any equipment necessary to perform the services needed. A list of audio-visual and other equipment available from the Board for onsite meetings will be communicated to successful Proposer.

Attached to this Proposal Request is a draft statement of work for your consideration.

Proposals may be submitted via email Stephen.Prisby@oregondentistry.org in a Microsoft 2016 compatible or searchable PDF format. Include Proposal point of contact including first and last name, telephone number, fax number, physical office address, mailing address (if different than physical address), and email address.

Due Date: Firms interested in this opportunity must submit their proposals by XXXX XXXX

Schedule of Events:

Event	Date	Time
Opportunity Notice Issued	XXXX	--
Acknowledgment of Addenda	As Applicable	Respond Within One (1) Business Day Upon Receipt
Due Date for Questions/Clarifications	XXXX	5:00 p.m.
Closing (Due Date and Time to submit Proposals)	XXXX	5:00 p.m.
Contractor Interviews	TBD	TBD
Bid Validity	XXXX	--

Questions and Clarifications Requests:

Questions and requests for clarifications must be submitted via email to Stephen.Prisby@oregondentistry.org by 5:00 PM on XXXX. Official answers and clarification will be provided in writing, via email to all solicited Organizational Improvement Services Contractors. Any oral communications will be considered unofficial and non-binding.

Proposal Content Requirements:

Proposals must include the following:

1. A cover letter, providing:
 - a. Identification of the Bidder, including business name, address, and telephone number.
 - b. Point of contact including first and last name, telephone number, fax number, physical office address, mailing address (if different than physical address), and email address.
 - c. Acknowledgment of any reviewed procurement addenda, when applicable.
 - d. A statement that the bid shall remain valid for a period of not fewer than 60 Business Days from bid due date.
 - e. Identification of any COBID certifications, if applicable.
 - f. Identification of any information contained in the bid which the Bidder deems to be confidential or proprietary and wishes to be withheld from

disclosure. A blanket statement that all contents of the bid are confidential or proprietary will not be honored by the Oregon Board of Dentistry.

- g. Original signature of a person authorized to bind the offeror to the terms of the bid.
2. A detailed narrative describing your firm's approach to the Project and accomplishing the tasks and deliverables.
3. A tentative project schedule that at a minimum includes the following:
 - a. Deliverable due dates;
 - b. Estimated number of hours to complete each deliverable required by the Statement of Work, and for those identified by Proposer, for each Key Person identified in #5 below; and
 - c. Total estimated cost to complete all deliverables, including itemized travel and other expense reimbursements.
4. A detailed narrative describing the experience, skills and knowledge your firm has, including subcontractors if used, as it relates to the **OBD's business** and operating environment.
5. A list of each of the Key Persons and any subcontractors to be assigned to this project on provided Exhibit C. The list must at a minimum include the following information:
 - a. One (1) page resume of each Key Persons and subcontractors background, experience, expertise and training related to the specific work being requested;
 - b. Specific roles and responsibilities of each Key Person and sub-contractor; and
 - c. Each Key Person and sub-contractor hourly rate, as per Exhibit H of the Master Agreement #DASPS-3123-19 Rev.

NOTE: If the execution of the work to be performed requires the hiring of sub-contractors, it must be clearly stated in the proposal submitted. Sub-contractors must be identified and the work they will perform must be defined. Contractor shall also complete and submit with their proposal Exhibit B, Subcontractor sheet, to this Proposal Request.

6. A statement of confirmation your firm has the ability to dedicate the staff listed above in #5 to this project within the specified timeframes.
7. A detailed narrative describing your organization. Narrative should include:
 - a. Date founded;
 - b. Number of locations/offices;
 - c. Number of employees;
 - d. Days and hours of operation;
 - e. Oregon business registration number;
 - f. Tax ID;
 - g. Disclose any conditions such as bankruptcy or financial problems, pending litigation, planned office closures, and planned mergers (if any); and
 - h. Any other pertinent information.

8. A detailed narrative describing up to two (2) previous projects completed, preferably for Oregon State agencies or government entities, within the last three (3) years, and for which the proposed Key Persons (#5 above) provided similar services to those described in the Statement of Work. Information provided must at a minimum include the following:
 - a. Client name, telephone number and address;
 - b. Contact name (project manager), telephone number and email address;
 - c. Description of services provided;
 - d. Dates services were provided; and
 - e. Staff assigned to the project, their project roles and work performed for the referenced project.
9. Contractor shall submit for each Key Person (sub-contractors included, if used) a minimum of one reference for each of the previous projects completed described above in #8. Contractor shall submit references on the provided Exhibit A to this Proposal Request.

Opportunity Notice Best Value Analysis (BVA):

Proposals received on or before the due date and time, will be reviewed by Agency. The firm offering the best value to the state will be selected based, in part, on the following criteria;

- a. Demonstrated skill, experience and knowledge relevant to the services being requested; (30 Points Possible, or 30% of total points)
- b. Proposed approach to the services being requested; (10 Points Possible, or 10% of total points)
- c. Proposed cost; (15 Points Possible, or 15% of total points)
- d. Availability and resource capacity; (15 Points Possible, or 15% of total points)
- e. Certified firm (COBID) or sub-contracts with a COBID firm; and (10 Points Possible, or 10% of total points)
- f. References; (20 Points Possible, or 20% of total points)

Agency reserves the right to include Contractor interviews as part of the BVA process. If Agency elects to conduct Contractor interviews, the top 3 Contractors with the highest first round evaluation scores will be included in the Contractor interviews. Contractors will be advised of the address, date and time. Onsite interview will be conducted in Portland, Oregon at a location to be determined by Agency. Contractors within a 60 mile radius of Portland, Oregon will be required to attend interviews in person. Contractors outside of a 60 mile radius of Portland, Oregon will be able to participate in interviews via teleconference.

Sincerely,

Stephen Prisby, Executive Director
Oregon Board of Dentistry

Organization Improvement Services WOC **Draft Statement of Work**

I. Agency Background Information

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. The Board licenses Dentists and Registered Dental Hygienists.

In addition to its licensing functions, the Board conducts investigations, imposes disciplinary action, and supports rehabilitation, education, and research to further its legislative mandate to protect the citizens of Oregon.

II. Project Description

The Oregon Board of Dentistry (The Board) requires the services of a professional Facilitator with a background in the healthcare field to assist in updating the Board's strategic plan and key performance measures. The current strategic plan and key performance measures can be viewed by visiting <https://www.oregon.gov/dentistry/Documents/OBD%20Strategic%20Plan%202017-2020.pdf>

III. Tasks and Deliverables

The following tasks and deliverables shall be completed by Contractor:

- 1) Contractor shall review the current OBD strategic plan, survey results, relevant Board documents, past strategic plans and Key Performance Measures.
- 2) Contractor shall seek high level input from agency Board members and staff for suggested improvements and areas of focus within a revised strategic plan as well as indicators of agency performance. Potential mechanisms for feedback may include electronic surveys and small group meetings.
- 3) Contractor shall review strategic plans and performance indicators of similar organizations including other state licensing boards and medical boards throughout the country. Contractor should then create a comprehensive summary of how the OBD's plan and performance indicators compare to its sibling organizations and provide summary to the Executive Director, or designee, prior to the onsite meeting with the management team. Summary should include a list of recommended areas of focus for the onsite meeting.
- 4) Based on Executive Director, or designee, feedback on review summary and recommendations, Contractor will prepare a list of prompts for the onsite management team discussion.
- 5) Contractor shall work with the OBD Office Manager on scheduling the onsite meeting with the OBD management team.

- 6) Contractor shall facilitate a one (1) day onsite meeting with the OBD management team. Audio Visual and other equipment and supplies to be provided by the OBD. Necessary presentation documents or handouts shall be provided by Contractor. OBD may print and distribute documents or handouts when requested and provided by Contractor in advance.
- 7) Within one (1) week of onsite meeting completion, Contractor shall synthesize feedback from the management team and send to Executive Director, or designee, for approval.
- 8) Once synthesized feedback is approved, Contractor shall draft an updated strategic plan document and formal recommendation for Key Performance Measure modifications. Draft of the strategic plan and Key Performance Measure recommendations are due three (3) weeks after approval is provided.
- 9) Contractor shall provide additional drafts as needed and attend additional follow up conference calls when applicable and mutually agreed upon.

Contractor may provide other related professional, consultant, or other services as requested by the Board's Executive Director or designee.

IV. Deliverable Schedule

To Be Determined

V. Cost

To Be Determined

Exhibit A
Key Person Reference Form

Key Person:

Proposer Reference #1

Firm Name: _____

Address: _____

City, State &
Zip: _____

Contact person: _____

Title: _____

Phone: _____

Email: _____

Proposer Reference #2

Firm Name: _____

Address: _____

City, State &
Zip: _____

Contact person: _____

Title: _____

Phone: _____

Email: _____

Proposer Reference #3

Firm Name: _____

Address: _____

City, State &
Zip: _____

Contact person: _____

Title: _____

Phone: _____

Email: _____

DRAFT

Exhibit B
Joint Venture/ Partnership/ Subcontractor Sheet

Will you be using a Joint Venture / Partnership to perform work, as identified in the RFP and Attachment A, Section 1:

☐ Yes I will; ☐ No I will NOT

PROPOSER MUST MARK ONE OF THE BOXES ABOVE.

Will you be using subcontractors to perform work, as identified in the RFP and Attachment A, Section 1 (Note: this will make you the PRIME contractor):

☐ Yes I will; ☐ No I will NOT

PROPOSER MUST MARK ONE OF THE BOXES ABOVE.

Submit the information below for each partner, joint venture, or sub-contractor.

Note to Proposers: More sheets may be created by cutting, pasting and re-numbering the below sections as needed.

#1: ☐ Joint Venture ☐ Partnership ☐ Subcontractor

FIRM NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

POSITION TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

#2 ☐ Joint Venture ☐ Partnership ☐ Subcontractor

FIRM NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

POSITION TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

DRAFT

Exhibit C
Key Persons

Contractor's Key Person #1	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #2	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #3	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #4	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #5	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #6	
Name:	
Title/Role:	
Phone:	
Email:	

MEETING NOTICE

ADMINISTRATIVE WORKGROUP

Oregon Board of Dentistry
Zoom Meeting
(connection information on next page)

Wednesday, May 26, 2021
12:00 pm – 12:50 pm

Workgroup Members:

Alicia Riedman, RDH, Chair
Gary Underhill, DMD
Aarati Kalluri, DDS
Chip Dunn
Stephen Prisby, OBD Executive Director

Also invited Haley Robinson, OBD Office Manager

AGENDA

Call to Order Alicia Riedman, RDH, Chair

- Review Notes from last meeting
- Dates for Strategic Planning – Tentatively Oct 22 & 23, 2021
- Time frame for next plan- 3 years (2022 - 2025) or 4 years 2022 -2026)?
- Examples of other strategic plans - Attached
- 2017-2020 OBD Strategic Plan - Attached
- Request for Proposal Document – Attached
- Discuss Interest received on Proposal
- Open Discussion
- Recommendations for the Board to discuss at June Board Meeting
- Adjourn

Topic: Administrative Workgroup Meeting #2

Time: May 26, 2021 12:00 PM – 12:50 PM

Join Zoom Meeting

<https://zoom.us/j/93256056513?pwd=REl3MzVOZTg4bjdvMVhSV3VhNjEyQT09>

Meeting ID: 932 5605 6513

Passcode: Sg4e38

2019-2024 Strategic Plan



Psychiatric Security Review Board

Due Process - Research - Recovery - Partnership



MISSION

The Psychiatric Security Review Board protects the public by working with partnering agencies to ensure persons under its jurisdiction receive the necessary services and support to reduce the risk of future dangerous behavior using recognized principles of risk assessment, victims' interest, and person-centered care.

VALUES

The PSRB's values are rooted in our legislative mandate to protect the public. We achieve maximum levels of public safety through:

DUE PROCESS

Observing individuals' legal rights and adhering to principles of procedural fairness.

RESEARCH

Decision making and organizational practices driven and influenced by the best available data.

RECOVERY

Clients understand and receive treatment for the psychiatric and comorbid conditions that contributed to their past criminal offenses and have opportunities to achieve health, home, purpose, and community.¹

PARTNERSHIP

Promoting active communication and collaboration within and between the systems serving PSRB clients and the community at large.

1 PSRB endorses the Substance Abuse and Mental Health Administration's (SAMHSA) definition of recovery.

5-YEAR VISION

In 2024, the Psychiatric Security Review Board (PSRB) maintains a positive reputation with the public, the legislature, and the legal community and serves as a model for local and national agencies working to enhance the recovery of justice-involved individuals with mental health challenges. We define public safety in terms, not only of reduced recidivism, but also in terms of the PSRB's ability to enhance the health, well-being, and re-connection of the individuals under our jurisdiction with their natural supports and communities. Healthier clients and confidence in PSRB monitoring help victims in their own recovery process.

The Board uses the “problem-solving” philosophy promoted by specialty courts—such as mental health and drug courts—and the most recent research to address recidivism and promote long-term recovery. Consistent with this philosophy, the PSRB develops a best practice guide to support our valued community and hospital treatment providers and conditional release monitors. The professionals working with individuals under the PSRB are adept at using forensically oriented, evidence-based assessment and treatment practices and are equipped with the tools necessary to identify and address

the underlying biopsychosocial issues and criminogenic factors that contributed to an individual's instant offense. They use an inclusive, multi-disciplinary, and team-oriented approach to decision making. Providers feel they can communicate candidly with the PSRB and consult with the Board's staff to address issues that might enrich a client's current or potential conditional release or prevent an unnecessary revocation.

Principles of trauma-informed care and procedural fairness are ingrained in PSRB culture and apply to our interactions with clients, victims, and the public, minimizing the stress associated with hearings and maintaining confidence that the justice system is trustworthy and fair for individuals under PSRB jurisdiction and the victims of their instant offenses. Individuals under the PSRB have a clear understanding of how to progress, and the Board's decision making process is perceived as fair and consistent. Due to the PSRB's open communication channels with the Department of Justice's victims' advocate, victims feel heard and safe. Victim-centered programs are established and made available to victims interested in alternative opportunities for healing and recovery.





A mental health peer-alumni group exists, enhancing long-term community support and providing several types of opportunities for individuals who have completed their PSRB jurisdiction (or are in advanced phases of their treatment) to inspire hope and share their successes, challenges and recommendations with individuals who are still under the PSRB. The PSRB maintains other opportunities to hear peer voices, such as during PSRB's rule-making process.

The PSRB has expanded its outreach to the legal and law enforcement communities around the state, routinely providing trainings regarding laws, programs, and best practices concerning people under the PSRB. Law enforcement better understands its role in supporting the PSRB when an individual under our jurisdiction is in crisis and needs to be returned to the Oregon State Hospital. The legal community understands the consequences of a GEI plea, allowing for effective representation of and communication with defendants, victims, and the state. The judicial community better understands the laws, procedures, and potential outcomes related to adjudicating an individual Guilty Except for Insanity, conditionally releasing individuals they find GEI directly into the community, and effectively uses the PSRB's clear and streamlined civil commitment process.

The PSRB, in collaboration with stakeholders, is actively engaged in the legislative process to educate lawmakers and propose legislation that advances our mission and repairs deficiencies in the forensic system.

Legislative changes may also serve to decriminalize and destigmatize individuals challenged by mental health and substance use issues.

The public is well-versed on the PSRB's conditional release program, diminishing the fear associated with PSRB clients' placement in their communities. An informed legislature and public have improved the funding and development of housing and treatment resources in the community setting, providing greater flexibility in conditional release decision making and eliminating costly and unnecessary commitments to the State Hospital. By the time individuals reach the end of their jurisdiction, they have reintegrated into the community, have attained permanent housing, and are well-connected to the treatment and other resources necessary to sustain their recovery, leading to a reduction in post-jurisdiction recidivism.

The public and our partners have increased awareness of PSRB's Gun Relief and Sex Offender Reclassification and Relief programs. Potential petitioners of these programs are not blocked unnecessarily from access due to financial limitations, logistical obstacles, or other unintended, oppressive practices.

A workplace using trauma-informed care principles promotes a culture of trust, inclusion and teamwork that optimizes both staff and Board effectiveness and addresses the impact of secondary trauma and burnout. PSRB staff work in a collaborative environment,

where opportunities for teamwork strengthen morale and distribute the workload fairly. PSRB staff are comfortable sharing their ideas and actively participate in problem-solving and agency improvements. Management, the public, and other staff acknowledge and value staff's contributions. PSRB staff endorse high rates of job satisfaction and ample opportunities to grow professionally.

The PSRB has clear policies and procedures that simplify work, improve workflow, and enable our valued staff members to provide excellent customer service to our stakeholders and clients and support to our Board members. The documentation the PSRB expects of our providers is manageable, reducing unnecessary paperwork and increasing the quality of information the Board receives to make informed decisions. Technological advances such as an integrated client database, case tracking, and other mature software streamline our docketing and hearings processes, secure document sharing with our stakeholders, and enhance workload efficiencies. Increased efficiency further promotes procedural fairness for both the individuals under our jurisdiction and victims.


New Board members receive a comprehensive onboarding module and all Board members receive ongoing training consistent with the principles outlined in this vision. The Board's administrative rules are updated, clarified, and ultimately, manualized into a practice guide that enhances decision making and ensures the Board's accountability to the public. The Board is regularly briefed on applicable laws to ensure consistency of decision making.

The PSRB continues to improve by proactively soliciting feedback from the current and former clients we serve, our direct partner organizations, affected stakeholders, and the public. PSRB leadership provides education to these groups on a routine basis through trainings, system/community meetings, our website, handbooks, or through other methods that enhance opportunities for informed and constructive feedback. The PSRB has also improved itself by establishing partnerships with academic and other institutions that can develop research questions, analyze our available data, and publish professional papers that evaluate and inform our approach to this valuable work.



FIVE-YEAR INITIATIVES AND GOALS

INITIATIVE 1: Use research and best practices to develop legislative and program changes that improve and standardize how clients enter and lapse or discharge from the PSRB system and how the PSRB system treats victims.

 **Goal 1.1:** Form a collaborative legislative workgroup to examine system challenges and make comprehensive, system-fixing recommendations.


Outcomes Endorsing Success²—PSRB has:

- Developed a scope document for the workgroup that addresses:
 - Pre-jurisdiction/Front Door: Issues related to inappropriate GEI adjudications
 - Discharge/Back Door: Issues related to clients who are still deemed to have a qualifying mental disorder and are a danger to others at their discharge date or clients who no longer meet jurisdictional criteria, but are nevertheless deemed dangerous by virtue of a non-qualifying mental disorder.
 - Post-jurisdiction: Examining data related to recidivism post-PSRB jurisdiction
- Developed and maintains a document that captures potential legislative and rules changes that may refer to other workgroups.

 **Goal 1.2:** Examine procedural fairness and implement trauma-informed practices for victims of those adjudicated GEI/REI.


Outcomes Endorsing Success—PSRB has:

- Established a victim-centered process toward healing consistent with our legislative mandate under ORS 161.398.
- Partnered with the Attorney General’s Victim Task Force to develop clearer policies and procedures related to victim impact statements, victim requests, no-contact orders, and fair treatment for both victims and clients.

 **Goal 1.3:** Streamline policies and procedures associated with the PSRB Civil Commitment.

Outcomes Endorsing Success²—PSRB has:


- Developed legislative concepts to fix challenges associated with PSRB Civil Commitments.
- Developed a protocol to approach PSRB Civil Commitment cases systematically and consistently.
- Hired new staff to lead the PSRB Civil Commitment program.
- Examined the OARs associated with the PSRB Civil Commitment program and recommended rule changes.
- Improved information-sharing process to assist with initiating PSRB Civil Commitment petitions.

 **Goal 1.4:** In February 2020, present to the Legislature revised Key Performance Measures that measure agency effectiveness accurately.

- PSRB has examined and adopted Key Performance Measures.


2 A more extensive list of legislative concepts and goals will be incorporated into this goal.

INITIATIVE 2: Influence identification and adoption of best practices for working with PSRB clients across the State.

 **Goal 2.1:** Examine Oregon’s Specialty Court Standards, other criminal justice/behavioral health models, and research to strengthen standards of practice for monitoring, supervising, and treating PSRB clients.


Outcomes Endorsing Success—PSRB has:

- Developed a key component guide for community-based PSRB programs.
- Revised and kept current its Conditional Release Handbook for case monitors.

 **Goal 2.2:** Ensure that all case monitors and treatment providers servicing GEI clients have a basic minimum competence in the areas of risk assessment and forensic mental health.

Outcomes Endorsing Success—PSRB has:

- Developed an onboarding training manual—to be completed within 6 months of hire—that includes training on the following key topics:
 - Key Components for a successful PSRB program (once developed in Goal 2.1)
 - Trauma-Informed Care
 - Criminogenic Factors
 - Risk Needs Responsibility Model
 - Correct Use and Interpretation of START and Other Risk Instruments
 - Feedback-Informed Treatment
- Developed webinars on advanced training topics.
- Completed annual site visits (director, deputy, key partners from Oregon Health Authority) to provide site training and support leading to shared understanding, application of best practices, and strengthened partnerships.
- Developed a training handbook, and also coordinates collaboration opportunities (e.g. with OSH prescribers) for community prescribers.
- Held annual or biannual PSRB forensic conferences for OSH and community providers.


 **Goal 2.3:** Enhance opportunities for feedback, collaboration, and understanding of program practices across the State.

Outcomes Endorsing Success—PSRB has:

- Regularly highlighted, featured, or acknowledged (via website or statewide meetings) positive program accomplishments or practices happening in PSRB programs and/or the state hospital.
- Established a voluntary “open hours” consultation group for providers to enhance shared learning, problem-solving, and support.
- Established a peer-alumni group or other resource for the Board to obtain feedback from the clients it oversees.
- Revised and expanded the Conditional Release Guide to include more information about community-based residences and programs.
- Collaborated with the Oregon State Hospital to put on a conditional release fair for clients to learn more about conditional release placements.
- Developed bench cards for judicial officers.
- Increased JPSRB admissions³ and petitions of relief.


3 PSRB will be examining the significant decreases in admissions for JPSRB over the past 5 years.

INITIATIVE 3: Equip Board members with the tools, training, and support to help them make consistent, reasoned decisions while promoting procedural fairness and due process in a trauma-informed environment.

 **Goal 3.1:** Formalize Board member on-boarding and create opportunities for ongoing professional development.

Outcomes Endorsing Success—PSRB has:

- Developed a comprehensive onboarding protocol for new Board members.
- Developed, deployed, and kept current a comprehensive practice manual that incorporates past legal advice.
- Developed, deployed, and kept current a policy handbook for hearings that incorporates both statutes and applicable case law.
- Provided periodic (at least annually) Board refreshers and new topic trainings including, but not limited to: new laws, judicial ethics, unconscious bias, and case law updates, as needed by the Board.
- Developed a peer mentor program connecting newer Board members with more experienced Board members.


 **Goal 3.2:** Integrate Trauma-Informed Care principles into hearing proceedings.

Outcomes Endorsing Success—PSRB has:

- Engaged Board members and staff in trauma-informed care training.
- Used a Trauma Informed Care screening tool to assess and establish a baseline from which to make improvements to PSRB hearings and other agency practices.
- Identified changes that will increase Board and staff trauma-informed care practices and develop a timeline for implementation.




INITIATIVE 4: Help stakeholders/partners (e.g. counties, law enforcement, district attorneys, local criminal courts, local hospitals) understand their rights and roles when working with PSRB clients.

 **Goal 4.1:** The executive director or designee will establish a systematic approach to reach out routinely to legal communities and law enforcement across the State to strengthen collaboration and provide updated information, education, or other training related to agency operations.

Outcomes Endorsing Success—PSRB has:

- Identified venues, conferences, or other settings to provide PSRB 101 trainings to legal professionals.
- Developed a contact list of statewide legal professionals to which to send important legal updates, fact sheets, or other information relevant to the PSRB and legal community partnership.
- Revised and kept current templates, fact sheets, and handbooks for use by those in the legal community.
- Developed inter-agency protocols to enhance effective communication with law enforcement and the legal communities.
- Established a protocol to enhance communication and better collaborate with the criminal courts to ensure that new clients are effectively transitioned to PSRB’s jurisdiction.


 **Goal 4.2:** Increase understanding of PSRB’s “revocation of conditional release” protocol among our community providers, law enforcement, county crisis teams, and local hospitals.

Outcomes Endorsing Success—PSRB has:

- Developed accessible, routinely reviewed and updated inter-agency protocols.
- Developed contingency plans for when a client’s immediate transportation to a specified placement cannot be executed.




Initiative 5: Provide PSRB staff with an inclusive, collaborative, and safe office environment, where they have the training, resources, and communication necessary to effectively perform their job duties; receive timely, constructive feedback and praise; and have opportunities for professional development and growth.

 **Goal 5.1:** Develop, deploy, and keep current internal policies and procedures.


Outcomes Endorsing Success—PSRB has:

- Compiled a table of contents of all current internal policies and procedures.
- Examined the need for additional internal policies and procedures and developed a plan for creating those deemed necessary.
- Developed a timeline for reviewing, updating, adding, and removing policies and procedures.
- Created and maintained a shared office binder that can be easily accessed and used (e.g. in staff meetings, workgroups) by all staff.

 **Goal 5.2:** Implement a PSRB succession plan.


Outcomes Endorsing Success—PSRB has:

- Developed a succession planning strategy that assesses and forecasts workforce needs by identifying critical positions and developing competencies to meet those needs.⁴

 **Goal 5.3:** Provide timely, constructive feedback about employee performance from supervisors, opportunities for professional development, and clear expectations about their job duties.

Outcomes Endorsing Success—PSRB has:

- Examined and revised the agency's performance appraisal process to improve opportunities for goal setting, constructive feedback, praise, and training/skill building needs.
- Identified and used a (not yet identified) tool periodically to assess employee satisfaction and provide management with employee feedback.
- Employees provide feedback via a (not yet identified) tool indicating that they are satisfied and have the tools necessary to do their jobs well.


 **Goal 5.4:** Promote wellness, self-care, and safety in the PSRB 's office environment.

Outcomes Endorsing Success—PSRB has:

- Team building and self-care/wellness integrated into weekly staff meetings.
- A Trauma-Informed Care (or similar) tool it uses to assess the workplace environment and determine what changes could improve workplace comfort and safety.
- An employee wellness committee that is actively represented at team meetings.


4 The PSRB will develop a succession plan consistent with the State of Oregon's Secretary of State's Audit Division's 2017 Report and Department of Administrative Services recommendations.

Initiative 6: Expand, streamline, and make the PSRB’s programs, research, and business needs more efficient by adopting secure, mature technology that is consistent with the State Chief Information Office’s vision and adheres to requisite compliance standards.

 **Goal 6.1:** Develop and implement an agency-specific Information Technology Plan.


Outcomes Endorsing Success—PSRB has:

- Completed a technological needs assessment.
- Developed a timeline and budget proposal for purchasing and implementing new technology.
- Implemented the use of secure email in its regular business practices.
- Developed, deployed, and kept current a process for ensuring compliance with security/confidentiality mandates and best practices.

 **Goal 6.2:** Streamline the PSRB hearings process by identifying and implementing hearings management software.


Outcomes Endorsing Success—PSRB has:

- Automated our docketing process.
- Streamlined our witness identification and coordination efforts.
- Set up a process that allows us to complete the majority of orders within 48 hours of Board decisions.

 **Goal 6.3:** Invest in software that increases efficiencies, uses secure and electronic storage and communications, and reduces waste.


Outcomes Endorsing Success—PSRB has:

- Implemented ORMS (Oregon Records Management Solution) technology.
- Implemented remote access to the shared network, reducing reliance on email, use of flash drives, and printing otherwise-available files; increased efficiency by working on/saving documents to one place.
- Centralized electronic storage systems to eliminate superfluous programs (e.g. Document Mall) and reduced costs.
- Reduced on-site space required for storing paper files.
- Provided electronic interfaces with partners to simplify and speed up document sharing.

 **Goal 6.4:** Modernize our database to allow for more complex system communications, case tracking capabilities, and streamlining/more effective preparation for hearings.

Outcomes Endorsing Success —PSRB has:

- Completed a cost-benefit analysis of our current Access database and other comparable systems.
- Expanded data that can be used to recommend legislative and programmatic changes.
- Decreased emails from providers through a centralized, electronic method of submitting monthly reports, incident reports, and other documentation.

 **Goal 6.5:** Establish partnerships with academic or other institutions to expand opportunities for data analysis and system improvements.

Outcomes Endorsing Success—PSRB has:

- Established a shared vision, mutual goals and objectives with an academic institution.
- Developed a research plan that outlines our research interests, action plan, and timelines for action.
- Integrated research interests and research findings into PSRB presentations.
- Submitted posters, papers, or panel presentations to professional conferences.



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Oregon Board of Physical Therapy

Strategic Planning: Culturally Responsive Regulation

I. Oregon State Mandates/Initiatives (Context)

- **ORS 676.303(2)—All health professional regulatory boards shall operate with the primary purposes of:**
 - promoting the quality of health services provided,
 - protecting the public health, safety and welfare by ensuring that licensees practice with professional skill and safety...”

How this connects: By recognizing that there is currently a differential in the health outcomes for many patients from underrepresented populations, and recognizing that the board has an obligation to promote quality health care and protect the health, safety and welfare of all patients, culturally competent practice is essential.

- **ORS 676.400—Racial and ethnic composition of regulated health professions; findings; duties of health professional regulatory boards.**
 - (3) “Health professional regulatory boards shall establish programs to increase the representation of people of color and bilingual people on the boards and in the professions that they regulate. Such programs must include activities to promote the education, recruitment and professional practice of members of these targeted populations in Oregon.”
 - (4) “Each health professional regulatory board shall maintain records of the racial and ethnic makeup of applicants and professionals regulated by the board....”

How this connects: Oregon health professional regulatory boards have been specifically charged to establish programs that increase representation of under-represented groups both of the board itself as well as of the regulated profession.

- **ORS 676.850—Requires continuing competence for health professionals on renewal.**
Oregon Health Authority (4 domains required for Cultural Competence Continuing Education Training)
 1. Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions, and values.
 2. Culturally competent practice requires the acquisition of knowledge by providers.
 3. Culturally competent practice requires the acquisition of skills by providers.
 4. Culturally competent training requires specific educational approaches for acquisition of knowledge and skills.

How this connects: Establishes common framework and mechanism for ongoing education for licensed professionals to support cultural competency.

- **ORS 676.410--Information required for renewal of certain licenses.**
“(2) An individual applying to renew a license with a health care workforce regulatory board must provide the information prescribed by the Oregon Health Authority pursuant to subsection (3) of this section to the health care workforce regulatory board. Except as provided in subsection (4) of this section, a health care workforce regulatory board may not approve an application to renew a license until the applicant provides the information.”

How this connects: Provides a mechanism for capturing demographic information from all licensed health professionals, which supports policy and planning.

- **Executive Order NO. 17-11 (2017)** – Relating to Affirmative Action, Equal Employment, Opportunity, Diversity, Equity, and Inclusion (DEI)

How this connects: Establishes statewide framework and objectives relating to state agencies—both staff and board members; establishing goals relating to demographic composition of boards and staff, as well as objectives relating to organizational culture based on a foundation of DEI.

- **Racial Justice Council** – founded by Governor Kate Brown (2020) – “We must change how we listen to, engage with, respond to, and support Black, Indigenous and People of Color (BIPOC) and Tribal members in Oregon.”

The Racial Justice Council’s charge is to:

- Direct the collection of data from across sectors of society to support smart, data-driven policy decisions
- Provide principles and recommendations that center racial justice to the Governor to inform the ‘21-23 Governor’s Recommended Budget and Tax Expenditures Report
- Creating a Racial Justice Action Plan for six specific areas: Criminal Justice Reform and Police Accountability, Housing and Homelessness, Economic Opportunity, Health Equity, Environmental Equity, Education Recovery.

How this connects: Creates underlying lens for all state programs and funding.

II. Oregon Board of Physical Therapy Strategic Approach: (Pulling it all together)

Instead of thinking the each statutory requirement in isolation, the OBPT adopted a framework for considering DEI, racial justice and cultural competency topics from the perspective of four inter-related participant groups. **Each group, subsequently, must be further representative of the diversity of the State in perspective.** Any policy or rule will consider the role of--and impacts on--each of these groups, with the end goal of achieving culturally competent regulation.



III. Oregon Board of Physical Therapy – CRR Implementation

Key Identified Issues (or Dependencies):

- *Holistic systemic change will require partnership with other organizations (such as with OHA to inform educational institutions to address the increased presence of candidates from underrepresented groups in the educational pipeline).*
- *Boards, including OBPT, do not currently reflect the demographic profile of the state of Oregon as a whole (patients) nor do they fully represent all licensed individuals at any one time. Infusing all perspectives—representation from all groups at all times—will require intentional training and partnership to inform policy.*

What We've Done So Far:

- ORS 848-035-0030(1)(E)(b) – Effective April 1, 2020, all licensed physical therapist and physical therapy assistants must complete a minimum of one hour of continuing competence that meets the criteria for cultural competency education each renewal period.
- At same time, the OBPT broadened Continuing Competence requirements to allow non-clinical categories, which also opens the door for outreach opportunities.
- Updates to Minimum Data Set – worked with Federation of State Boards of Physical Therapy and the Oregon Health Authority on the workforce survey in order to connect to national data. Further working with OHA for direct access to survey results to inform policy and planning.
- As continuation of review as result of SB 855, OBPT is evaluating current unnecessary regulatory barriers for our immigrant and refugee foreign-trained applicants.
- Initiated required Diversity and Inclusion training for current PT board members, including training in implicit bias to facilitate PT board awareness and “create the proper lens” for policy making.
- Initiated workgroup with all Oregon PT schools to collectively address diversification of the educational pipeline.

Additional Action Items Identified to Date:

The OBPT has added a strategic planning agenda item at each board meeting to track progress on identified objectives, and for the Board to discuss and actively plan next steps. The items below were previously identified for further discussion, refinement, and scheduling of actions.

- Continue work with Oregon PT Schools to produce recommendations for the PT Educational Pipeline.
 - Possibly have CC programs supporting licensee outreach to middle school/high school.
 - Aligning entry requirements for culturally responsive practice.
 - Expand dialog with non-Oregon educational institutions, possibly through partnership with national associations (FSBPT/APTA) or accrediting entity (CAPTE).
- Examine the diversity of the PT board;
 - Use appointment of public position members to offset the relative lack of overall diversity of professional members while also recruiting professional members from underrepresented groups with each appointment (next appointment opportunity 2022).
 - Evaluate current board member statutory qualifications to determine if there are barriers to diversity that could be removed.
 - Consider structural means of increasing diversity on the board via the addition of an advisory member or PT board sub-committee, or other means to help diversify the review of board policy and decision-making.

- Explore how to Increase engagement of current licensees from underrepresented groups with the board, board programs, and policy-making (building trust and inclusion).
- Explore ways the PT Compact can support diversification of the Oregon PT Workforce.
- The Board has the statutory authority to require community service or education as part of the remediation/discipline process; explore use of these “tools”.
- Link to strategic planning framework of trauma-informed regulation; often overlap of both “lenses”.
- Evaluate current regulatory processes (and strategic objectives) through framework of CRR.

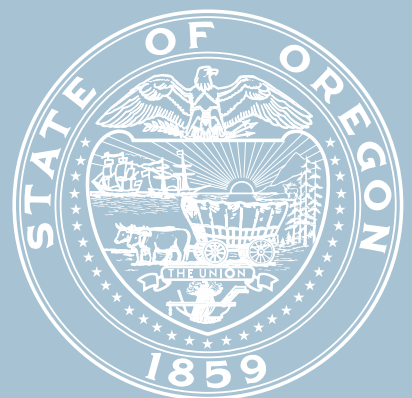
Reference: Educational Pipeline: Research suggests that engaging and influencing future practitioners needs to occur in Middle School and High School (some examples) and needs to be part of the plan to diversity healthcare workforce:

- <https://futurehealthworkforce.org/wp-content/uploads/2017/08/2008-ctd-increasing-the-diversity-of-the-health-professions-k-12-networks-of-support.pdf>
- <https://www.ncmedicaljournal.com/content/77/2/137>
- <https://www.aapcho.org/wp/wp-content/uploads/2012/11/PipelineToImproveDiversityInHealthProfessions.pdf>

OREGON BOARD OF PHARMACY

STRATEGIC PLAN

2020-2024



**OREGON BOARD
OF PHARMACY**

STRATEGIC PLAN

2020-2024



INTRODUCTION

On behalf of the Board members and staff of the Oregon State Board of Pharmacy, I am pleased to present the Board's Strategic Plan for 2020-2024. The purpose of this plan is to outline the direction and priorities for change which have been established by the Board and which we believe will ensure that pharmacy practice is regulated in the interest of public health and safety, result in exceptional service to our licensees, and advance the health of Oregonians.

In the past two years, four new Board Members have been appointed, and one Inspector and one Licensing Representative have been added to the Board staff. In addition, seven members were appointed to the newly established Public Health and Formulary Advisory Committee. This group of new Board/Committee members and staff represent a diverse mix of highly qualified individuals that will result in effective deployment of our mission on behalf of the citizens of Oregon. We are committed to continuing to improve our affirmative action, diversity, equity and inclusion efforts in recruitment and retention of Board and Committee members and staff.

We would like to acknowledge the input of stakeholders who share their views on priorities for pharmacy regulation in order to allow pharmacists, pharmacy technicians and drug outlets to provide the best possible care to all Oregonians. The practice of pharmacy and pharmaceutical supply chain have

continued to undergo profound change due to technological advances, changes in healthcare delivery, increasing complexity in the supply chain, fragmentation of care, "remote" practice, social and political shifts, drug shortages, health disparities, access issues, opioid abuse, compounding and medication safety, internet access to medications, natural disasters, and a variety of political and economic forces.

The five strategic goal areas outlined in this Strategic Plan will guide the work of the Board and staff to create the regulatory structure necessary to incorporate and encourage the best pharmacy practices to ensure public health and safety. This plan will be reviewed and updated annually to make sure that desired outcomes are being met and to encourage safe and contemporary pharmacy practice. The five strategic goal areas include:

- **Technicians**
- **Technology**
- **Licensing**
- **Regulation**
- **Communication**

As we begin to implement these initiatives, we encourage continued active engagement with the Board and participation in Board Meetings, Committee Meetings, Rules Hearings, and other Board activities.



Joe Schnabel, Pharm.D., R.Ph.
Executive Director

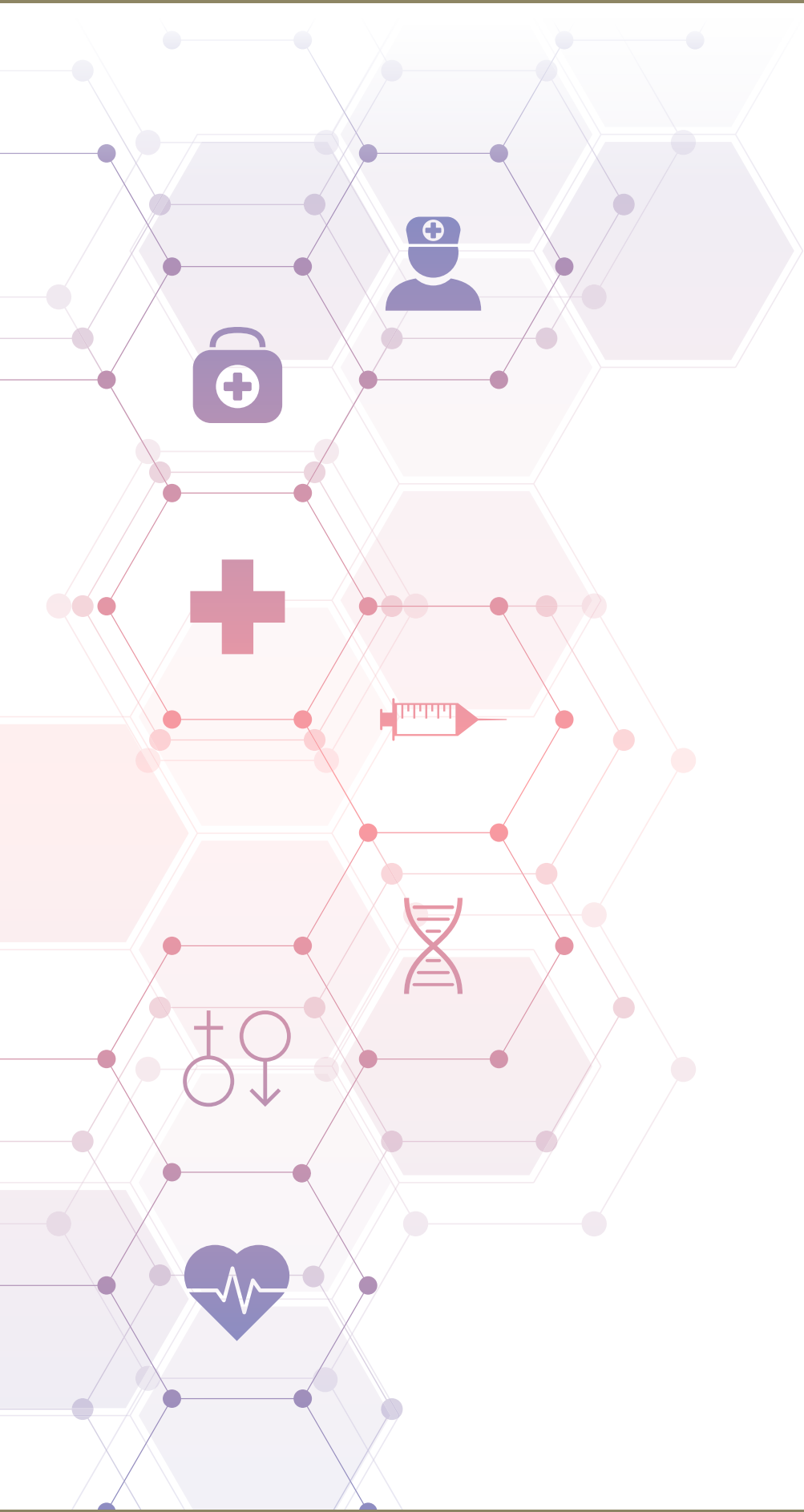


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OUR PURPOSE

MISSION

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

VISION

Partners for a Healthy Oregon

VALUES

These values reflect both how our Board and staff strive to conduct ourselves, and the behaviors we seek to instill across the practice of pharmacy in Oregon.

VALUES

Quality

We strive to deliver a consistent standard of excellence

- Excellence
- Value
- Worth

Safety

We are committed to protecting the health, safety and welfare of the public

- Protection
- Security
- Care

Integrity

We meet commitments to public health and safety and are accountable for our words and actions

- Honesty
- Ethics
- Respect

OREGON BOARD OF PHARMACY

Professionalism

We are committed to promoting excellence in pharmacy practice

- Expertise
- Commitment
- Competence

Accountability

We accept responsibility for our actions, products, decisions and policies

- Trust
- Responsibility
- Transparency



PHARMACY STRATEGIC LANDSCAPE

A variety of trends in the practice of pharmacy are impacting the Board's regulatory activities, daily work and strategic priorities. Many of these changes offer potential benefits to the public, the pharmacy profession and health care—while others pose clear risks. *All*, however, require careful monitoring and response from the Board to ensure public safety is maintained and that licensing, regulation, enforcement and outreach efforts keep pace with the evolving landscape.

Some of the issues facing the Board of Pharmacy include:

- **Access and distribution:** New options to obtain prescription and over-the-counter medicines are being proposed and/or implemented. These must be examined to ensure that public safety is not jeopardized in the name of convenience.
- **Changing business models:** Consolidation in the retail pharmacy business and hospital/health care networks mean large organizations have increasing influence on the practice of pharmacy, including

policies and procedures, staffing levels, and economics.

- **Regulation trends:** As in many regulated industries, there are often external pressures to relax regulation to mitigate economic realities. The Oregon Board of Pharmacy strives to maintain a regulatory environment focused solely on public health and safety, while enabling practices that improve efficiency and access. The Board supports rule changes only when the outcomes are assured to maintain protection of the public.
- **Pharmacy and Clinical Collaboration:** Increasingly, other healthcare providers are engaging with pharmacists as partners in developing more effective care plans—particularly for patients with chronic conditions and in providing preventative care services to improve public health.

The Board encounters the effects of these and other issues and trends on a daily basis. In this strategic plan, goals have been outlined to address them directly and/or to position the Board to adapt and more effectively fulfill its public safety-focused mission.





STRATEGIC PRIORITIES

At its annual Strategic Planning meeting in November 2019, the Board, Executive Director and the staff leadership team identified and evaluated a wide range of trends and challenges facing the practice of pharmacy and our agency. This process and deliberation led to agreement on five critical Strategic Areas and goals on which attention and resources will be focused.

Technicians

Goal: Articulate the regulatory structure where the accountabilities of pharmacists and the role of pharmacy technicians are aligned to enhance safety, access, service and efficiency

Technology

Goal: Articulate the regulatory structure where the accountabilities of pharmacists and the use of technology are aligned to enhance safety, access, service and efficiency

Licensing

Goal: Clarify drug outlet licensing and standards to promote appropriate licensure

Regulation

Goal: Systematically refresh rules and standardize the rule development approach to improve clarity and compliance

Communication

Goal: Improve and maintain stakeholder and public engagement through proactive communication strategies

The Board gave clear direction to the Executive Director and staff that meaningful progress should be made toward accomplishing these goals over the next two to four years—while recognizing that these will remain important issues over an even longer time span. We will regularly assess progress and refine our goals and resource commitments as we work to achieve these key objectives.

Background on each goal, key actions and outcome measures are provided.



TECHNICIANS

Goal: Articulate the regulatory structure where the accountabilities of pharmacists and the role of pharmacy technicians are aligned to enhance safety, access, service and efficiency

The Board seeks to develop clear rules to ensure that pharmacists understand their legal scope of practice and their accountability to provide patient care services and safe pharmacy practices. Permitting pharmacists to more fully and effectively utilize technician support must be structured to improve safety, access and patient care services.

The Board seeks rule alignment to clearly describe the role of pharmacy technicians and how they assist the pharmacist in the practice of pharmacy. Regulatory structures developed for technician roles should delineate requirements for training, quality assurance, and pharmacist supervision.



Key Actions:

1. Review and evaluate applicable statutes for development of rules that clearly articulate the role of a pharmacist and functions that only a pharmacist may perform. (June, 2020)
2. Review and evaluate applicable statutes for development of rules for requirements for training and guidelines for adequate supervision of technicians who assist the pharmacist in the practice of pharmacy. (August, 2020)
3. Review and evaluate applicable statutes and rules for technician licensure to determine if changes in rules are necessary to facilitate roles. (December, 2020)

Outcome Measures:

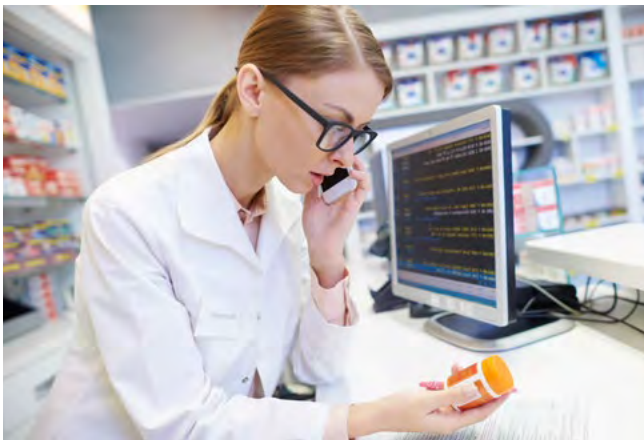
- Draft rules for Board consideration that clearly delineate the role of the pharmacist and practices of pharmacy that must only be performed by a pharmacist.
- Draft rules for Board consideration that clearly delineate requirements for training and supervision of technicians.
- Draft rule update for licensure of Pharmacy Technicians and Certified Oregon Pharmacy Technicians.
- Increase in pharmacist provision of patient care services while maintaining safety in dispensing services.



TECHNOLOGY

Goal: Articulate the regulatory structure where the accountabilities of pharmacists and the use of technology are aligned to enhance safety, access, service and efficiency

The Board seeks to develop clear rules to ensure that pharmacists understand their scope of practice and their accountability to provide patient care services and safe pharmacy practices while permitting the use of technologies that improve safety, access, service and efficiency. Regulatory structures developed for use of technology should be function-based and delineate individual pharmacist accountabilities for each critical stage of automated processes.



Key Actions:

1. Review and evaluate industry trends and applicable statutes and rules for use of technology to develop clear, function-based rules and pharmacist accountabilities. (October, 2020)
2. Clearly outline requirements for quality assurance and accountability for each critical stage of automated processes. (December, 2020)

Outcome Measures:

- Draft rules for Board consideration that clearly delineate the use of technology and pharmacist accountabilities in the practice of pharmacy.
- Defined accountabilities for each critical step in automated processes.
- Increase in pharmacist provision of patient care services while maintaining safety in dispensing services.
- Effective quality assurance plan applied to all automated pharmacy processes.



LICENSING

Goal: Clarify drug outlet licensing and standards to promote appropriate licensure

The Board promotes patient safety through appropriate licensing and regulation of all drug outlets engaged in the manufacture, dispensing, delivery or distribution of drugs and medical devices. License categories should clearly guide applicants to the appropriate license type.

Key Actions:

1. Create and implement a consistent, ongoing process to review and evaluate applicable statutes for each drug outlet licensing authority, leading to development of rules that clarify the appropriate license category. (August, 2020)
2. Review and evaluate legislative and budgetary considerations that may be required to implement changes to drug outlet categories. (October, 2020)



Outcome Measures:

- Draft rules for Board consideration that clarify the appropriate license category for each outlet category.
- Decrease in questions from applicants regarding appropriate license type for which to apply.





REGULATION

Goal: Systematically refresh rules and standardize rule development to improve clarity and compliance

The Board proactively reviews and updates rules to provide clear expectations to licensees and registrants to promote compliance and patient safety. Rule updates should emphasize clarity and durability to allow practice variation that improves safety, access, service and efficiency.



Key Actions:

1. Create standard procedures and schedule to accomplish five-year rule review that emphasizes clarity and compliance. (August, 2020)
2. Conduct routine, scheduled, and systematic review of Board of Pharmacy rules by section and draft revisions for Board consideration. (December, 2020)

Outcome Measures:

- Rule review standards and guidelines are implemented and used to prepare all rule updates.
- At least four rule sections are reviewed, updated and presented to Board for consideration annually.



COMMUNICATION

Goal: Improve and maintain stakeholder and public engagement through proactive communication strategies

The Board communicates through multiple platforms to collaborate, educate, promote patient safety and enhance consumer protection.

Key Actions:

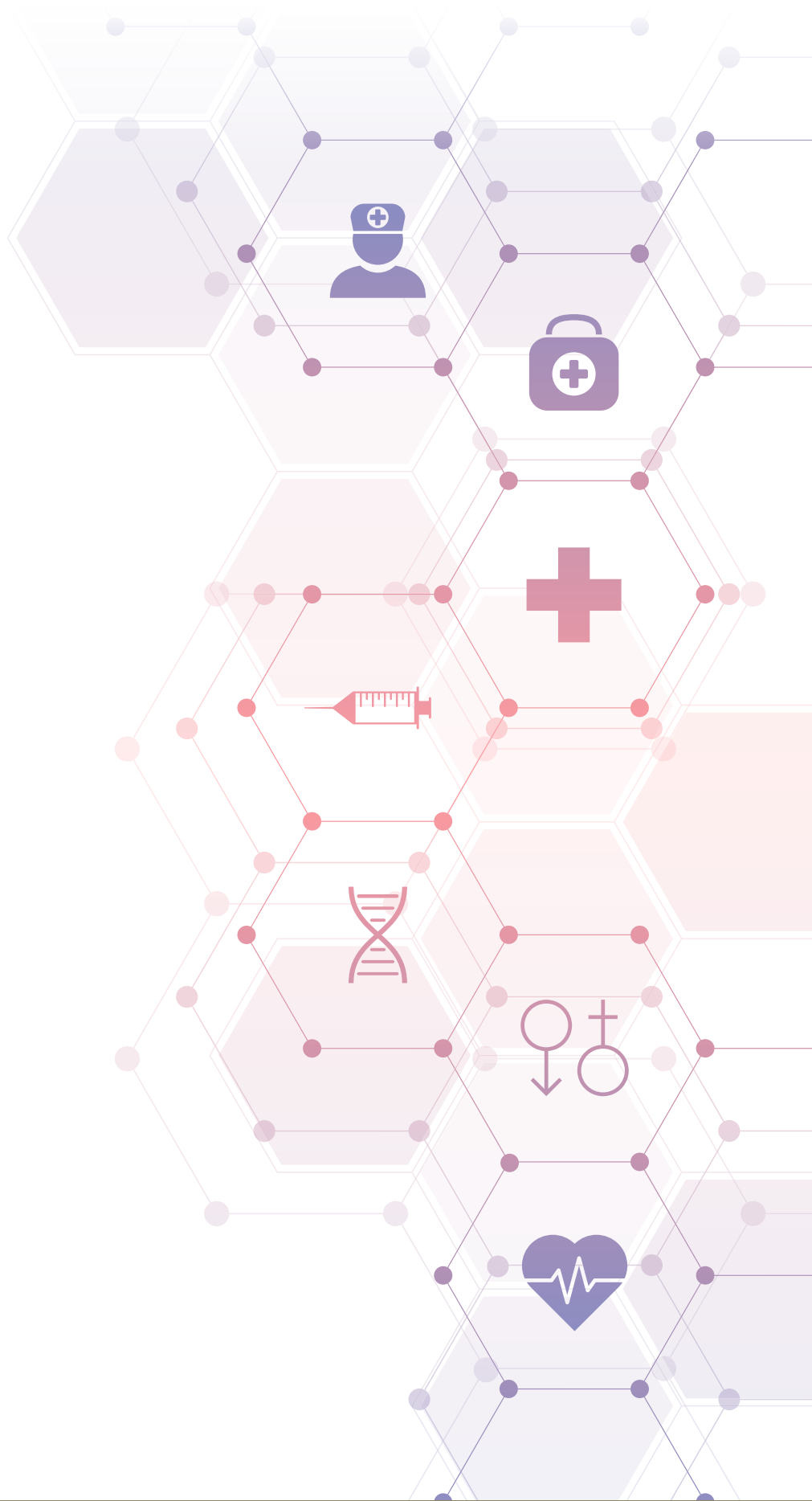
1. Develop and implement a communication plan at all levels of the agency to improve access to relevant information and streamline communications. (June, 2020)
2. Create and maintain a new website as the Board's primary communication tool. (June, 2020)
3. Develop a consistent process to review and update FAQs related to licensing and compliance. (October, 2020)
4. Develop standardized methods to triage and respond to correspondence to improve timely communications that are maintained in accordance with public records retention requirements. (December, 2020)



Outcome Measures:

- Create modern materials for agency communications, including branding and plain language used for presentations and other public documents.
- Webpages updated to provide focused information.
- Updated FAQs published.
- Transition to an enhanced list-serve email service.







OREGON BOARD OF PHARMACY

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971-673-0001 | pharmacy.board@oregon.gov

www.oregon.gov/pharmacy

Iowa Dental Board Strategic Plan 2017-2020



Mission Statement

The Iowa Dental Board is charged with ensuring that all Iowans receive professional, competent and safe dental health care of the highest quality.

Vision Statement

The Iowa Dental Board strives to be a unified team respected for integrity, which is:

- **Approachable, fair and flexible;**
- **Responsive to the public and stakeholders;**
- **Evidence based and data driven;**
- **Utilized as a resource.**

Core Values

MISSION DRIVEN:	We make decisions through the lens of IDB's mission.
PROFESSIONAL:	We act diplomatically in carrying out and protecting IDB's mission.
OBJECTIVE:	We make decisions supported by data and evidence.
TRANSPARENT:	We ensure that licensees and the public understand the processes by which decisions are made.
INVESTED:	We demonstrate commitment to IDB and preparedness for decision making.
OPEN MINDED:	We consider all viewpoints.
COMMITTED TO INTEGRITY:	We act honestly and consistent with our values.

BOARD CULTURE AND DEVELOPMENT

Strategic Goal: Develop a Culture and Process that Exemplify Evidence Based Decision making.

PRIORITY ACTIONS	DESIRED OUTCOMES	MEASUREMENTS
1. Train and educate board members on their roles and responsibilities. <ul style="list-style-type: none"> • Provide thorough training for new board members. • Identify and provide ongoing training opportunities. 	<ul style="list-style-type: none"> • Board members fully understand roles and responsibilities as well as processes and protocols. • Board members are informed and unified in their roles. 	<ul style="list-style-type: none"> • Less negative feedback. • Informed board members.
2. Develop codes of conduct that clarify expectations for board members and staff.	<ul style="list-style-type: none"> • The Board is represented in a consistent and unified manner. • A positive image of the Board is maintained. 	<ul style="list-style-type: none"> • Less negative feedback.
3. Increase reliance on data and research.	<ul style="list-style-type: none"> • Decisions are made after careful review of data and research. • Increased confidence in decision making. 	<ul style="list-style-type: none"> • The basis for decisions align with data and research.
4. Review and modify staff responsibilities to promote efficiency.	<ul style="list-style-type: none"> • Increased productivity. 	

COMMUNICATION AND EDUCATION

Strategic Goal: Proactively and Consistently Communicate with Stakeholders

PRIORITY ACTIONS	DESIRED OUTCOMES	MEASUREMENTS
1. Improve communication and availability of information through the use of technology. <ul style="list-style-type: none"> • Ensure newly implemented website is user friendly and current. 	<ul style="list-style-type: none"> • Complete and updated information is provided to stakeholders. • Practitioners are better informed. • The website is viewed as a good source of information and communication. 	<ul style="list-style-type: none"> • Reduced number of phone calls and inquiries. • Increased access to information. • Reduced confusion.
2. Send quarterly newsletters and/or email blasts highlighting current/critical issues or topics as they arise.	<ul style="list-style-type: none"> • Increased stakeholder awareness of board activities. 	<ul style="list-style-type: none"> • Newsletter/emails consistently sent. • Stakeholders are well-informed.
3. Participate in stakeholder meetings and forums. <ul style="list-style-type: none"> • Proactively communicate and educate the Legislature to ensure policymakers are well informed about IDB issues. • Consistently engage with educational institutions, associations, and other partners with shared interests. 	<ul style="list-style-type: none"> • The Legislature and other stakeholders are consistently informed about Board activities. • Overall visibility and communication is increased. 	<ul style="list-style-type: none"> • Positive legislative/policy outcomes. • Stakeholders are engaged.

COMMUNICATION AND EDUCATION

Strategic Goal: Proactively and Consistently Communicate with Stakeholders

PRIORITY ACTIONS	DESIRED OUTCOMES	MEASUREMENTS
4. Improve customer service and responsiveness. <ul style="list-style-type: none">• Handle phone calls and inquiries in an effective and efficient manner.	<ul style="list-style-type: none">• Improved stakeholder confidence.	<ul style="list-style-type: none">• Improved relationships with stakeholders.• Staff is current with responses to inquiries.

LICENSING

Strategic Goal: Continually Streamline and Improve the Licensing Process

PRIORITY ACTIONS	DESIRED OUTCOMES	MEASUREMENTS
1. Transition to all online applications and renewals.	<ul style="list-style-type: none">• Improved efficiency of license processing.• Reduce/eliminate paper applications.• Reduced staff time on license processing.	<ul style="list-style-type: none">• 100 percent of applications are submitted online.

LICENSING

Strategic Goal: Continually Streamline and Improve the Licensing Process

PRIORITY ACTIONS	DESIRED OUTCOMES	MEASUREMENTS
2. Streamline the application process.	<ul style="list-style-type: none">• Clear timelines for license processing are established and communicated.• Staff time freed for other work	<ul style="list-style-type: none">• Applications are processed within a specific timeframe.• Extra processing steps are eliminated.

EXAMINATIONS

Strategic Goal: Ensure Examinations are Relevant, Valid and Measure Competency

PRIORITY ACTIONS	DESIRED OUTCOMES	MEASUREMENTS
1. Promote examinations that reflect current trends based on and supported by evidence-based data. <ul style="list-style-type: none"> Review current information to ensure validity and competency. 	<ul style="list-style-type: none"> Examinations are current and reflect best practices. 	<ul style="list-style-type: none"> Examination practices and testing methodologies are regularly reviewed.
2. Annually review and update all examinations.	<ul style="list-style-type: none"> Examinations reflect current practices. 	<ul style="list-style-type: none"> Examinations and applicable resources are up to date.
3. Proactively educate the Legislature to ensure they are well informed about examinations.	<ul style="list-style-type: none"> Legislature is informed about examinations. 	<ul style="list-style-type: none"> Positive legislative/policy outcomes relative to examinations.

INVESTIGATIONS

Strategic Goal: Investigate Cases in a Timely Manner (approved 1/25/19)

PRIORITY ACTIONS	DESIRED OUTCOMES	MEASUREMENTS
1. Investigations are streamlined utilizing the IDB Procedure for Investigating Cases	<ul style="list-style-type: none"> • Unnecessary steps are eliminated • Investigator time is preserved and maximized 	<ul style="list-style-type: none"> • Cases are investigated per the procedure • Cases are submitted to the Board in the timeframes outlined *excepting circumstances out of staff control
2. Cases are investigated in the timeframes outlined in the IDB Procedure for Investigating Cases	<ul style="list-style-type: none"> • Cases are investigated in a timely manner 	<ul style="list-style-type: none"> • Cases are submitted to the Board in the timeframes outlined *excepting circumstances out of staff control
3. Internal capacity for investigating cases is increased	<ul style="list-style-type: none"> • Workload shifts are made to increase FTE's spent on investigations 	<ul style="list-style-type: none"> • More FTE's are spent on investigations; helping to increase case turnaround time and freeing up investigator time to more quickly investigate serious cases



Dental Hygiene Committee of California

Strategic Plan

2017-2021

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Dental Hygiene Committee of California

Committee Members

Joyce Noel Kelsch, Registered Dental Hygienist
in Alternative Practice (RDHAP), President

Susan Good, Public Member, Vice President

Michelle Hurlbutt, Registered Dental Hygienist (RDH) Educator

Sandra Klein, Public Member

Timothy S. Martinez, Doctor of Medicine in Dentistry

Nicolette Moultrie, RDH

Edcelyn Pujol, Public Member

Garry Shay, Public Member

Evangeline Ward, RDH, Secretary

Edmund G. Brown, Jr., Governor

Alexis Podesta, Acting Secretary, Business Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

Lori Hubble, Executive Officer, Dental Hygiene Committee of California (DHCC)

Anthony Lum, Assistant Executive Officer, DHCC

Message from the Committee President

As President of the Dental Hygiene Committee of California (DHCC) which is the only autonomous governing body for Registered Dental Hygienists, Registered Dental Hygienists in Alternative practice, and Registered Dental Hygienists in Extended Functions in the nation, I am pleased to bring forward and present the DHCC's 2017-2021 Strategic Plan. This document represents our mission "The DHCC licenses, enforces and regulates the Dental Hygiene professionals to protect the public and meet the oral hygiene needs of all Californians."

I want to thank everyone who has been involved in the creation of this plan. The strategic planning process has been a collaborative effort between the DHCC Members and staff, dental hygienists, and the public. I also want to thank the Department of Consumer Affairs' SOLID Training Unit for facilitating the Strategic Planning session on September 24, 2016. The plans that are in this document identify key issues and goals for which the DHCC will be accountable, and the actions we will implement to accomplish them.

The DHCC continually strives to attain meaningful improvements in our programs and services. Some of the most significant DHCC accomplishments over the past few years are:

- The new BreEZe computer system to make licensee and applicant transactions easier and in real time;
- New regulations to improve consumer's access to dental hygiene care; and
- Additional staff to help with customer service for licensees, applicants, and all interested stakeholders.

As President of the DHCC, I invite all interested stakeholders to join in working with us over the next five years to achieve the goals outlined in this strategic plan. The DHCC publishes advanced notice of all its public meetings on its website and through email blasts, and encourages your participation and contribution.

As a committee, we believe the new plan offers a roadmap to the future with a clear focus on building the basic framework for the regulation and oversight of the Dental Hygiene profession in California.

Thank you,

Noel Kelsch, RDHAP, MS, President

Dental Hygiene Committee of California

About the Dental Hygiene Committee of California

The Dental Hygiene Committee of California (DHCC) is responsible for licensing three categories of primary oral health care professionals in dental hygiene. They are the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and the Registered Dental Hygienist in Extended Functions (RDHEF). The DHCC develops and administers the written law and ethics examinations, enforces the rules and regulations governing the practice of dental hygiene, and oversees the dental hygiene educational programs. The DHCC also participates in outreach and support of the community and its stakeholders, with the goal of ensuring the highest quality of oral health care for all Californians.

Mission

The DHCC licenses, enforces and regulates the Dental Hygiene professionals to protect the public and meet the oral hygiene needs of all Californians.

Vision

Provide access to quality dental hygiene care for all Californians.

Values

Communication
Teamwork
Customer Service
Excellence
Respect
Transparency

Strategic Goal Areas

1	Licensing and Law & Ethics Examination <i>The DHCC establishes and maintains licensing standards and the Law and Ethics examination(s) to protect consumers while allowing reasonable access to the profession.</i>
2	Enforcement <i>The DHCC protects the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene.</i>
3	Legislation and Regulation <i>The DHCC advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandates, mission, and vision.</i>
4	Educational Oversight <i>The DHCC regulates and enforces dental hygiene educational program standards to increase consistency and quality in order to protect consumers.</i>
5	Organizational Development <i>The DHCC continues to build and maintain an excellent organization with effective Committee governance, strong leadership, and responsible management.</i>

Goal 1: Licensing and Law and Ethics Examination

The DHCC establishes and maintains licensing standards and the Law and Ethics examinations to protect consumers while allowing reasonable access to the profession.

- 1.1 Promote the DHCC's transparency with information dissemination through its website (including the posting of vital items to provide updated and consistent information), enhance online accessibility, increase stakeholder participation in DHCC activities, and promote environmental responsibility.
- 1.2 Inform stakeholders via the website, newsletter, and other methods about the availability of information and resources to increase productivity and enhance communication and transparency with stakeholders.
- 1.3 Educate licensees about the role of the DHCC by communicating its purpose and significance to the profession.
- 1.4 Develop continuing education regulations to require specific training unique to Registered Dental Hygiene professionals to protect public health and safety.
- 1.5 Hire additional licensing staff to address existing and future mandates to improve access to care, response times, and service quality.
- 1.6 Study the feasibility of alternative pathways for initial licensure.¹

¹ Rollover from 2010-2015 Strategic Plan

Goal 2: Enforcement

The DHCC protects the health and safety of consumers through the enforcement of laws and regulations governing the practice of dental hygiene.

- 2.1 Hire additional enforcement staff to investigate allegations, enforce statutes and regulations, and preside over on-site investigations.
- 2.2 Create and implement a continuing education compliance program to verify licensees' completion of the continuing education requirements for license renewal in order to protect the public.
- 2.3 Review and if appropriate modify existing enforcement statutes regarding unprofessional conduct and disciplinary guidelines to clarify, strengthen, and enhance oversight for consumer protection.

Goal 3: Legislation and Regulation

The DHCC advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandate, mission, and vision.

- 3.1 Hire additional legislative staff to pursue and monitor legislation and regulations to advance the DHCC's mission and vision.
- 3.2 Promulgate regulations for existing and new statutes to clarify the law.
- 3.3 Research and advocate for legislation that pertains to the continuity of care for patients dealing with "right to choose" issues and want to utilize a Registered Dental Hygienist in Alternative Practice provider.
- 3.4 Research and advocate the removal of the direct supervision duties to allow direct access to a Dental Hygienist without the supervision of a Dentist. This will enhance consumer accessibility to dental hygiene care.
- 3.5 Research and advocate legislation for Dental Hygiene professionals to practice in underserved areas to increase consumer accessibility to dental hygiene care.

Goal 4: Educational Oversight

The DHCC regulates and enforces dental hygiene educational program standards to increase consistency and quality in order to protect consumers.

- 4.1 Hire additional educational program staff to address existing and new mandates to improve regulatory compliance of educational programs to protect the public.
- 4.2 Promote and encourage educational oversight transparency and communication by developing improved relationships with stakeholders.
- 4.3 Increase oversight of educational program compliance with California regulations and accreditation standards to maintain the quality of dental hygiene education in California.
- 4.4 Develop regulatory language to implement cite and fine options for non-compliant educational institutions to increase consumer protection.
- 4.5 Seek statutory authority to create a probationary status for non-compliant educational institutions as an alternative enforcement method that provides an opportunity for compliance.

Goal 5: Organizational Development

The Committee continues to build and maintain an excellent organization with effective Committee governance, strong leadership, and responsible management.

- 5.1 Hire additional administrative staff to improve efficiency and enhance customer service.
- 5.2 Explore additional office space to meet the programmatic needs of the Dental Hygiene Committee of California's mission and mandate.
- 5.3 Continue with staff's professional development that expands knowledge, maximizes motivation, and promotes retention.

Strategic Planning Process

To understand the environment in which the DHCC operates and identify factors that could impact its success, the California Department of Consumer Affairs' SOLID Unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- An online survey sent to DHCC stakeholders in July and August 2016. The online survey received 547 responses.
- An online survey sent to all DHCC employees in July and August 2016. This survey received responses from five employees.
- Interviews were conducted with seven DHCC members, the Executive Officer, and the Assistant Executive Officer in July and August 2016.

The most significant themes and trends identified from the environmental scan were discussed by DHCC members, the Executive Officer, and the Assistant Executive Officer during a public strategic planning session facilitated by SOLID on September 24, 2016. This information guided the DHCC in the development of its strategic objectives outlined in this 2017 – 2021 strategic plan.



Dental Hygiene Committee of California

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Sacramento, CA 95815

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Prepared by:



Department of Consumer Affairs
1747 N. Market Blvd., Suite 270
Sacramento, CA 95834

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Dental Hygiene Committee of California in September 2016. Subsequent amendments may have been made after board adoption of this plan.





Strategic Plan

2017-2020

Adopted: December 1, 2016

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MEMBERS OF THE DENTAL BOARD OF CALIFORNIA

Steven Morrow, DDS, MS, President

Judith Forsythe, RDA, Vice President

Steven Afriat, Secretary

Fran Burton, MSW

Steven D. Chan, DDS

Yvette Chappell-Ingram

Katie Dawson, BS, RDHAP

Kathleen King

Ross Lai, DDS

Huong Le, DDS, MA

Meredith McKenzie, ESQ.

Thomas Stewart, DDS

Bruce L. Witcher, DDS

Debra Woo, DDS, MA

Edmund G. Brown, Jr., Governor

Alexis Podesta, Acting Secretary, Business Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

Karen Fischer, MPA, Executive Officer, Dental Board of California

MESSAGE FROM THE PRESIDENT

It is with a strong sense of pride that I present the Dental Board's Strategic Plan (Plan) for 2017 – 2020. This Plan is a result of the combined efforts of members of the Dental Board, and Board staff. The process was very professionally facilitated by members of the Department of Consumer Affairs SOLID Unit.

This Strategic Plan is best viewed as a “road map” to guide the Board as it moves forward to better achieve its mission, vision, and values. It is also an important tool to ensure that the Board, its staff, and other interested and committed stakeholders are working together to accomplish common goals and outcomes, as identified in the Plan. This Strategic Plan also identifies the actions needed to achieve the Board's goals and provides for strategic performance feedback needed for decision making that will enable the plan to evolve and grow as requirements and other circumstances change.

The members of the Dental Board, individually and collectively, are dedicated to the legislative mandate that protection of the public shall be its highest priority. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public will always be paramount.

Steven G. Morrow, DDS, MS
Dental Board of California President
2016

ABOUT THE BOARD

The Dental Board of California licenses and regulates dentists, registered dental assistants, and registered dental assistants in extended functions. The Board assures the initial and continued competence of its licensees through licensure, investigation of complaints against its licensees, and discipline of those found in violation of the Dental Practice Act (Business and Professions Code Sections 1600 et seq.), monitoring licensees whose licenses have been placed on probation, and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

The Board's objective is to protect and promote the health and safety of consumers in the State of California. To accomplish this objective, the Board must ensure that only those persons possessing the necessary education, examination and experience qualifications receive licenses; all licentiates obtain the required continuing dental education training; consumers are informed of their rights and how complaints may be directed to the Board; consumer complaints against licentiates are promptly, thoroughly and fairly investigated; and appropriate action is taken against licentiates whose care or behavior is outside of acceptable standards.

The composition of the Board is defined in Business & Professions Code Section 1603 to be fifteen (15) members and includes eight dentists, one licensed Registered Dental Hygienist and one licensed Registered Dental Assistant, all appointed by the Governor; and five public members, three appointed by the Governor, one by the Speaker of the Assembly and one by the Senate President ProTempore. The Board appoints the Executive Officer who oversees a staff of 70. In 2012, the Dental Assisting Council was established as a result of the Board's 2011 Sunset Review (Senate Bill 540, Chapter 385, Statutes of 2011) The Council is comprised of seven members: the Registered Dental Assistant member of the Board, another member of the Board, and five Registered Dental Assistants.

RECENT ACCOMPLISHMENTS

- Appointed a New Executive Officer
- Hired a New Assistant Executive Officer
- Hired a New Enforcement Chief
- The Governor appointed six new Board members and reappointed three members
- Appointed members to the Dental Assisting Council
- Completed the “Development and Validation of a Portfolio Examination for Initial Dental Licensure” report with the assistance of an outside contractor.
- Promulgated a regulation to implement the requirements of its Portfolio examination as a new pathway to dental licensure in California.
- Promulgated a rule-making to require an Administrative Law Judge (ALJ) to order revocation of a license when issuing a proposed decision that contains any findings of fact that: (1) a license engaged in any act of sexual contact with a patient, client, or customer; or, (2) the licensee has been convicted of or committed a sex offense. This proposal would prohibit the proposed decision issued by the ALJ under such circumstances from containing an order staying the revocation of the license or placing the licensee on probation.
- Revised the Orthodontic Assistant Permit Examination
- Conducted an Occupational Analysis of the Registered Dental Assistant profession
- Conducted an Occupational Analysis of the Registered Dental Assistant in Extended Functions profession
- The Enforcement Program’s ongoing efforts to address unlicensed activity resulted in five search warrants, four felony arrests for unlicensed dentistry, and 17 criminal filings.
- Provided educational presentations of the Board’s licensing and enforcement roles to graduating dental students at six California dental schools.
- Updated and published the Dental Practice Act in 2012-2016.
- Successfully completed the Board’s Sunset Review Report and participated in the Legislative Oversight Process to extend the Board’s operating authority until January 1, 2020.
- Successfully transitioned to a new computer system BreEZe
- Conducted a fee audit
- Sponsored legislation to establish the fees for initial dental licensure and biennial renewal of dental licensure at \$525 beginning January 1, 2015.
- Updated and adopted the Board Policy and Procedure Manual

STRATEGIC GOALS

1 *LICENSING AND EXAMINATIONS*

2 *CONSUMER PROTECTION AND ENFORCEMENT*

3 *EDUCATION*

4 *LEGISLATION AND REGULATION*

5 *COMMUNICATION AND CUSTOMER SERVICE*

6 *ORGANIZATIONAL EFFECTIVENESS*

7 *DENTAL WORKFORCE*

Dental Board of California Mission, Vision, and Values

Mission

The Dental Board of California's mission is to protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State.

Vision

The Dental Board of California will be a recognized leader in public protection, promotion of oral health, and access to quality care.

Values

Consumer Protection

Professionalism

Accountability

Efficiency

Fairness

Diversity

GOAL 1: LICENSING AND EXAMINATIONS

Provide a licensing process that permits applicants timely access to the workforce without compromising consumer protection. Administer fair, valid, timely, comprehensive, and relevant licensing examinations.

- 1.1 Develop and maintain communication with Western Regional Examining Board (WREB) and other regional testing agencies to sustain the integrity of the examination process.
- 1.2 Improve the Board's online license and permit renewal system to enhance convenience and effectiveness resulting in timely processing.
- 1.3 Promote the national movement to a curriculum integrated exam concept and gain further recognition of California's portfolio licensure pathway in other states.
- 1.4 Support dental schools' utilization of the portfolio licensure pathway.
- 1.5 Continue to review and improve the Registered Dental Assisting licensure pathway including communication with stakeholders and possible modification to the existing practical exam.

GOAL 2: CONSUMER PROTECTION AND ENFORCEMENT

Ensure the Board's enforcement and diversion programs provide timely and equitable consumer protection.

- 1.6 Research the feasibility of an anesthesia data collection plan in order to provide high quality and quantity data for future anesthesia regulations.
- 1.7 Research the feasibility of implementing in-house stipulations to expedite resolution, reduce costs and safeguard consumer protection.
- 1.8 Enhance training for subject matter experts in order to provide a more effective representation during the investigative and disciplinary process.
- 1.9 Contract with a vendor to audit and provide recommendations to improve the enforcement program's workload efficiency and effectiveness.
- 1.10 Explore the possibility of increasing per diem compensation for expert witnesses so that the Board can recruit the most qualified professionals.
- 1.11 Explore the feasibility of establishing a probationary unit to improve the effectiveness of probation monitoring and relieve investigator case workload.

GOAL 3: EDUCATION

Set standards to ensure high quality educational services and programs, particularly in relation to international dental schools, registered dental assisting programs and continuing education for licensees.

- 1.12 Regularly update dental school educational standards consistent with Commission on Dental Accreditation standards to ensure consistency in the approval of foreign dental schools whose education is equivalent to that of the United States.
- 1.13 Evaluate and improve the continuing education audit process to determine effectiveness.
- 1.14 Recruit subject matter experts for the dental assisting program, including course curriculum review and site visits, to ensure compliance with the Board's educational regulations.
- 1.15 Explore the feasibility of augmenting the continuing education program by regulating that providers administer a competency requisite to raise the standard of continuing education.

GOAL 4: LEGISLATION AND REGULATION

Advocate legislation and promulgate regulations that advance the vision and mission of the Dental Board of California.

- 1.16 Communicate with licensees and staff regarding updates to statutes and regulations to improve and maintain stakeholder awareness in a timely manner.
- 1.17 Identify and prioritize emerging issues that may be suitable for legislative proposals to stay current with professional standards while maintaining public protection.
- 1.18 Review and revise, if necessary, laws and regulations to ensure they align with current standard of care and emerging practices.
- 1.19 Train analytical staff regarding regulatory process and then assign regulations in need of revision to each to reduce regulatory backlog.

GOAL 5: COMMUNICATION AND CUSTOMER SERVICE

Provide the most current information and quality customer service to the Board's stakeholders.

- 1.20 Improve, update and redesign the Dental Board website to increase user friendliness, minimize frustration, educate stakeholders and result in the creation of a cost effective communication system.
- 1.21 Continually evaluate and monitor improvements to Versa Online BreEZe in order to maximize ease of use for applicants, licensees and consumers and consequently improve processing times and consumer protection.
- 1.22 Identify communication weaknesses and implement necessary changes to increase customer satisfaction, eliminate repeat callers, and re-establish trust with staff.
- 1.23 Research and evaluate various communication methods (print, website, and social media) and make determination on which method effectively communicates with licensees and consumers best.
- 1.24 Develop consumer centered forms in different languages that comply with the American Disability Act in order to be more inclusive.
- 1.25 Develop video tutorials to educate applicants, licensees and consumers regarding the application, licensing, BreEZe, complaint, and enforcement processes.

GOAL 6: ORGANIZATIONAL EFFECTIVENESS

Build an excellent organization, with engaged employees, through effective leadership and responsible management.

- 1.26 Establish, execute and continually evaluate the workforce engagement plan to improve morale and maintain partnership between management and staff.
- 1.27 Assess and streamline the process for prioritization of workload to improve efficiency.
- 1.28 Establish staff training in dental terminology and internal processes so staff have a basic understanding of dental terms and processes.

GOAL 7: DENTAL WORKFORCE

Maintain awareness of the changes and challenges within the Dental community and serve as a resource to the Dental workforce.

- 1.29 Advertise the availability of the loan repayment program to increase access to care in underserved areas.
- 1.30 Strengthen the relationship with California Dental Director to facilitate a needs assessment and improve access to care for vulnerable populations.
- 1.31 Develop and implement program to translate the data obtained from the workforce survey required at renewal to determine licensing trends and identify gaps with regards to access to care.
- 1.32 Support the virtual dental home model to increase access to oral health care for the most vulnerable populations.
- 1.33 Develop outreach to underserved communities regarding free clinics and communicate about free health care events to support access to care for underserved communities.

Strategic Planning Process

To understand the environment in which the Board operates and identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- ♦ Interviews conducted with 14 Board and Council members completed during the months of July and August 2016.
- ♦ Three focus groups with DBC staff, on August 9, 10, and 17, 2016 to identify the strengths and weaknesses of DBC from an internal perspective. There were 51 participants.
- ♦ One focus group with BCE managers on August 11, 2016 to identify the strengths and weaknesses of DBC from an internal perspective. Five managers participated.
- ♦ Online surveys (qualitative and quantitative) sent to DBC stakeholders in August 2016 to identify the strengths and weaknesses of DBC from an external perspective. 381 completed the surveys. The below table shows how stakeholders identified themselves in the online survey.

The most significant themes and trends identified from the environmental scan were discussed by the Board and management team during a strategic planning session facilitated by SOLID on October 13 and 14, 2016. This information guided the Board in the development of its mission, vision, and values, while directing the strategic goals and objectives outlined in this 2017 – 2020 strategic plan.

DENTAL BOARD OF CALIFORNIA

2005 EVERGREEN STREET, SUITE 1550
SACRAMENTO, CA 95815
916-263-2300
WWW.DBC.CA.GOV

Prepared by:



Department of Consumer Affairs
1747 N. Market Blvd., Suite 270
Sacramento, CA 95834

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Dental Board of California in September and October 2016. Subsequent amendments may have been made after Board approval of this plan.

Oregon Board of Dentistry

2017 - 2020



Strategic Plan

Adopted August 19, 2016



Oregon Board of Dentistry

2017 – 2020 Strategic Plan

Board members & staff of the Oregon Board of Dentistry who participated in the development of this strategic plan at the April 23, 2016 planning session:

Julie Smith, DDS, MD, MCR- President

Todd Beck, DMD – Vice President

James Morris

Yadira Martinez, RDH

Alicia Riedman, RDH

Alton Harvey, Sr.

Gary Underhill, DMD

Amy B. Fine, DMD

Brandon Schwindt, DMD

Jonna Hongo, DMD

Stephen Prisby - Executive Director

Paul Kleinstub, DDS, MS - Dental Director/Chief Investigator

Teresa Haynes – Exam & Licensing Manager

Harvey Wayson –Investigator

Daryll Ross - Investigator

Ingrid Nye – Office Specialist

Lori Lindley – Sr. Asst. Attorney General

Sue Dicile - Meeting Facilitator



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OVERVIEW

The authority and responsibilities of the Oregon Board of Dentistry (OBD) are contained in Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry and dental hygiene by enforcing the standards of practice established in statute and rule.

In late 2015 the board and staff of the OBD discussed and approved a strategic planning initiative. The launch was timely, as the last time the board conducted a strategic planning process and developed a plan was in 2007. All OBD board members joined the board after 2008 and a new executive director was hired in June 2015.

In order to deliver on its statutory obligations and its mission - to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals - the OBD is challenged to address a rapid and accelerating rate of change. Significant shifts are occurring in dentistry practice, organizational structures, business models and markets. As a result the OBD is experiencing increase in the number of complaints submitted, the technical complexity of cases, and litigation in response to patient complaints and resulting investigations.

The OBD is also experiencing internal change. Its small staff of expert and experienced professional investigators and administrative staff will experience a high degree of attrition due to retirements within the upcoming four years.

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely through regulation but through information, outreach and education. Surveys conducted in 2014 and 2015 indicate an 85% approval rating for the OBD among those returning the surveys; however more remains to be done to ensure that oral healthcare practitioners in Oregon are informed and educated about the Dental Practice Act and the rules and statutes that regulate dentistry in Oregon.

The OBD mission exhorts the agency to ensure high standards and quality of oral health care. However economic forces in general and a widening income-to-cost-of-living gap in Oregon are forcing many to seek lowest-cost dentistry options. Defining “*high quality oral health care*” that is accessible at all income levels while providing clear guidelines for practitioners and for OBD’s investigative staff is a mission-critical challenge. The board was unanimous in adding the word “equitably” to the mission statement, assuring and clarifying that both the public and licensees will be treated fairly in all matters before the board.

This strategic plan outlines the OBD’s approach to exercising its statutory responsibilities while adapting to rapid change. The OBD approaches the challenges outlined in this plan with confidence and commitment to the profession it regulates and the welfare of those receiving dental care in Oregon.



THE OBD MISSION & SWOT ASSESSMENT

The Mission of the Oregon Board of Dentistry

To promote high quality oral health care in the State of Oregon
by equitably regulating dental professionals.

Board of Dentistry Strengths, Weaknesses, Opportunities & Threats

OPPORTUNITIES

- To continue to build trust with stakeholders through transparency, predictability, effective and updated means of communication, due process, and treating all with respect.
- To implement process improvement including conversion from paper to electronic media prior to the upcoming retirements of experienced staff members.
- To train new staff before attrition limits the opportunity for knowledge transfer.
- To advocate for and ultimately to retain the autonomy of OBD and other Oregon regulatory boards.
- To better involve other entities that have an impact on the practice of dentistry.
- To institute continuous learning for board members beginning with on-boarding and continuing throughout their OBD service.

THREATS

- The paradigm shift toward corporate dentistry and managed care creates challenges for regulation of oral health care providers in Oregon.
- Negative perception of the OBD among a small but vocal number of licensees.
- Insufficient flexibility and access to facilitative technologies with the potential to streamline processes and procedures, saving time and cost and offering enhanced decision support.

STRENGTHS

- A high level of support among licensees demonstrated by the results of 2014 & 2015 surveys that show OBD approval rating at 85%.
- A diverse, open, ethical, committed board whose members "*put the patient first.*"
- Staff expertise, work ethic and experience.
- A fair and thorough investigative process that results in well-vetted reports, recommendations and decisions.

WEAKNESSES

- Lack of control over funding.
- Timeliness limited by staffing level.
- Upcoming staff attrition is not yet addressed with a plan.
- Length of time required to bring new board and staff members up-to-speed.

STRATEGIC PRIORITY A

Ensure Patient Safety

The practice of dentistry is increasingly following trends in the market. In the rush to capture emerging demand some practitioners are offering services for which they do not have the requisite training and expertise.

The volume of complaints submitted to OBD is large (approximately 250/year) due to a variety of problems including a recent increase arising from surgical procedures such as dental implants. This trend can be anticipated to grow as the practice of dentistry becomes increasingly competitive and market-driven. This trend is accompanied by an increase in the number of complaints that are litigated, adding time and complexity to investigative and regulatory processes.

Goals

- ➡ Reduce patient risk due to implant complications and failure.
- ➡ Strengthen the approach to sedation safety.

Action Items

Implants

- Convene a stakeholder workgroup.
- Analyze and determine minimum training requirements.
- Adopt education requirements to be completed prior to placement of implants.
- Establish implant rules.

Sedation

- Review and refine OBD's rules for sedation.
- Audit sedation complaints.
- Establish protocols and an overall approach to ensure sedation safety.

STRATEGIC PRIORITY B

Manage Change in the Practice of Dentistry

The growth of national corporate entities providing dentistry services in Oregon has complicated the regulatory landscape and is emerging as a challenge to the standards of patient care upheld in Oregon. Linking complaints to a specific office location or practitioner within a large corporate dentistry provider can be difficult. Response to requests for documents and information from such entities is often slow and complicated, fostering delays in the investigative process.

Goals

- ➡ Enforce the state statute on dental practice ownership.

Action Items

- Explore and if determined feasible take action on facility permitting.
- Communicate the law requiring dental practice ownership to entities wishing to establish dental practices in Oregon.

STRATEGIC PRIORITY C

Manage Case Complexity

The number of complaints received by the OBD is growing at between 3% - 5% per year, collateral with an increase in case complexity due to shifts in the practice of and market for oral health care services. Key contributors to increases in complaints and complexity include the growing demand for surgical procedures such as implants, practitioners performing procedures outside of their skill set, and a trend toward case litigation. These trends are straining the OBD's capacity and impacting the time-to-resolution of investigations.

Goals

- ➡ Reduce time to complete investigations.
- ➡ Reduce backlog.

Action Items

- Establish a toolkit for process improvement and streamlining.
- Enforce the statute regarding timeframe for licensee response to OBD requests.
- Communicate with and educate licensees on OBD's investigative process.

STRATEGIC PRIORITY D
Plan for Attrition

A significant percentage of OBD staff is becoming eligible for retirement. This will result in an exodus of expertise and institutional knowledge. Impacts of unfilled positions or lengthy ramp-up time could include stress on remaining staff, added cost, and delay in processing complaints. OBD is endeavoring in this planning cycle to anticipate attrition in key positions and plan for timely and effective succession.

Goal

➔ Maintain capacity and competency at all levels in the agency.

Action Items

- Plan and implement cross-training.
- Document job duties and standard work practices.
- Establish a succession plan and contingencies.
- Establish training procedures for new board and new staff members.
- Evaluate and enhance board member on-boarding.

STRATEGIC PRIORITY E

Retain OBD Autonomy

A mission-critical concern for the OBD is the trend toward consolidation of Oregon regulatory entities into the auspices of large state bureaucracies. The OBD considers its autonomy to be a key factor in the high confidence placed in it by state policymakers and licensees, its capacity to act both nimbly and equitably, and its ability to attract practitioners with the requisite levels of experience and qualifications to serve as board members.

Goal

➡ Maintain OBD autonomy.

Action Items

- Establish and deploy a strategy for stakeholder outreach.
- Communicate the value of OBD and the principle of regulatory board autonomy.



Oregon Board of Dentistry STRATEGIC PLAN 2017– 2020

OBD MISSION

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

FIVE MISSION-CRITICAL PRIORITIES

A. Ensure Patient Safety

B. Manage Change in Dentistry Practice

C. Manage Case Complexity

D. Plan for Attrition

E. Retain OBD Autonomy

GOALS

- Reduce risks due to implant complications and failure.
- Strengthen the approach to sedation safety.

- Enforce the state statute on dental practice ownership.

- Reduce investigative window.
- Reduce investigative case backlog.

- Maintain capacity & competency at all levels in the agency.

- Retain OBD autonomy.

ACTION AGENDA

Anticipated Milestones for the 2017-2020 Planning Cycle

Implants

- ➔ Convene a stakeholder workgroup.
- ➔ Analyze and determine minimum training requirements.
- ➔ Adopt education requirements to be completed prior to placement of implants.
- ➔ Establish implant rules.

- ➔ Explore and if determined feasible take action on facility permitting.
- ➔ Communicate the law requiring dental practice ownership to entities wishing to establish dental practices in Oregon.

- ➔ Establish a toolkit for process improvement and streamlining.
- ➔ Enforce the statute regarding timeframe for licensee response to OBD requests.
- ➔ Communicate with and educate licensees on OBD's investigative process.

- ➔ Plan and implement cross-training.
- ➔ Document job duties and standard work practices.
- ➔ Establish a succession plan and contingencies.
- ➔ Establish training procedures for new board and staff members.
- ➔ Evaluate and enhance board member on-boarding.

- ➔ Establish and deploy a strategy for stakeholder outreach.
- ➔ Communicate the value of OBD and the principle of regulatory board autonomy.

Sedation

- ➔ Review and refine the OBD's rules for sedation.
- ➔ Audit sedation complaints.
- ➔ Establish protocols and approach for sedation safety.



Oregon Board of Dentistry 2017-2020 Strategic Plan Timeline & Milestones

STRATEGIC PRIORITIES	2016-2017	2017-2018	2018-2019	2019-2020
Ensure Patient Safety				
<u>Implants</u>	<ul style="list-style-type: none"> Stakeholder workgroup convened. 	<ul style="list-style-type: none"> Minimum training requirements analyzed and determined. 	<ul style="list-style-type: none"> Rules and education requirements in place. 	GOAL: Reduced risk of implant complications/failure.
<u>Sedation</u>	<ul style="list-style-type: none"> Rules for sedation reviewed and refined. Sedation complaints audited. Protocols and plan for safety & compliance established. 	<ul style="list-style-type: none"> Audit results reviewed. Report drafted by staff re "State of Dental Sedation in OR". 	<ul style="list-style-type: none"> Sedation safety investigations conducted. 	GOAL: Approach to sedation safety strengthened.
Manage Change in Dentistry Practice	<ul style="list-style-type: none"> Concept of facility permitting investigated. State law pertaining to local ownership of dental practices communicated to entities seeking to establish practices in Oregon. 	<ul style="list-style-type: none"> Facilities permitting, if feasible, planned and implemented. Ongoing communication about state law re practices in Oregon. 	<ul style="list-style-type: none"> Plan deployed. Ongoing communication about state law re practices in Oregon. 	GOAL: State statute on dental practice ownership enforced.
Manage Case Complexity	<ul style="list-style-type: none"> Toolkit for process improvement & streamlining established. State statute requiring licensee response to request within specific timeframe enforced. Communication and education for licensees on OBD's investigative process initiated. 	<ul style="list-style-type: none"> Toolkit in use. State statute enforced. Communication and education on investigative process deployed. 	<ul style="list-style-type: none"> Toolkit in use. State statute enforced. Communication and education on investigative process deployed. 	GOAL: Reduce investigative window. GOAL: Investigative case backlog reduced.
Plan for Attrition	<ul style="list-style-type: none"> Cross-training implemented. Job duties and standard work practices documented. Succession plan and contingencies established. Training for staff and board, and board member on-boarding evaluated & enhanced. 	<ul style="list-style-type: none"> Training and succession strategies deployed. 	<ul style="list-style-type: none"> Training and succession strategies deployed. 	GOAL: OBD capacity and competency maintained at all levels.

Retain OBD Autonomy	• Strategic Outreach Plan established.	• <i>Outreach Plan deployed.</i>	• <i>Outreach Plan deployed.</i>	GOAL: OBD autonomy maintained.
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April 2016 Board Members



*Julie Ann Smith, D.D.S.,
M.D., M.C.R. - President*



*Todd Beck, D.M.D. -
Vice President*



*Alton Harvey Sr. -
Immediate Past President*



James Morris



Yadira Martinez, R.D.H.



Jonna Hongo, D.M.D.



Brandon Schwindt, D.M.D.



Amy Fine, D.M.D.



Gary Underhill, D.M.D.



Alicia Riedman, R.D.H.

April 2016 – Board Staff



*Stephen Prisby –
Executive Director*



*Paul Kleinstub, D.D.S., M.S.,
Dental Director/Chief
Investigator*



*Teresa Haynes – Licensing
Manager*



Daryll Ross - Investigator



*Harvey Wayson –
Investigator*



*Ingrid Nye – Office
Specialist*



*Lori Lindley - Sr. Assistant
Attorney General*



Proposal Request

April 30, 2021

To: Business and Strategic Planning Facilitation– Service Categories A

Pivotal / PA# DASPS-3123-19

Proposal Request: Business and Strategic Planning Facilitation

The Oregon Board of Dentistry (OBD) requires the services of a professional Facilitator with a background in the healthcare field to assist in updating the Board's strategic plan and key performance measures. The current strategic plan and key performance measures can be viewed by visiting:

<https://www.oregon.gov/dentistry/Documents/OBD%20Strategic%20Plan%202017-2020.pdf>

The Oregon Board of Dentistry ("Agency") intends to award one contract not to exceed \$10,000 to the company best able to provide the services requested. All Proposers must submit a proposal as described below and be registered to do business in Oregon. Additional materials may be submitted with Proposal but may not exceed 15 pages.

Proposals will be evaluated as described below.

The Board reserves the right to schedule interviews either in person or via electronic platform, with the top 3 candidates should it be deemed necessary. Interviews will be held during normal business hours, without exception, Monday – Friday 8am-5pm.

Time period for this award is from the date executed through June 30, 2022. The contract term may not be extended without consent from the Department of Administrative Services, Procurement Services (DAS PS) as stated in Exhibit C: Service Order Process. All rates quoted will be in effect for the entire contract period. Contractor will provide any equipment necessary to perform the services needed. A list of audio-visual and other equipment available from the Board for onsite meetings will be communicated to successful Proposer.

Attached to this Proposal Request is a draft Statement of Work for your consideration.

Proposals may be submitted via email to **Nathan.ramos@oregon.gov** in a Microsoft 2016 compatible or searchable PDF format. Include Proposal point of contact including first and last name, telephone number, fax number, physical office address, mailing address (if different than physical address), and email address.

Due Date: Firms interested in this opportunity must submit their proposals by **May 21, 2021 @ 5:00 PM PT**

Schedule of Events:

Event	Date	Time
Opportunity Notice Issued	April 30, 2021	--
Acknowledgment of Addenda	As Applicable	Respond Within One (1) Business Day Upon Receipt
Due Date for Questions/Clarifications	May 12, 2021	5:00 PM PT
Closing (Due Date and Time to submit Proposals)	May 21, 2021	5:00 PM PT
Contractor Interviews	TBD	TBD
Bid Validity	On or Before June 18, 2021	--

Questions and Clarifications Requests:

Questions and requests for clarifications must be submitted via email to **Nathan.ramos@oregon.gov by 5:00 PM PT on May 21, 2021**. Official answers and clarification will be provided in writing, via email to all solicited Organizational Improvement Services Contractors. Any oral communications will be considered unofficial and non-binding.

Proposal Content Requirements:

Proposals must include the following:

1. A cover letter, providing:
 - a. Identification of the Bidder, including business name, address, and telephone number.
 - b. Point of contact including first and last name, telephone number, fax number, physical office address, mailing address (if different than physical address), and email address.
 - c. Acknowledgment of any reviewed procurement addenda, when applicable.
 - d. A statement that the bid shall remain valid for a period of not fewer than 60 Business Days from bid due date.
 - e. Identification of any Certified Disadvantaged Business Outreach Plan certifications, if applicable.
 - f. Identification of any information contained in the bid which the Bidder deems to be confidential or proprietary and wishes to be withheld from

disclosure. A blanket statement that all contents of the bid are confidential or proprietary will not be honored by the Oregon Board of Dentistry.

- g. Original signature of a person authorized to bind the Offeror to the terms of the bid.
2. A detailed narrative describing your firm's approach to the Project and accomplishing the tasks and deliverables.
3. A tentative project schedule that at a minimum includes the following:
 - a. Deliverable due dates;
 - b. Estimated number of hours to complete each deliverable required by the Statement of Work, and for those identified by Proposer, for each Key Person identified in #5 below; and
 - c. Total estimated cost to complete all deliverables, including itemized travel and other expense reimbursements.
4. A detailed narrative describing the experience, skills and knowledge your firm has, including subcontractors if used, as it relates to the OBD's business and operating environment.
5. A list of each of the Key Persons and any subcontractors to be assigned to this project on provided Exhibit C. The list must at a minimum include the following information:
 - a. One (1) page resume of each Key Person and subcontractors background, experience, expertise and training related to the specific work being requested;
 - b. Specific roles and responsibilities of each Key Person and sub-contractor; and
 - c. Each Key Person and sub-contractor hourly rate, as per Exhibit H of the Master Agreement #DASPS-3123-19.

NOTE: If the execution of the work to be performed requires the hiring of sub-contractors, it must be clearly stated in the proposal submitted. Sub-contractors must be identified and the work they will perform must be defined. Contractor shall also complete and submit with their proposal Exhibit B, Subcontractor sheet, to this Proposal Request.

6. A statement of confirmation your firm has the ability to dedicate the staff listed above in #5 to this project within the specified timeframes.
7. A detailed narrative describing your organization. Narrative should include:
 - a. Date founded;
 - b. Number of locations/offices;
 - c. Number of employees;
 - d. Days and hours of operation;
 - e. Oregon business registration number;
 - f. Tax ID;
 - g. Disclose any conditions such as bankruptcy or financial problems, pending litigation, planned office closures, and planned mergers (if any); and
 - h. Any other pertinent information.

8. A detailed narrative describing up to two (2) previous projects completed, preferably for Oregon State agencies or government entities, within the last three (3) years, and for which the proposed Key Persons (#5 above) provided similar services to those described in the Statement of Work. Information provided must at a minimum include the following:
 - a. Client name, telephone number and address;
 - b. Contact name (project manager), telephone number and email address;
 - c. Description of services provided;
 - d. Dates services were provided; and
 - e. Staff assigned to the project, their project roles and work performed for the referenced project.
9. Contractor shall submit for each Key Person (sub-contractors included, if used) a minimum of one reference for each of the previous projects completed described above in #8. Contractor shall submit references on the provided Exhibit A to this Proposal Request.

Opportunity Notice Best Value Analysis (BVA):

Proposals received on or before the due date and time, will be reviewed by Agency. The firm offering the best value to the state will be selected based, in part, on the following criteria;

- a. Demonstrated skill, experience and knowledge relevant to the services being requested; (30 Points Possible, or 30% of total points)
- b. Proposed approach to the services being requested; (10 Points Possible, or 10% of total points)
- c. Proposed cost; (15 Points Possible, or 15% of total points)
- d. Availability and resource capacity; (15 Points Possible, or 15% of total points)
- e. Certified firm (Certified Disadvantaged Business Outreach Plan)) or sub-contracts with a Certified Disadvantaged Business Outreach Plan firm; and (10 Points Possible, or 10% of total points)
- f. References; (20 Points Possible, or 20% of total points)

Agency reserves the right to include Contractor interviews either in person or electronically as part of the BVA process. If Agency elects to conduct Contractor interviews, the top 3 Contractors with the highest first round evaluation scores will be included in the Contractor interviews. Contractors will be advised of the address, date and time. Onsite interview will be conducted in Portland, Oregon at a location to be determined by Agency. Contractors within a 60 mile radius of Portland, Oregon will be required to attend interviews in person. Contractors outside of a 60 mile radius of Portland, Oregon will be able to participate in interviews via teleconference.

Sincerely,

Stephen Prisby

Stephen Prisby, Contracts Coordinator
Oregon Board of Dentistry

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Organization Improvement Services WOC **Draft Statement of Work**

I. Agency Background Information

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. The Board licenses Dentists and Registered Dental Hygienists.

In addition to its licensing functions, the Board conducts investigations, imposes disciplinary action, and supports rehabilitation, education, and research to further its legislative mandate to protect the citizens of Oregon.

II. Project Description

The Oregon Board of Dentistry (The Board) requires the services of a professional Facilitator with a background in the healthcare field to assist in updating the Board's strategic plan and key performance measures. The current strategic plan and key performance measures can be viewed by visiting <https://www.oregon.gov/dentistry/Documents/OBD%20Strategic%20Plan%202017-2020.pdf>

III. Tasks and Deliverables

The following tasks and deliverables shall be completed by Contractor:

- 1) Contractor shall review the current OBD strategic plan, survey results, relevant Board documents, past strategic plans and Key Performance Measures.
- 2) Contractor shall seek high level input from agency Board members and staff for suggested improvements and areas of focus within a revised strategic plan as well as indicators of agency performance. Potential mechanisms for feedback may include electronic surveys and small group meetings.
- 3) Contractor shall review strategic plans and performance indicators of similar organizations including other state licensing boards and medical boards throughout the country. Contractor should then create a comprehensive summary of how the OBD's plan and performance indicators compare to its sibling organizations and provide summary to the Executive Director, or designee, prior to the onsite meeting with the management team. Summary should include a list of recommended areas of focus for the onsite meeting.
- 4) Based on Executive Director, or designee, feedback on review summary and recommendations, Contractor will prepare a list of prompts for the onsite management team discussion.
- 5) Contractor shall work with the OBD Office Manager on scheduling the onsite meeting with the OBD management team.

- 6) Contractor shall facilitate a one (1) day onsite meeting with the OBD management team. Audio Visual and other equipment and supplies to be provided by the OBD. Necessary presentation documents or handouts shall be provided by Contractor. OBD may print and distribute documents or handouts when requested and provided by Contractor in advance.
- 7) Within one (1) week of onsite meeting completion, Contractor shall synthesize feedback from the management team and send to Executive Director, or designee, for approval.
- 8) Once synthesized feedback is approved, Contractor shall draft an updated strategic plan document and formal recommendation for Key Performance Measure modifications. Draft of the strategic plan and Key Performance Measure recommendations are due three (3) weeks after approval is provided.
- 9) Contractor shall provide additional drafts as needed and attend additional follow up conference calls when applicable and mutually agreed upon.

Contractor may provide other related professional, consultant, or other services as requested by the Board's Executive Director or designee.

IV. Deliverable Schedule

To Be Determined

V. Cost

To Be Determined

Exhibit A
Key Person Reference Form

Key Person:

Proposer Reference #1

Firm Name: _____

Address: _____

City, State &
Zip: _____

Contact person: _____

Title: _____

Phone: _____

Email: _____

Proposer Reference #2

Firm Name: _____

Address: _____

City, State &
Zip: _____

Contact person: _____

Title: _____

Phone: _____

Email: _____

Proposer Reference #3

Firm Name: _____

Address: _____

City, State &
Zip: _____

Contact person: _____

Title: _____

Phone: _____

Email: _____

Exhibit B
Joint Venture/ Partnership/ Subcontractor Sheet

Will you be using a Joint Venture / Partnership to perform work, as identified in the RFP and Attachment A, Section 1:

☐ Yes I will; ☐ No I will NOT

PROPOSER MUST MARK ONE OF THE BOXES ABOVE.

Will you be using subcontractors to perform work, as identified in the RFP and Attachment A, Section 1 (Note: this will make you the PRIME contractor):

☐ Yes I will; ☐ No I will NOT

PROPOSER MUST MARK ONE OF THE BOXES ABOVE.

Submit the information below for each partner, joint venture, or sub-contractor.

Note to Proposers: More sheets may be created by cutting, pasting and re-numbering the below sections as needed.

#1: ☐ Joint Venture ☐ Partnership ☐ Subcontractor

FIRM NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

POSITION TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

#2 ☐ Joint Venture ☐ Partnership ☐ Subcontractor

FIRM NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

POSITION TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

Exhibit C
Key Persons

Contractor's Key Person #1	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #2	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #3	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #4	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #5	
Name:	
Title/Role:	
Phone:	
Email:	

Contractor's Key Person #6	
Name:	
Title/Role:	
Phone:	
Email:	

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT

June 18, 2021

Board Member & Staff Updates

We are pleased to introduce our newest Board Member, reappointments to the Board and Staff Member.

The Senate voted and officially confirmed Dr. Sheena Kansal to the Oregon Board of Dentistry. Her term began April 19, 2021 and ends March 31, 2025. OBD Staff welcomed her with new Board Member orientation on May 7, 2021.

Dr. Sheena Kalia Kansal is a pediatric dentist and an owner of Hollywood Children's Dentistry located in northeast Portland. She completed her undergraduate studies and Doctor of Dental Surgery (DDS) in Alberta, Canada. She practiced general dentistry for six years in Canada before relocating to Portland and completing a two-year specialty program in Pediatric Dentistry at OHSU in 2008. She has been practicing dentistry for over 20 years and is, currently, serving communities in Portland and surrounding areas.

The Senate voted and officially confirmed Chip Dunn to another term on the Oregon Board of Dentistry. His next term began April 1, 2021 and ends March 31, 2025.

The Senate also voted and officially confirmed Alicia Riedman, RDH to another term of service on the Oregon Board of Dentistry. Her next term began April 1, 2021 and ends March 31, 2024. Note it is not a four-year term, since statute dictates that no more than three board members' terms can be scheduled to end in any given year.

Dr. Angela Smorra is the OBD's new Dental Investigator. Her hire date was May 1, 2021. Dr. Smorra completed her undergraduate training at University of Arizona and then moved to Oregon to attend OHSU School of Dentistry. She comes to the OBD with 15 years of general dentistry practice in a public health setting at a local FQHC. She completed a GPR residency at the Portland VA Hospital, has served as a volunteer adjunct faculty member with the OHSU Department of Community Dentistry since 2008, and loved working as a preceptor for OHSU dental students during their external rotations. Angela has always been passionate about providing care to the underserved and those with limited access to care. She is looking forward to her next career chapter with the Oregon Board of Dentistry and serving the state of Oregon. Angela enjoys spending time outdoors with her husband, performing chemistry experiments with her son, and walking her Australian shepherd.

In early April, agency directors were asked to nominate employees for a special acknowledgement as part of Public Service Recognition Week, May 2 - 8, 2021. I nominated Haley Robinson, OBD Office Manager, as someone who is a true Ambassador of Public Service and who has persevered in the face of adversity and exemplified resilience in service to Oregon this past year.

As part of the acknowledgement of Haley's positive impact on our agency and the citizens of Oregon, she was invited to attend a reception with Governor Brown on a Zoom call, on May 6, 2021. This event was a celebration with other honored state employees, and an opportunity to interact with the Governor.

I will also recognize Haley for her five-year work anniversary with the OBD which is on June 20, 2021.

OBD Budget Status Report

Attached is the budget report for the 2019 - 2021 Biennium. This report, which is from July 1, 2019 through April 30, 2021, shows revenue of \$3,619,541.34 and expenditures of \$2,963,508.72. The current budget biennium ends June 30, 2021 and the budget is tracking exceptionally well with spending and revenues in line with our expectations even with the pandemic. The OBD is being represented by DAS in negotiating terms for the lease of OBD office suite #700 in our current location. The current lease expires on July 31, 2021. **Attachment #1**

FY 2020 Gold Star Certificate & Criteria

The State Controller's Office has once again issued the OBD a Gold Star Certificate signifying that the OBD has provided accurate and complete fiscal year end information for FY 2020 in a timely manner. **Attachment #2**

OBD 2021-2023 Budget Status Update

The OBD's Budget Bill – SB 5511 has made its way through the legislative process and was awaiting the Governor's approval at the time of this report. **Attachment #3**

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2020 through May 31, 2021. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #4**

Board and Staff Speaking Engagements

I gave a "Board Updates" virtual presentation to third year dental students at the OHSU School of Dentistry in Portland on Tuesday, April 13, 2021.

Dr. Bernie Carter gave a "Board Enforcement & what you need to know to stay out of trouble" virtual presentation to third year dental students at the OHSU School of Dentistry in Portland on Tuesday, April 20, 2021.

Ingrid Nye gave a License Application virtual presentation to the graduating Dental Hygiene Students at Lane Community College in Eugene on Monday, May 3, 2021.

Ingrid Nye gave a License Application virtual presentation to the graduating Dental Hygiene Students at Mt. Hood Community College in Gresham on Monday, May 17, 2021.

Ingrid Nye gave a License Application virtual presentation to the graduating Dental Hygiene Students at Pacific University in Hillsboro on Wednesday, June 9, 2021.

2021 Legislative Session

I attached a bill tracker report of legislation I was tracking on behalf of the OBD and will have an update on select bills at this meeting. **Attachment #5**

Memo - Delegated Duties for Executive Director & Staff

Every June the new President of the OBD takes the gavel for the first regular Board meeting after being voted President at the April Board Meeting for a 1-year term of office. Every June I submit to the Board for reauthorization, this memo outlining delegated duties to me as executive director and OBD staff along with my job description. **Attachment #6 ACTION REQUESTED**

OBD Bylaws

The OBD Bylaws were adopted in 2018 and are included for review and possible discussion.

Attachment #7

AADA & AADB Annual Meetings

The AADA and AADB will hold in person meetings this fall in San Antonio, Texas. This is welcome news and the Board has resources to send President Alicia Riedman, Dr. Jose Javier and Lori Lindley to the AADB Meeting. I currently serve as President-Elect of the AADA. I ask that the Board approve my attendance at both meetings. **Attachment #8 ACTION REQUESTED**

2022 OBD Meeting Dates & Calendar

The Board adopted the 2022 OBD Board Meeting dates at the April 16, 2021 Board Meeting.

Attachment #9

Appn Year 2021
BOARD OF DENTISTRY
Fund 3400 BOARD OF DENTISTRY
For the Month of APRIL 2021

REVENUES

Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
0505	FINES AND FORFEITS	408,212.52	3,000.00	411,212.52	200,000.00	-211,212.52
0205	OTHER BUSINESS LICENSES	3,048,870.00	58,950.00	3,107,820.00	3,270,001.00	162,181.00
0975	OTHER REVENUE	13,618.06	450.00	14,068.06	49,999.00	35,930.94
0605	INTEREST AND INVESTMENTS	46,567.53	935.23	47,502.76	20,000.00	-27,502.76
0210	OTHER NONBUSINESS LICENSES AND FEES	13,250.00	600.00	13,850.00	10,000.00	-3,850.00
0410	CHARGES FOR SERVICES	24,874.50	213.50	25,088.00	20,000.00	-5,088.00
		3,555,392.61	64,148.73	3,619,541.34	3,570,000.00	-49,541.34

TRANSFER OUT

Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
2443	TRANSFER OUT TO OREGON HEALTH AUTHORIT'	124,565.00	0.00	124,565.00	226,800.00	102,235.00
		124,565.00	0.00	124,565.00	226,800.00	102,235.00

PERSONAL SERVICES

Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
3210	ERB ASSESSMENT	318.24	11.70	329.94	427.00	97.06
3260	MASS TRANSIT	6,756.33	242.79	6,999.12	8,250.00	1,250.88
3270	FLEXIBLE BENEFITS	178,703.52	6,874.23	185,577.75	281,472.00	95,894.25
3110	CLASS/UNCLASS SALARY & PER DIEM	1,151,970.05	44,602.48	1,196,572.53	1,312,557.00	115,984.47
3250	WORKERS' COMPENSATION ASSESSMENT	274.51	10.17	284.68	464.00	179.32
3240	UNEMPLOYMENT ASSESSMENT	16.24	0.00	16.24	0.00	-16.24
3230	SOCIAL SECURITY TAX	88,614.26	3,433.90	92,048.16	105,198.00	13,149.84
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	170,134.49	6,728.58	176,863.07	207,191.00	30,327.93
3221	PENSION BOND CONTRIBUTION	59,677.11	2,266.35	61,943.46	73,260.00	11,316.54
3190	ALL OTHER DIFFERENTIAL	15,334.18	151.65	15,485.83	38,194.00	22,708.17
3180	SHIFT DIFFERENTIAL	8.00	0.00	8.00	0.00	-8.00
3170	OVERTIME PAYMENTS	1,616.36	246.49	1,862.85	6,136.00	4,273.15
3160	TEMPORARY APPOINTMENTS	0.00	0.00	0.00	4,219.00	4,219.00
		1,673,423.29	64,568.34	1,737,991.63	2,037,368.00	299,376.37

SERVICES and SUPPLIES

Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	0.00	5,836.00	5,836.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	31,369.29	1,059.25	32,428.54	134,566.00	102,137.46
4475	FACILITIES MAINTENANCE	0.00	0.00	0.00	583.00	583.00

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
4425	FACILITIES RENT & TAXES	154,369.09	7,496.16	161,865.25	179,097.00	17,231.75
4650	OTHER SERVICES AND SUPPLIES	88,239.73	2,737.07	90,976.80	97,999.00	7,022.20
4225	STATE GOVERNMENT SERVICE CHARGES	160,811.12	1,056.98	161,868.10	161,339.00	-529.10
4325	ATTORNEY GENERAL LEGAL FEES	199,821.81	0.00	199,821.81	271,973.00	72,151.19
4300	PROFESSIONAL SERVICES	274,059.59	6,075.00	280,134.59	255,911.00	-24,223.59
4315	IT PROFESSIONAL SERVICES	10,500.00	0.00	10,500.00	140,031.00	129,531.00
4200	TELECOMM/TECH SVC AND SUPPLIES	23,219.69	629.45	23,849.14	24,925.00	1,075.86
4715	IT EXPENDABLE PROPERTY	12,754.70	22,199.00	34,953.70	23,482.00	-11,471.70
4150	EMPLOYEE TRAINING	19,934.79	0.00	19,934.79	54,223.00	34,288.21
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	0.00	705.00	705.00
4275	PUBLICITY & PUBLICATIONS	4,043.48	101.65	4,145.13	14,855.00	10,709.87
4250	DATA PROCESSING	76,218.42	40.00	76,258.42	68,458.00	-7,800.42
4400	DUES AND SUBSCRIPTIONS	10,017.56	0.00	10,017.56	7,126.00	-2,891.56
4175	OFFICE EXPENSES	38,685.00	254.69	38,939.69	91,230.00	52,290.31
4125	OUT-OF-STATE TRAVEL	0.00	0.00	0.00	7,563.00	7,563.00
4100	INSTATE TRAVEL	17,772.47	2,081.10	19,853.57	50,784.00	30,930.43
		1,121,816.74	43,730.35	1,165,547.09	1,590,686.00	425,138.91

CAPITAL OUTLAY

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
5550	DATA PROCESSING SOFTWARE	59,970.00	0.00	59,970.00	0.00	-59,970.00
		59,970.00	0.00	59,970.00	0.00	-59,970.00

3400		
	Monthly Activity	Biennium Activity
REVENUES		
REVENUE	64,148.73	3,619,541.34
Total	64,148.73	3,619,541.34
EXPENDITURES		
PERSONAL SERVICES	64,568.34	1,737,991.63
SERVICES AND SUPPLIES	43,730.35	1,165,547.09
CAPITAL OUTLAY	0	59,970
Total	108,298.69	2,963,508.72
TRANSFER OUT		
TRANSFER OUT	0	124,565
Total	0	124,565



Chief Financial Office's Gold Star Certificate



Awarded to

Oregon Board of Dentistry

*For Achieving Statewide Accounting Goals
and Excellence in Financial Reporting
Fiscal Year Ended June 30, 2020*

George Naughton, Chief Financial Officer

March 10, 2021

Date

State of Oregon

*Department of Administrative Services
Chief Financial Office*

Robert W. Hamilton, SARS Manager

AGENCY GOLD STAR CRITERIA**FISCAL YEAR: 2020**

Criteria	Due Date	Date written exception was granted by SARS
Record FY 2019 post-closing entries in R*STARS no later than the close of March.	4/17/2020	
Verify funding techniques and clearance patterns to SARS for US Treasury-State Agreement as required by the CMIA.	4/20/2020	
Attend FY 2020 Year-end Training	TBD	
Close of Month 13: Last day for agencies to record year-end closing adjustments. All necessary accounting entries are to be completed correctly, unless written pre-approval for a post-close entry is received from SARS.	8/14/2020	
Complete and transmit to SARS the General Disclosures, Long-Term Debt Disclosures, and Agency Certification of Accuracy and Completeness.	8/21/2020	
Complete and transmit to SARS the Schedule of Expenditures of Federal Awards (including subrecipient pass-through information), SEFA Disclosures, and Agency Certification of Accuracy and Completeness.	8/21/2020	
All disclosure forms completed correctly.	8/21/2020	
Report FFP Rate to SARS for the SWCAP.	8/28/2020	
Agencies that prepare their own separate, audited financial statements submit a first draft to SARS.	9/15/2020	
Submit to SARS the A-87 reconciliation packet and agency financial statements for the SWCAP	11/6/2020	
DPCUs submit audited F/S and eliminating information to SARS	11/16/2020	
Report CMIA exceptions and interest calculations to SARS.	12/1/2020	
No material audit adjustments made to agency accounting records.	12/31/2020	

All criteria are subject to agency applicability.

To earn the Gold Star, the agency must complete or meet **all** applicable Gold Star requirements.

Legislative Fiscal Office

Oregon State Capitol
900 Court Street NE, H-178
Salem, OR 97301
503-986-1828



Joint Committee on Ways and Means

Sen. Betsy Johnson, Senate Co-Chair
Sen. Elizabeth Steiner Hayward, Senate Co-Chair
Rep. Dan Rayfield, House Co-Chair

Sen. Fred Girod, Senate Co-Vice Chair
Rep. David Gomberg, House Co-Vice Chair
Rep. Greg Smith, House Co-Vice Chair

Laurie Byerly, Interim Legislative Fiscal Officer
Amanda Beitel, Deputy Legislative Fiscal Officer (Budget)
Paul Siebert, Deputy Legislative Fiscal Officer (Audit/IT)

To: Education Subcommittee

From: Haylee Morse-Miller, Legislative Fiscal Office

Date: April 16, 2021

Subject: SB 5511 – Oregon Board of Dentistry
Work Session Recommendations

Oregon Board of Dentistry – Agency Totals

	2017-19 Actual	2019-21 Legislatively Approved	2021-23 Current Service Level	2021-23 LFO Recommended
Other Funds	3,013,093	3,628,054	3,711,985	3,791,758
Total Funds	3,013,093	3,628,054	3,711,985	3,791,758
Positions	8	8	8	8
FTE	8.00	8.00	8.00	8.00

The 2021-23 recommended budget for the Oregon Board of Dentistry is \$3,791,758 Other Funds and eight positions (8.00 FTE). The recommended budget is projected to leave the board with an ending balance equivalent to approximately 5.5 months of operating funds.

Attached are recommendations from the Legislative Fiscal Office for the Oregon Board of Dentistry. The recommendations include Policy Option Package 100: OBD Database and Data Processing System, which increases expenditure limitation for the agency to implement a new database.

Adjustments to Current Service Level

See attached “Work Session Presentation Report.”

Note: Statewide adjustments and six-year capital construction expenditures are not included in these recommendations. Any needed adjustments will be made in end of session bills.

Performance Measures

See attached “Legislatively Proposed 2021-23 Key Performance Measures.”

Recommended Changes

LFO recommends a budget of \$3,791,758 Other Funds and 8 positions (8.00 FTE), which is reflected in the - 1 amendment.

Final Subcommittee Action

LFO recommends that SB 5511, as amended by the - 1 amendment, be moved to the Ways and Means Full Committee.

Carriers

Full Committee: _____

House Floor: _____

Senate Floor: _____

LFO102 - Work Session Presentation Report
2021-23 Biennium

Version: L - 01 - LFO Analyst Recommended

Cross Reference: 83400-000-00-00-00000

Oregon Board of Dentistry

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
2019-21 Agy. Leg. Adopted	-	-	3,535,260	-	-	-	3,535,260	8	8.00
2019-21 Ebds, SS & Admin Act	-	-	92,794	-	-	-	92,794	-	-
Ways & Means Actions	-	-	-	-	-	-	-	-	-
2019-21 Leg Approved Budget	-	-	3,628,054	-	-	-	3,628,054	8	8.00
2019-21 Leg Approved Budget (Base)	-	-	3,535,260	-	-	-	3,535,260	8	8.00
Summary of Base Adjustments	-	-	120,248	-	-	-	120,248	-	-
2021-23 Base Budget	-	-	3,655,508	-	-	-	3,655,508	8	8.00
010: Non-PICS Pers Svc/Vacancy Factor	-	-	32,559	-	-	-	32,559	-	-
030: Inflation & Price List Adjustments	-	-	23,918	-	-	-	23,918	-	-
2021-23 Current Service Level	-	-	3,711,985	-	-	-	3,711,985	8	8.00
Adjusted 2021-23 Current Service Level	-	-	3,711,985	-	-	-	3,711,985	8	8.00
Total LFO Recommended Packages	-	-	79,773	-	-	-	79,773	-	-
2021-23 Legislative Actions	-	-	3,791,758	-	-	-	3,791,758	8	8.00
Net change from 2019-21 Leg Approved Budget	-	-	163,704	-	-	-	163,704	-	-
Percent change from 2019-21 Leg Approved Budget	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%
Net change from 2021-23 Adj Current Service Level	-	-	79,773	-	-	-	79,773	-	-
Percent change from 2021-23 Adj Current Service Level	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%

LFO102 - Work Session Presentation Report
2021-23 Biennium

Version: L - 01 - LFO Analyst Recommended

Cross Reference: 83400-001-00-00-00000

Board of Dentistry

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
2019-21 Agy. Leg. Adopted	-	-	3,535,260	-	-	-	3,535,260	8	8.00
2019-21 Ebds, SS & Admin Act	-	-	92,794	-	-	-	92,794	-	-
Ways & Means Actions	-	-	-	-	-	-	-	-	-
2019-21 Leg Approved Budget	-	-	3,628,054	-	-	-	3,628,054	8	8.00
2019-21 Leg Approved Budget (Base)	-	-	3,535,260	-	-	-	3,535,260	8	8.00
Summary of Base Adjustments	-	-	120,248	-	-	-	120,248	-	-
2021-23 Base Budget	-	-	3,655,508	-	-	-	3,655,508	8	8.00
010: Non-PICS Pers Svc/Vacancy Factor	-	-	32,559	-	-	-	32,559	-	-
030: Inflation & Price List Adjustments	-	-	23,918	-	-	-	23,918	-	-
2021-23 Current Service Level	-	-	3,711,985	-	-	-	3,711,985	8	8.00
Adjusted 2021-23 Current Service Level	-	-	3,711,985	-	-	-	3,711,985	8	8.00
Total LFO Recommended Packages	-	-	79,773	-	-	-	79,773	-	-
2021-23 Legislative Actions	-	-	3,791,758	-	-	-	3,791,758	8	8.00
Net change from 2019-21 Leg Approved Budget	-	-	163,704	-	-	-	163,704	-	-
Percent change from 2019-21 Leg Approved Budget	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%
Net change from 2021-23 Adj Current Service Level	-	-	79,773	-	-	-	79,773	-	-
Percent change from 2021-23 Adj Current Service Level	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%

LFO102 - Work Session Presentation Report
2021-23 Biennium

Version: L - 01 - LFO Analyst Recommended

Cross Reference: 83400-001-00-00-00000

Board of Dentistry

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
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Package 099 Microsoft 365 Consolidation

Package Description Microsoft 365 Consolidation: Microsoft 365 is being consolidated within the Office of the State Information Officer at the E5 level of service. This cost is built into the State Government Service Charge for every agency as a cost increase for the 21-23 biennium. This package makes a corresponding reduction to the agency base budget in an amount equivalent to what agencies should be paying in the current 2019-21 biennium for Microsoft 365 at the E3 level of service.

LFO Recommendation

LFO Recommended

Revenues	-	-	-	-	-	-	-	-	-
Expenditures	-	-	(5,643)	-	-	-	(5,643)	-	-

LFO102 - Work Session Presentation Report
2021-23 Biennium

Version: L - 01 - LFO Analyst Recommended

Cross Reference: 83400-001-00-00-00000

Board of Dentistry

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
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Package 100 OBD Database and Data Processing System

Package Description This package seeks to implement a new database, and align critical IT within the state data center.

LFO Recommendation**LFO Recommended**

Revenues	-	-	-	-	-	-	-	-	-
Expenditures	-	-	85,416	-	-	-	85,416	-	-

Legislatively Proposed 2021 - 2023 Key Performance Measures

Published: 4/16/2021 12:49:16 PM

Agency: Dentistry, Board of

Mission Statement:

To promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.

Legislatively Proposed KPMs	Metrics	Agency Request	Last Reported Result	Target 2022	Target 2023
1. Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.		Approved	100%	100%	100%
2. Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.		Approved	8	7.50	7.50
3. Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.		Approved	7	7	7
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.	Accuracy	Approved	74%	85%	85%
	Timeliness		75%	85%	85%
	Overall		78%	85%	85%
	Availability of Information		80%	85%	85%
	Helpfulness		76%	85%	85%
	Expertise		76%	85%	85%
5. Board Best Practices - Percent of total best practices met by the Board.		Approved	100%	100%	100%

LFO Recommendation:

The Legislative Fiscal Office recommends that the targets for KPM #4 should be reduced from 90% to 85%. These targets were erroneously increased during the 2019 Legislative Session.

SubCommittee Action:

SB 5511-1
(LC 9511)
4/16/21 (DFY/ps)

Requested by JOINT COMMITTEE ON WAYS AND MEANS

**PROPOSED AMENDMENTS TO
SENATE BILL 5511**

1 In line 6 of the printed bill, delete “\$3,658,308” and insert “\$3,791,758”.

2 _____

A-Engrossed Senate Bill 5511

Ordered by the Senate May 10
Including Senate Amendments dated May 10

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Oregon Department of Administrative Services)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.

Declares emergency, effective July 1, 2021.

A BILL FOR AN ACT

Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.

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

SECTION 1. Notwithstanding any other law limiting expenditures, the amount of \$3,791,758 is established for the biennium beginning July 1, 2021, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Board of Dentistry.

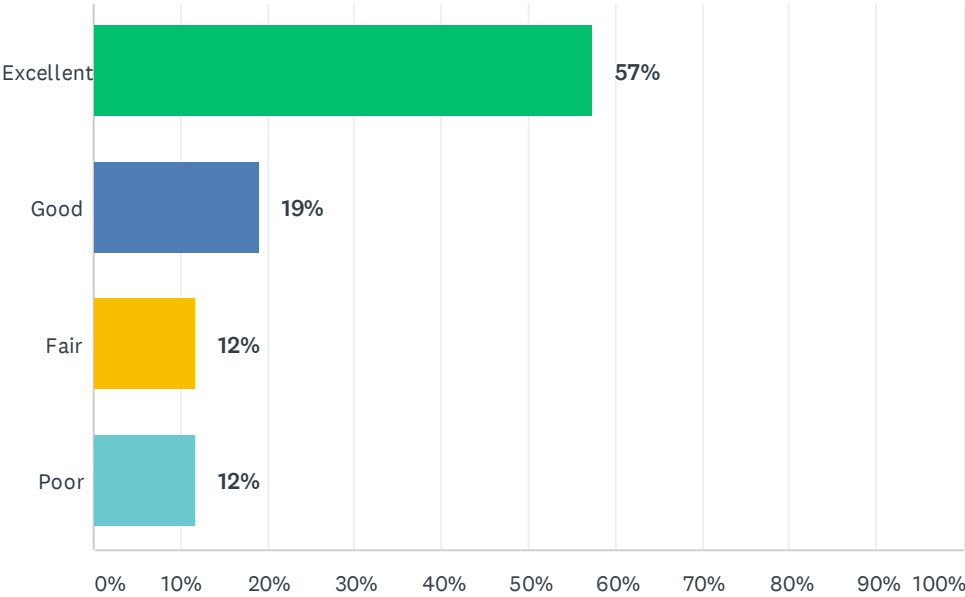
SECTION 2. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect July 1, 2021.

Note: For budget, see 2021-2023 Biennial Budget

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

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

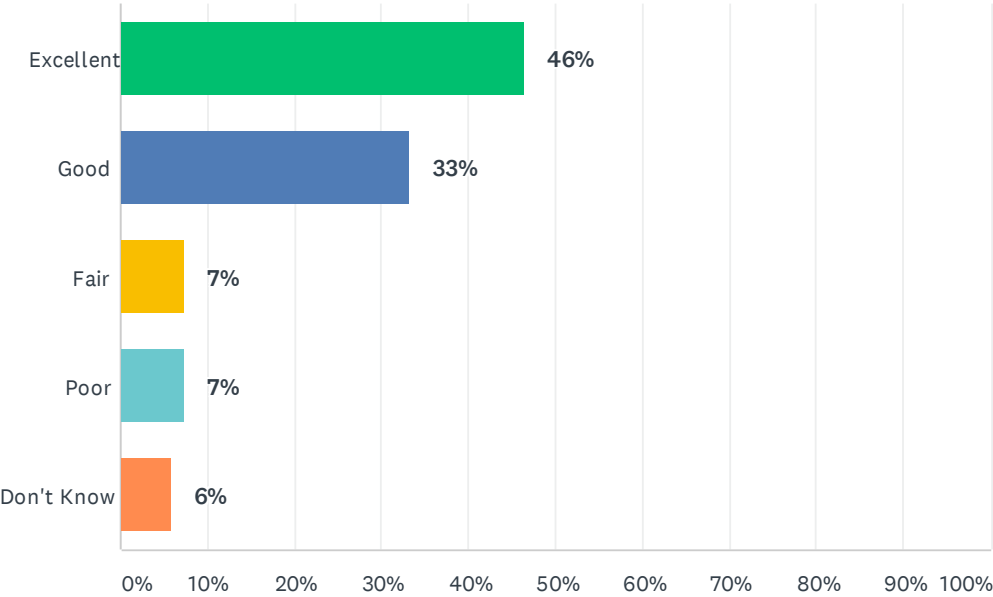
Answered: 68 Skipped: 2



ANSWER CHOICES	RESPONSES	
Excellent	57%	39
Good	19%	13
Fair	12%	8
Poor	12%	8
TOTAL		68

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

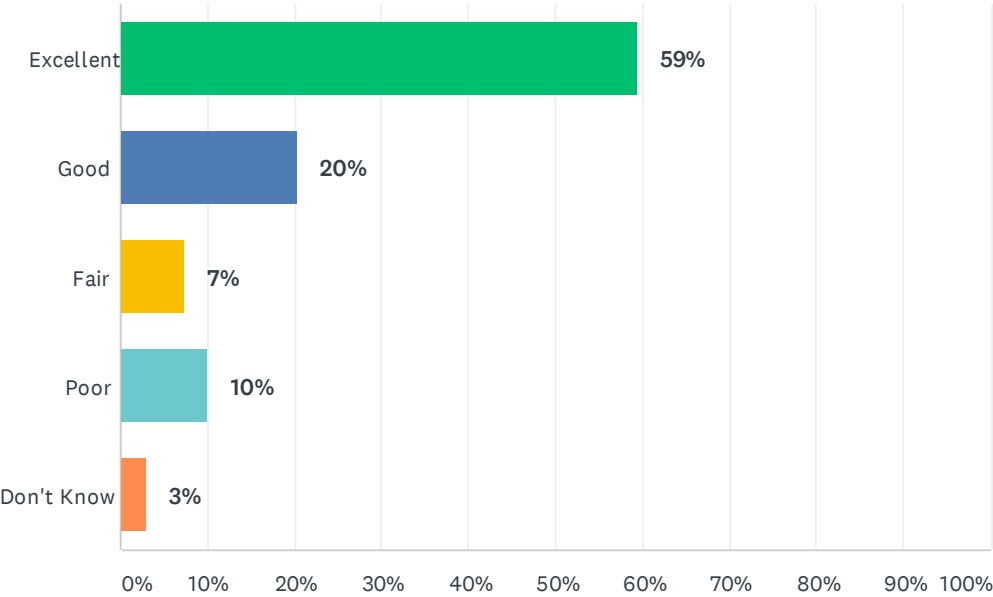
Answered: 69 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	46%	32
Good	33%	23
Fair	7%	5
Poor	7%	5
Don't Know	6%	4
TOTAL		69

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

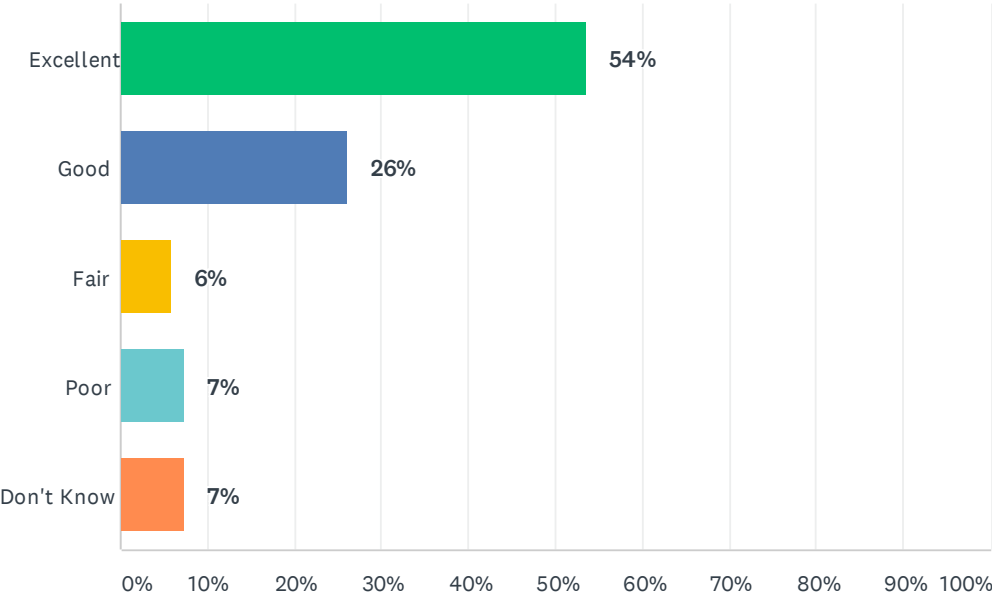
Answered: 69 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	59%	41
Good	20%	14
Fair	7%	5
Poor	10%	7
Don't Know	3%	2
TOTAL		69

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

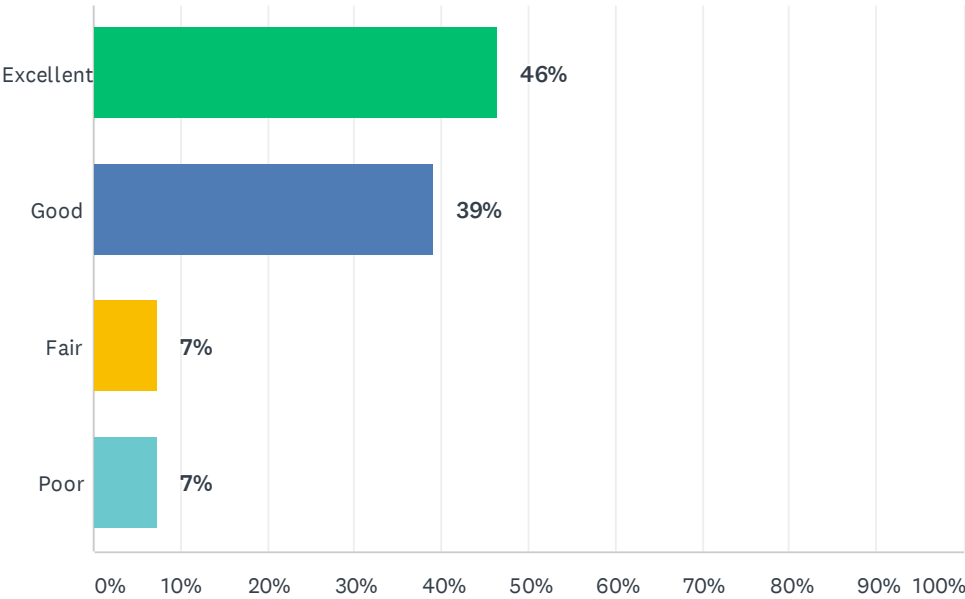
Answered: 69 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	54%	37
Good	26%	18
Fair	6%	4
Poor	7%	5
Don't Know	7%	5
TOTAL		69

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

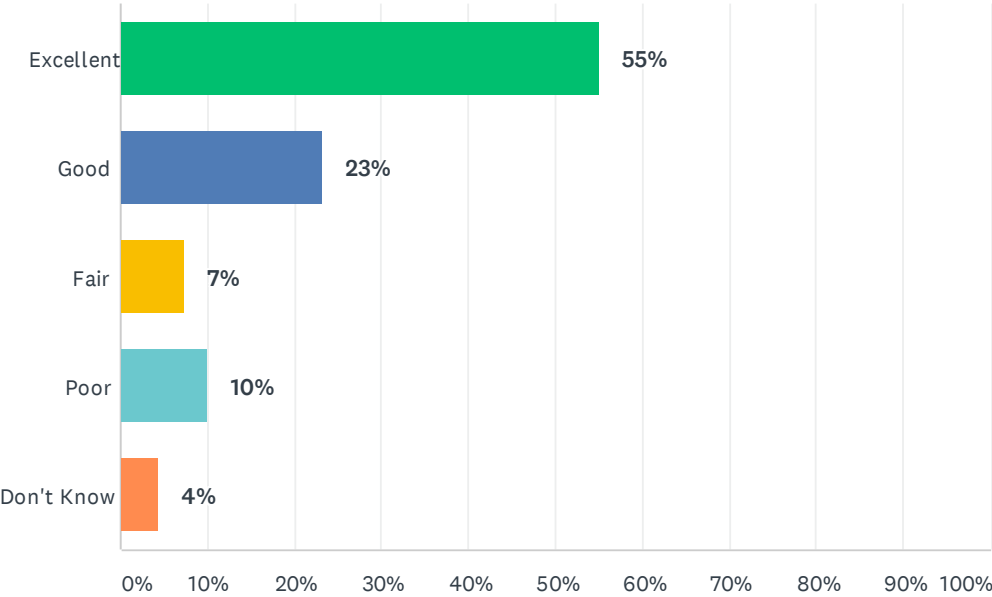
Answered: 69 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	46%	32
Good	39%	27
Fair	7%	5
Poor	7%	5
TOTAL		69

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

Answered: 69 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	55%	38
Good	23%	16
Fair	7%	5
Poor	10%	7
Don't Know	4%	3
TOTAL		69

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2074	HB 2074 INTRO	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	06/07/21 - Work Session scheduled. 06/03/21 - Assigned to Subcommittee On Human Services. 03/08/21 - Referred to Ways and Means by prior reference.	8:00AM 06/07/2021 Joint Subcommittee Human Services Work Session Remote 174	Ways and Means (J)
<p>Relating to prescription monitoring program fees; prescribing an effective date.</p> <p>Relating to prescription monitoring program fees; creating new provisions; amending ORS 431A.880; and prescribing an effective date.</p> <p>Increases prescription monitoring program fees from \$25 to \$35.</p> <p>Increases prescription monitoring program fees from \$25 to \$35.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
HB 2075	HB 2075 INTRO	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	03/08/21 - Referred to Ways and Means by prior reference. 03/08/21 - Recommendation: Do pass and be referred to Ways and Means by prior reference. 03/02/21 - Work Session held.		Ways and Means (J)
<p>Relating to radiation; declaring an emergency.</p> <p>Relating to radiation; creating new provisions; amending ORS 453.001, 453.605, 453.729 and 453.757; and declaring an emergency.</p> <p>Establishes vendor license and annual fee for persons engaging in certain conduct regarding radiation devices and equipment, including X-ray machines and tanning devices.</p> <p>Establishes vendor license and annual fee for persons engaging in certain conduct regarding radiation devices and equipment, including X-ray machines and tanning devices. Modifies registration fee for certain radiation devices and equipment from per machine basis to per tube basis. Increases registration fee for tanning devices.</p> <p>Becomes operative January 1, 2022.</p> <p>Declares emergency, effective on passage.</p>					

Custom Report
Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2076	HB 2076 INTRO	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	03/23/21 - Public Hearing held. 01/19/21 - Referred to Health Care with subsequent referral to Ways and Means. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to emergency medical services; prescribing an effective date.</p> <p>Relating to emergency medical services; creating new provisions; amending ORS 146.015, 181A.375, 353.450, 431A.055, 431A.100, 441.020, 442.507, 442.870, 445.030, 478.260, 682.017, 682.025, 682.031, 682.035, 682.041, 682.045, 682.047, 682.051, 682.056, 682.059, 682.062, 682.063, 682.066, 682.068, 682.075, 682.079, 682.085, 682.089, 682.105, 682.107, 682.204, 682.208, 682.216, 682.218, 682.220, 682.224 and 682.245; repealing ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525, 431A.530, 682.027 and 682.039; and prescribing an effective date.</p> <p>Establishes Emergency Health Care Systems Program and Emergency Health Care System Advisory Board within Oregon Health Authority.</p> <p>Establishes Emergency Health Care Systems Program and Emergency Health Care System Advisory Board within Oregon Health Authority. Directs authority to designate emergency health care centers for provision of cardiac and pediatric emergency health care. Modifies terminology related to emergency medical services. Authorizes Governor to make available for use emergency medical services personnel and equipment. Creates offense of unlawful operation of unlicensed emergency medical services agency. Punishes by maximum of 364 days' imprisonment, \$6,250 fine, or both. Becomes operative January 1, 2022.</p> <p>Directs authority to designate emergency health care regions within state. Becomes operative January 1, 2023.</p> <p>Directs authority to designate emergency health care centers for provision of stroke and trauma emergency health care. Directs program to establish emergency health care data systems for collection of information related to emergency health care in this state. Requires licensure for nontransport EMS service. Defines "nontransport EMS service." Becomes operative January 1, 2025.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
HB 2078	HB 2078 EN	Presession filed (at the request of Governor Kate Brown)	05/21/21 - Governor signed. 05/14/21 - President signed. 05/13/21 - Speaker signed.		
<p>Relating to health.</p> <p>Relating to health.</p> <p>Repeals electronic credentialing information program.</p> <p>Repeals electronic credentialing information program.</p> <p>Removes requirement for Pain Management Commission to review pain management curricula of educational institutions. Modifies pain management education requirements for health professionals.</p> <p>Removes requirement for Oregon Health Authority to annually report to Legislative Assembly on Oregon Health Information Technology program.</p> <p>Aligns with federal law requirements about eligibility of temporary public employees to qualify for health benefit coverage.</p>					

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2079	HB 2079 INTRO	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)

Relating to health care providers.

Relating to health care providers; creating new provisions; and amending ORS 413.032, 413.037, 413.101, 413.181, 415.013, 415.019 and 415.103.

Requires health care entities to obtain approval from Oregon Health Authority before any mergers, acquisitions or affiliations of entities that had \$25 million or more in net patient revenue in prior fiscal year or before mergers, acquisitions or affiliations that will result in one entity having increase in net patient revenue of \$10 million or more.

Requires health care entities to obtain approval from Oregon Health Authority before any mergers, acquisitions or affiliations of entities that had \$25 million or more in net patient revenue in prior fiscal year or before mergers, acquisitions or affiliations that will result in one entity having increase in net patient revenue of \$10 million or more. Specifies procedures.

Requires Oregon Health Policy Board to establish criteria for approval of mergers, acquisitions and affiliations based on specified factors.

HB 2080	HB 2080 INTRO	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	02/16/21 - Public Hearing cancelled. 01/19/21 - Referred to Health Care with subsequent referral to Ways and Means. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
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Relating to pharmaceuticals.

Relating to pharmaceuticals; creating new provisions; and amending ORS 413.032, 414.312, 414.314, 414.318, 414.320, 414.325, 414.326, 414.334, 414.337 and 689.185.

Establishes Office of Pharmaceutical Purchasing in Oregon Health Authority and specifies duties.

Establishes Office of Pharmaceutical Purchasing in Oregon Health Authority and specifies duties. Requires office to administer multistate prescription drug purchasing consortium.

Authorizes Oregon Health Authority to require prior authorization for drugs under specified conditions.

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2081	HB 2081 EN	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	05/21/21 - Governor signed. 05/14/21 - President signed. 05/13/21 - Speaker signed.		
<p>Relating to health care costs.</p> <p>Relating to health care costs.</p> <p>Modifies Health Care Cost Growth Target program and Health Care Cost Growth Target Implementation Committee.</p> <p>Modifies Health Care Cost Growth Target program and Health Care Cost Growth Target Implementation Committee.</p> <p>Directs Oregon Health Authority to adopt schedule of civil penalties for providers or payers that fail to report cost growth data or to develop and implement performance improvement plan if required to do so.</p>					
HB 2084	HB 2084 INTRO	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to health care.</p> <p>Relating to health care.</p> <p>Requires Oregon Health Authority to report to interim committees of Legislative Assembly related to health on impacts of federal changes arising from executive or legislative branches of federal government on access to health care in this state and to recommend legislation, if any, that is needed to ensure no diminution of access to quality, affordable health care by residents of this state.</p> <p>Requires Oregon Health Authority to report to interim committees of Legislative Assembly related to health on impacts of federal changes arising from executive or legislative branches of federal government on access to health care in this state and to recommend legislation, if any, that is needed to ensure no diminution of access to quality, affordable health care by residents of this state.</p>					
HB 2087	HB 2087 INTRO	Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)	01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to health care interpreters.</p> <p>Relating to health care interpreters; creating new provisions; and amending ORS 413.550 and 413.552.</p> <p>Requires Oregon Health Authority to adopt rules to ensure that health care providers use health care interpreters, reimbursed by state, when interacting with medical assistance recipients who have limited English proficiency or who communicate in sign language.</p> <p>Requires Oregon Health Authority to adopt rules to ensure that health care providers use health care interpreters, reimbursed by state, when interacting with medical assistance recipients who have limited English proficiency or who communicate in sign language.</p>					

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2164	HB 2164 A	Presession filed (at the request of Governor Kate Brown for Office of the Governor)	04/19/21 - Referred to Rules by order of Speaker. 04/19/21 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Rules. 04/13/21 - Work Session held.		Rules (H)
<p>Relating to health; prescribing an effective date.</p> <p>Relating to health; creating new provisions; amending ORS 192.556, 413.201, 413.225, 414.231 and 414.578; and prescribing an effective date.</p> <p>Renames "Health Care for All Oregon Children" program to "Cover All People" program.</p> <p><i><i>Directs office of the Governor to study laws related to health and provide results to interim committees of Legislative Assembly no later than September 15, 2022.</i></i></p> <p><i><i>Sunsets January 2, 2023.</i></i></p> <p>Renames "Health Care for All Oregon Children" program to "Cover All People" program. Expands eligibility for children from up to 19 years of age to age 26 or younger and includes parents of children enrolled in program who would qualify for medical assistance but for immigration status.</p> <p>Requires Oregon Health Authority in collaboration with Department of Consumer and Business Services to seek federal approval necessary to maximize federal financial participation in costs of program.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
HB 2167	HB 2167 A	Presession filed (at the request of Governor Kate Brown for Office of the Governor)	06/03/21 - Returned to Full Committee. 06/03/21 - Work Session held. 06/01/21 - Assigned to Subcommittee On General Government.		Ways and Means (J)
<p>Relating to state entities.</p> <p>Relating to state entities; creating new provisions; and amending ORS 291.206 and 291.216.</p> <p>Creates Racial Justice Council within Office of Governor.</p> <p><i><i>Directs Office of Governor to study and make recommendations regarding certain proposals relating to state boards and commissions. Requires office to submit report on findings by January 1, 2023.</i></i></p> <p>Creates Racial Justice Council within Office of Governor. Directs council to report at least once per year on strategies designed to institutionalize racial justice into conduct of state business.</p> <p>Directs council to provide advice and recommendations to Governor relating to racial justice. Directs council to advise and assist state agencies in creating racial impact statements for programs in agency request budgets. Directs council to communicate with Legislative Assembly to monitor investments in and track progress toward racial equity.</p> <p>Requires state agencies to include racial impact statements with agency request budgets. Requires Governor's budget to include narrative summarizing racial impact statements.</p>					

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2222	HB 2222 INTRO	Rep Wilde (Presession filed)	01/19/21 - Referred to Rules. 01/11/21 - First reading. Referred to Speaker's desk.		Rules (H)
<p>Relating to public meetings.</p> <p>Relating to public meetings; amending ORS 192.610, 192.660, 192.680, 244.290 and 244.350.</p> <p>Modifies definition of "meeting" for purposes of public meetings law to state that meeting may occur without regard to location or stated purpose for which members of governing body convene.</p> <p>Modifies definition of "meeting" for purposes of public meetings law to state that meeting may occur without regard to location or stated purpose for which members of governing body convene. Excludes one-on-one meetings of two members of governing body from definition of "meeting," even if serial one-on-one meetings take place between members of governing body.</p> <p>Establishes affirmative duty of chief administrative officer of public body or employee of public body who routinely and customarily advises governing body on public meetings law requirements to advise governing body on whether meeting content qualifies for executive session. Establishes joint and several liability for specified public body officers and employees who, with willful misconduct, fail or incorrectly advise governing body of meeting content's eligibility for executive session.</p> <p>Authorizes Oregon Government Ethics Commission to adopt rules establishing criteria for when official or employee of public body has affirmative duty to advise on meeting content qualification for executive session. Authorizes commission to impose civil penalties on members of governing body or specified officers or employees of public body for conducting executive sessions in which meeting content does not meet executive session requirements.</p>					
HB 2315	HB 2315 EN	Rep Alonso Leon; Rep Campos; Rep Kropf; Rep Moore-Green; Rep Noble; Rep Reynolds; Rep Salinas; Rep Schouten; Rep Sollman; Rep Williams; Sen Taylor (Presession filed)	06/01/21 - Governor signed. 05/25/21 - President signed. 05/20/21 - Speaker signed.		
<p>Relating to continuing education for professionals; and prescribing an effective date.</p> <p>Relating to continuing education for professionals; and prescribing an effective date.</p> <p>Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete continuing education related to suicide risk assessment, treatment and management at specified intervals and to report completion of continuing education to authority or board.</p> <p>Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete <i><i>six hours of</i></i> continuing education related to suicide risk assessment, treatment and management <i><i>every six years</i></i> at specified intervals and to report completion of continuing education to authority or board. Allows authority and boards to establish minimum requirements that licensee must meet to be exempt from requirement to complete continuing education.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2321	HB 2321 INTRO	Rep Salinas (Presession filed)	01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to health care workers; declaring an emergency.</p> <p>Relating to health care workers; and declaring an emergency.</p> <p>Requires Oregon Health Authority to convene advisory committee to study adequacy of personal protective equipment provided to health care workers to protect against SARS-CoV-2 and to report findings to interim committee of Legislative Assembly.</p> <p>Requires Oregon Health Authority to convene advisory committee to study adequacy of personal protective equipment provided to health care workers to protect against SARS-CoV-2 and to report findings to interim committee of Legislative Assembly.</p> <p>Sunsets January 2, 2023.</p> <p>Declares emergency, effective on passage.</p>					
HB 2335	HB 2335 INTRO	Rep Bonham; Rep Levy; Sen Steiner Hayward (Presession filed)	01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to interstate health professional licensure compacts; declaring an emergency.</p> <p>Relating to interstate health professional licensure compacts; creating new provisions; amending ORS 676.177, 677.080, 677.290, 678.021, 678.023 and 678.170; and declaring an emergency.</p> <p>Enacts interstate Nurse Licensure Compact.</p> <p>Enacts interstate Nurse Licensure Compact. Permits Oregon State Board of Nursing to disclose specified information to Interstate Commission of Nurse Licensure Compact Administrators. Exempts individuals practicing nursing in this state under compact from restrictions on use of titles. Allows board to establish account to meet financial obligations imposed on State of Oregon as result of participation in compact. Continuously appropriates moneys from account to board for specified purpose.</p> <p>Enacts Interstate Medical Licensure Compact. Permits Oregon Medical Board to disclose specified information to Interstate Medical Licensure Compact Commission. Exempts individuals practicing medicine in this state under compact from restrictions on use of titles. Allows board to establish account to meet financial obligations imposed on State of Oregon as result of participation in compact. Continuously appropriates moneys from account to board for specified purpose.</p> <p>Declares emergency, effective on passage.</p>					

Custom Report
Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2359	HB 2359 A	Rep Alonso Leon; Rep Campos; Rep Dexter; Rep Grayber; Rep Nosse; Rep Ruiz; Rep Salinas; Rep Schouten; Rep Valderrama; Sen Frederick (Presession filed)	06/03/21 - Assigned to Subcommittee On Human Services. 04/19/21 - Referred to Ways and Means by order of Speaker. 04/19/21 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means.		Ways and Means (J)
<p>Relating to health care interpreters; declaring an emergency.</p> <p>Relating to health care interpreters; creating new provisions; amending ORS 413.550, 413.552, 413.556, 413.558, 414.572, 656.027 and 657.046; repealing ORS 657.048; and declaring an emergency.</p> <p>Requires health care providers to work with health care interpreters from health care interpreter registry operated by Oregon Health Authority to provide interpretation services.</p> <p>Requires health care providers to work with health care interpreters from health care interpreter registry operated by Oregon Health Authority to provide interpretation services. Requires health professional regulatory boards, Department of Human Services and authority to adopt rules to enforce requirement. Provides exceptions.</p> <p>Requires interpretation service companies <i>to register with authority. Requires companies</i>] to only employ or contract with health care interpreters listed on health care registry, subject to exceptions.<i>Requires Commissioner of Bureau of Labor and Industries to enforce requirement to only employ or contract with health care interpreters listed on registry.</i>]</p> <p>Requires Oregon Council on Health Care Interpreters to <i>adopt code of ethics for health care interpreters and procedures to evaluation quality of health interpretation services</i> develop and approve standards for testing, qualification and certification of certain health care interpreters.</p> <p>Requires authority to train and certify or qualify health care interpreters <i>,</i> and maintain central registry of certified or qualified health care interpreters <i>from which patients or health care providers can schedule appointments with health care interpreters and publish specified guidance to health care interpreters</i>].</p> <p>Requires coordinated care organizations to <i>use</i> work with health care interpreters listed on health care interpreter registry.</p> <p>Makes certain health care interpreters subject workers for purposes of workers' compensation benefits.</p> <p>Declares emergency, effective on passage.</p>					

Custom Report
Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2362	HB 2362 A	Rep Alonso Leon; Rep Campos; Rep Dexter; Rep Grayber; Rep McLain; Rep Meek; Rep Pham; Rep Power; Rep Prusak; Rep Reynolds; Rep Ruiz; Rep Salinas; Rep Sanchez; Rep Valderrama (Presession filed)	04/15/21 - Referred to Ways and Means by order of Speaker. 04/15/21 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means. 04/08/21 - Work Session held.		Ways and Means (J)

Relating to health care providers; prescribing an effective date.

Relating to health care providers; creating new provisions; amending ORS 413.032, 413.037, 413.101, 413.181, 415.013, 415.019 and 415.103; and prescribing an effective date.

Requires approval from Department of Consumer and Business Services or Oregon Health Authority before any mergers, acquisitions or affiliations of health care entities and other entities if entities had \$25 million or more in average net patient revenue or in gross amount of premiums in preceding three fiscal years or net patient revenue of \$10 million or more.

Requires *<i>health care entities to obtain</i>* approval from *Department of Consumer and Business Services or Oregon Health Authority* before any mergers, acquisitions or affiliations of *health care entities and other entities if entities *<i>that</i>* had \$25 million or more in *average* net patient revenue *or in gross amount of premiums* in preceding three fiscal years or *<i>before mergers, acquisitions or affiliations that will result in one entity having increase in</i>* net patient revenue of *<i>\$1</i>* *\$10* million or more. Specifies *exceptions and* procedures.*

Requires Oregon Health Policy Board to establish criteria for approval *by authority* of mergers, acquisitions and affiliations based on specified factors. Takes effect on 91st day following adjournment sine die.

HB 2376	HB 2376 INTRO	Rep Prusak; Rep Schouten; Rep Smith Warner; Rep Williams (Presession filed)	04/01/21 - Public Hearing held. 01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
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Relating to naloxone; prescribing an effective date.

Relating to naloxone; creating new provisions; amending ORS 677.190, 678.111 and 679.140; and prescribing an effective date.

Requires health care provider who prescribes opioid to offer prescription for naloxone, or similar drug, and educational material under specified circumstances.

Requires health care provider who prescribes opioid to offer prescription for naloxone, or similar drug, and educational material under specified circumstances.

Defines "health care provider." Allows health professional regulatory board to impose discipline for violation.

Becomes operative on January 1, 2022.

Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2401	HB 2401 INTRO	Rep Neron; Sen Frederick; Sen Lieber (Presession filed)	01/19/21 - Referred to Business and Labor. 01/11/21 - First reading. Referred to Speaker's desk.		Business and Labor (H)
<p>Relating to employment protections; prescribing an effective date.</p> <p>Relating to employment protections; creating new provisions; amending ORS 659A.885; and prescribing an effective date.</p> <p>Makes certain actions taken by employer because of employee's service as member of board, commission, council or committee created by statute unlawful employment practice.</p> <p>Makes certain actions taken by employer because of employee's service as member of board, commission, council or committee created by statute unlawful employment practice. Allows employee to bring civil action or file complaint with Commissioner of Bureau of Labor and Industries for violation.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
HB 2459	HB 2459 B	Rep Bynum; Rep Evans; Rep Holvey; Rep Nathanson; Rep Reardon; Rep Reschke; Rep Smith Warner (Presession filed)	06/03/21 - Second reading. 06/02/21 - Recommendation: Do pass with amendments to the A-Eng. bill. (Printed B-Eng.) 05/25/21 - Work Session held.	10:30AM 06/07/2021 Third Reading Senate Floor	
<p>Relating to video conferencing.</p> <p>Relating to video conferencing; amending ORS 165.535 and 165.540.</p> <p>Includes in definition of "conversation" communication occurring through video conferencing program for purposes of statutes regulating recording of communications.</p> <p>Includes in definition of "conversation" communication occurring through video conferencing program for purposes of statutes regulating recording of communications. Prohibits recording of communication occurring through video conferencing program if participants are not informed of recording. Punishes by maximum of 364 days' imprisonment, \$6,250 fine, or both. Specifies exceptions.</p>					

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2461	HB 2461 A	Rep Dexter; Rep Evans; Rep Holvey; Rep Nathanson; Rep Neron; Rep Prusak; Rep Reardon; Rep Schouten (Presession filed)	04/01/21 - Referred to Ways and Means by prior reference. 04/01/21 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means by prior reference. 03/30/21 - Work Session held.		Ways and Means (J)
<p>Relating to critical disaster preparedness; declaring an emergency.</p> <p>Relating to critical disaster preparedness; and declaring an emergency.</p> <p>Directs Oregon Homeland Security Council to establish program to create Oregon Critical Disaster Preparedness Stockpile to ensure robust stock of emergency supplies and equipment.</p> <p>Directs <i>Oregon Business Development Department</i> Oregon Homeland Security Council to establish program to create Oregon Critical Disaster Preparedness Stockpile to ensure robust stock of emergency supplies and equipment.</p> <p>Directs <i>Oregon Homeland Security Council</i> council, in consultation with Oregon Health Authority and relevant state agencies, to develop list of essential equipment, materials, supplies, distribution channels and manufacturing capabilities for stockpile, including personal protective equipment, communicable disease testing equipment and all-hazards emergency surge supplies. Requires council to report to Legislative Assembly.</p> <p>Directs <i>department</i> Oregon Business Development Department to establish and administer Oregon Resiliency Partnership <i>in consultation with other entities</i>]. Limits civil liability in certain circumstances.</p> <p>Declares emergency, effective on passage.</p>					
HB 2494	HB 2494 INTRO	Rep Salinas (Presession filed)	02/01/21 - Assigned to Subcommittee On COVID-19. 01/19/21 - Referred to Health Care with subsequent referral to Ways and Means. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to health care; prescribing an effective date.</p> <p>Relating to health care; and prescribing an effective date.</p> <p>Establishes legislative Task Force on the Impacts of COVID-19 on Health Care Delivery Systems to evaluate impacts of COVID-19 on health care delivery systems in this state.</p> <p>Establishes legislative Task Force on the Impacts of COVID-19 on Health Care Delivery Systems to evaluate impacts of COVID-19 on health care delivery systems in this state.</p> <p>Sunsets December 31, 2022.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					

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HB 2508	HB 2508 EN	Rep Alonso Leon; Rep Bonham; Rep Boshart Davis; Rep Bynum; Rep Campos; Rep Clem; Rep Dexter; Rep Drazan; Rep Fahey; Rep Grayber; Rep Hayden; Rep Helm; Rep Kropf; Rep Lively; Rep Marsh; Rep Nathanson; Rep Neron; Rep Noble; Rep Nosse; Rep Owens; Rep Pham; Rep Power; Rep Prusak; Rep Reschke; Rep Reynolds; Rep Ruiz; Rep Sanchez; Rep Schouten; Rep Smith DB; Rep Speaker Kotek; Rep Stark; Rep Valderrama; Rep Wilde; Rep Williams; Rep Witt; Rep Wright; Rep Zika; Sen Beyer; Sen Gorsek; Sen Kennemer; Sen Manning Jr; Sen Patterson; Sen Taylor (Presession filed)	06/01/21 - Governor signed. 05/25/21 - President signed. 05/20/21 - Speaker signed.		

Relating to telemedicine; and declaring an emergency.

Relating to telemedicine; and declaring an emergency.

Prescribes requirements for reimbursement by Oregon Health Authority and coordinated care organizations of health services delivered using telemedicine.

<i>Requires Oregon Health Authority to ensure</i> Prescribes requirements for reimbursement by Oregon Health Authority and coordinated care organizations of health services delivered using telemedicine.

Modifies requirements for health benefit plan coverage of telemedicine.

Requires Department of Consumer and Business Services to report to interim committees of Legislative Assembly, no later than March 1, 2023, on impact of required reimbursement of telemedicine health services by health benefit plans on cost of health insurance premiums in Oregon.

Declares emergency, effective on passage.

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2528	HB 2528 A	Rep Alonso Leon; Rep Bynum; Rep Campos; Rep Dexter; Rep Meek; Rep Prusak; Rep Sanchez; Rep Sollman; Rep Williams; Rep Witt (Presession filed)	06/01/21 - Referred to Rules by order of the President. 06/01/21 - Recommendation: Without recommendation as to passage and be referred to Rules. 05/26/21 - Work Session held.		Rules (S)
<p>Relating to dental therapy; prescribing an effective date.</p> <p>Relating to dental therapy; creating new provisions; amending ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011; and prescribing an effective date.</p> <p>Directs Oregon Board of Dentistry to issue dental therapist license to qualified applicant.</p> <p>Directs Oregon Board of Dentistry to issue dental therapist license to qualified applicant. Prohibits unlicensed use of title "dental therapist" and practice of dental therapy. Provides exceptions to prohibition. <i><i>Adds dental therapist member to board.</i></i> Requires dental therapist to purchase and maintain liability insurance. Requires dental therapist to dedicate majority of practice to specified patient populations. Directs board to consult with dental therapists and dental therapist organizations in rulemaking.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
HB 2557	HB 2557 INTRO	Rep Fahey; Rep Meek; Rep Post; Rep Sanchez; Rep Schouten; Rep Wilde; Sen Beyer; Sen Dembrow; Sen Frederick; Sen Gelser; Sen Hansell (Presession filed)	01/19/21 - Referred to Health Care with subsequent referral to Ways and Means. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association.</p> <p>Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association; creating new provisions; and amending ORS 413.032 and 735.608.</p> <p>Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon and lack access to affordable dental coverage.</p> <p>Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon and lack access to affordable dental coverage. Specifies eligibility requirements for program and duties of authority in administering program.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2591	HB 2591 A	Rep Alonso Leon; Rep Dexter; Rep Neron; Rep Prusak; Rep Reardon; Rep Reynolds; Rep Ruiz; Rep Smith DB; Rep Sollman; Rep Valderrama; Rep Wilde; Rep Williams; Rep Witt (Presession filed)	04/06/21 - Referred to Ways and Means by prior reference. 04/06/21 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means by prior reference. 04/01/21 - Work Session held.		Ways and Means (J)
<p>Relating to school-based health center grants; declaring an emergency.</p> <p>Relating to school-based health center grants; creating new provisions; amending section 5, chapter 601, Oregon Laws 2019; and declaring an emergency.</p> <p>Requires Oregon Health Authority to provide planning grants to 10 school districts or education service districts to evaluate need and develop plans for school-based health services.</p> <p><i><i>Allows mobile school-based health centers to qualify for safety net grants from Oregon Health Authority.</i></i></p> <p>Requires Oregon Health Authority to provide planning grants to 10 school districts or education service districts to evaluate need and develop plans for school-based health services. Requires authority to provide funding to operate school-based health center or school nurse model at conclusion of two-year planning process.</p> <p>Requires authority to develop requirements for up to three school districts or education service districts to receive grants for planning for and operation of mobile school-linked health centers.</p> <p>Requires authority to award grants to three school-based health centers to operate pilot projects to expand student access to mental and physical health care services through use of telehealth. Specifies requirements.</p> <p>Extends sunset on current program for school planning grants and technical assistance from January 2, 2026, to January 2, 2028.</p> <p>Declares emergency, effective July 1, 2021.</p>					
HB 2627	HB 2627 EN	Rep Dexter; Rep Grayber; Rep Hayden; Rep Prusak; Rep Schouten; Sen Manning Jr (Presession filed)	05/21/21 - Governor signed. 05/14/21 - President signed. 05/13/21 - Speaker signed.		
<p>Relating to interim therapeutic restorations; and prescribing an effective date.</p> <p>Relating to interim therapeutic restorations; and prescribing an effective date.</p> <p>Allows expanded practice dental hygienist to perform interim therapeutic restoration.</p> <p>Allows expanded practice dental hygienist to perform interim therapeutic restoration. Requires agreement between dentist and expanded practice dental hygienist to include expanded practice dental hygienist's scope of practice regarding interim therapeutic restorations. Defines "interim therapeutic restoration."</p> <p>Directs Oregon Board of Dentistry to adopt rules to establish educational and instructional requirements for interim therapeutic restoration and to approve applications from education providers for training courses that meet requirements. Requires certain expanded practice dental hygienists to complete approved training course.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2638	HB 2638 INTRO	Rep Bonham; Rep Boshart Davis; Rep Breese-Iverson; Rep Cate; Rep Drazan; Rep Gomberg; Rep Leif; Rep Levy; Rep Lewis; Rep Moore-Green; Rep Morgan; Rep Nearman; Rep Owens; Rep Post; Rep Reschke; Rep Smith DB; Rep Smith G; Rep Stark; Rep Wallan; Rep Zika (Presession filed)	05/26/21 - Motion to withdraw from Judiciary failed. Ayes, 27; Nays, 31--Alonso Leon, Campos, Clem, Dexter, Fahey, Grayber, Helm, Holvey, Hudson, Kropf, Lively, Marsh, McLain, Nathanson, Neron, Nosse, Pham, Power, Prusak, Rayfield, Reardon, Reynolds, Ruiz, Salinas, Sanchez, Schouten, Smith Warner, Sollman, Valderrama, Williams, Witt; Excused, 1--Evans; Excused for Business of the House, 1--Speaker Kotek. 02/24/21 - Public Hearing held. 01/29/21 - Assigned to Subcommittee On Civil Law.		Judiciary (H)
<p>Relating to limitations of liability during the COVID-19 emergency.</p> <p>Relating to limitations of liability during the COVID-19 emergency.</p> <p>Limits liability for certain claims for damages arising out of acts or omissions taken during COVID-19 emergency period in reasonable compliance with government guidance related to COVID-19.</p> <p>Limits liability for certain claims for damages arising out of acts or omissions taken during COVID-19 emergency period in reasonable compliance with government guidance related to COVID-19.</p>					
HB 2752	HB 2752 INTRO	Rep Noble (Presession filed) (at the request of Brittany Ruiz)	01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to information regarding vaccines; prescribing an effective date.</p> <p>Relating to information regarding vaccines; and prescribing an effective date.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2816	HB 2816 INTRO	Rep Bynum; Rep Dexter; Rep Meek; Rep Nosse; Rep Prusak (Presession filed)	01/19/21 - Referred to Health Care with subsequent referral to Ways and Means. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to health care provider incentives; prescribing an effective date.</p> <p>Relating to health care provider incentives; and prescribing an effective date.</p> <p>Establishes BIPOC health care provider loan forgiveness program within Oregon Health Authority to provide loan repayment subsidies to BIPOC health care providers.</p> <p>Establishes BIPOC health care provider loan forgiveness program within Oregon Health Authority to provide loan repayment subsidies to BIPOC health care providers. Defines "BIPOC."</p> <p>Establishes BIPOC Health Care Provider Fund to carry out provisions of program.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
HB 2891	HB 2891 INTRO	Rep Evans; Rep Lewis; Rep Meek; Rep Noble; Rep Post; Rep Williams (Presession filed) (at the request of former Representative Carla Piluso)	02/04/21 - Public Hearing held. 01/19/21 - Referred to Veterans and Emergency Management. 01/11/21 - First reading. Referred to Speaker's desk.		Veterans and Emergency Management (H)
<p>Relating to emergency preparedness; prescribing an effective date.</p> <p>Relating to emergency preparedness; and prescribing an effective date.</p> <p>Requires health care facilities, health care providers, local public health authorities and public and private safety agencies to maintain capacity, including sufficient amounts of certain supplies, to continue in normal operation for 120 days at 25 percent mortality rate.</p> <p>Requires health care facilities, health care providers, local public health authorities and public and private safety agencies to maintain capacity, including sufficient amounts of certain supplies, to continue in normal operation for 120 days at 25 percent mortality rate. Defines "25 percent mortality rate." Directs Oregon Health Authority and health professional regulatory boards to report to Office of Emergency Management. Directs office to report annually to interim committee of Legislative Assembly related to emergency preparedness.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 2901	HB 2901 INTRO	Rep Evans; Rep Meek; Rep Post (Presession filed) (at the request of former Representative Carla Piluso)	01/19/21 - Referred to Health Care. 01/11/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to prescription drugs for veterans.</p> <p>Relating to prescription drugs for veterans.</p> <p>Requires coordinated care organization drug outlets to dispense seven-day supply of prescription drug to veteran with disability, at no cost to veteran, if veteran is unable to obtain prescription drug through United States Department of Veterans Affairs.</p> <p>Requires coordinated care organization drug outlets to dispense seven-day supply of prescription drug to veteran with disability, at no cost to veteran, if veteran is unable to obtain prescription drug through United States Department of Veterans Affairs.</p>					

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HB 2927	HB 2927 A	Rep Cate; Rep Clem; Rep Drazan; Rep Evans; Rep Gomberg; Rep Grayber; Rep Hudson; Rep Kropf; Rep Lewis; Rep Marsh; Rep Meek; Rep Morgan; Rep Nathanson; Rep Neron; Rep Noble; Rep Pham; Rep Post; Rep Power; Rep Prusak; Rep Rayfield; Rep Reynolds; Rep Ruiz; Rep Smith DB; Rep Smith G; Rep Sollman; Rep Valderrama; Rep Wallan; Rep Wilde; Rep Williams; Rep Witt; Rep Wright (Presession filed) (at the request of former Representative Carla Piluso)	04/19/21 - Referred to Ways and Means by prior reference. 04/19/21 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means by prior reference. 04/13/21 - Work Session held.	Ways and Means (J)
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Relating to emergency management; declaring an emergency.

Relating to emergency management; creating new provisions; amending ORS 30.269, 182.535, 183.457, 195.260, 244.050, 264.348, 276A.300, 276A.326, 377.833, 399.035, 401.052, 401.054, 401.062, 401.072, 401.076, 401.082, 401.088, 401.092, 401.094, 401.096, 401.109, 401.165, 401.239, 401.305, 401.358, 401.364, 401.368, 401.534, 401.536, 401.551, 401.552, 401.654, 401.655, 401.657, 401.658, 401.661, 401.667, 401.900, 401.902, 401.904, 401.910, 401.915, 401.922, 401.950, 401.952, 401.955, 401.975, 401.977, 401.978, 402.015, 402.020, 402.210, 402.230, 403.120, 403.130, 403.132, 403.160, 403.165, 403.170, 403.235, 403.240, 403.250, 403.415, 403.425, 403.430, 403.435, 403.450, 404.100, 404.105, 404.110, 404.120, 404.125, 404.200, 433.441, 433.448, 443.760, 453.327, 453.342, 453.362, 453.392, 453.394, 453.520, 453.825, 465.505, 466.620, 466.635, 468B.365, 468B.431, 469.533, 476.020, 476.030, 476.050, 476.055, 476.090, 476.130, 476.210, 476.220, 476.270, 476.290, 476.590, 476.680, 476.685, 476.735, 476.765, 476.806, 476.925, 478.270, 478.940, 479.180, 480.230, 480.450, 480.460, 540.482, 657.665, 689.645, 731.820, 735.470 and 824.088 and sections 1, 3 and 4, chapter 85, Oregon Laws 2016, and section 13c, chapter 581, Oregon Laws 2019; and declaring an emergency.

Renames Office of Emergency Management as Oregon Department of Emergency Management.

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
			<p>Renames Office of Emergency Management as Oregon Department of Emergency Management. Establishes department as independent state agency. <i>Vests in department emergency authority regarding public health emergencies, emergency quarantines and conflagrations. Transfers rulemaking authority regarding nuclear emergencies from State Department of Energy to Oregon Department of Emergency Management.</i>] Directs department to carry out certain functions related to regional and statewide emergency response and preparedness.</p> <p>Transfers Oregon Emergency Response System from Department of State Police to Oregon Department of Emergency Management, operative July 1, 2025.</p> <p>Renames office of State Fire Marshal as Department of the State Fire Marshal and establishes department as independent state agency, operative July 1, 2023. <i>Transfers search and rescue functions from Office of Emergency Management to department. Requires State Fire Marshal to establish guidelines for wildfire buffer zones that produce defensible spaces around lands in forestland-urban interface.</i>]</p> <p>Transfers Oregon Homeland Security Council to Office of Governor <i>and renames as Oregon Homeland Security Commission</i>]. Adds members to and modifies duties of commission.</p> <p>Establishes Emergency Preparedness Advisory Council to <i>advise and make policy recommendations to Oregon Homeland Security Commission regarding federal emergency support functions</i> facilitate policy recommendations related to catastrophic disaster. Sunsets council on January 2, 2030.</p> <p>Establishes Local Government Emergency Management Advisory Council to provide advice and recommendations to Oregon Department of Emergency Management regarding department's emergency preparedness and response functions. Sunsets council on January 2, 2030.</p> <p>Establishes task force to make recommendations as to whether State Fire Marshal should be made independent state agency or housed within existing state agency, operative immediately. Directs task force to report recommendations by February 1, 2022.</p> <p>Becomes operative on July 1, <i>2023</i> 2022, except as specified.</p> <p>Declares emergency, effective on passage.</p>		
HB 2970	HB 2970 B	Rep Nosse; Rep Prusak; Rep Schouten	06/03/21 - Second reading. 06/02/21 - Recommendation: Do pass with amendments to the A-Eng. bill. (Printed B-Eng.) 05/19/21 - Work Session held.	10:30AM 06/07/2021 Third Reading Senate Floor	
<p>Relating to health care; declaring an emergency.</p> <p>Relating to health care; creating new provisions; amending ORS 676.579, 676.612, 676.613, 676.622, 676.630, 678.733, 679.020 and 690.005; and declaring an emergency.</p> <p>Defines "device" for purposes of practice of advanced nonablative esthetics.</p> <p>Defines "device" for purposes of practice of advanced nonablative esthetics. Prohibits use of device not registered with United States Food and Drug Administration. Defines "mechanical or electrical apparatus, appliance or device" for purposes of esthetics.</p> <p>Provides that Board of Certified Advanced Estheticians is subject to oversight by Health Licensing Office.</p> <p>Specifies evidence of education that applicant for residential care facility administrator license must provide to Health Licensing Office.</p> <p>Allows nonprofit charitable corporation that provides dental services to individuals 65 years of age and older and individuals unable to stand or walk unassisted to own, operate, conduct or maintain dental practice, clinic or office. Sunsets January 1, 2023.</p> <p>Declares emergency, effective on passage.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 3057	HB 3057 EN	Rep Dexter; Rep Evans; Rep Grayber; Rep Noble; Rep Prusak; Rep Reynolds; Rep Salinas; Rep Schouten; Sen Patterson	05/25/21 - Governor signed. 05/18/21 - President signed. 05/18/21 - Speaker signed.		
<p>Relating to the disclosure of information related to COVID-19; and declaring an emergency.</p> <p>Relating to the disclosure of information related to COVID-19; and declaring an emergency.</p> <p>Authorizes Oregon Health Authority to disclose individually identifiable information related to COVID-19 to certain persons and under certain circumstances.</p> <p>Authorizes Oregon Health Authority to disclose individually identifiable information related to COVID-19 to certain persons and under certain circumstances.</p> <p>Sunsets June 30, 2022.</p> <p>Declares emergency, effective on passage.</p>					
HB 3087	HB 3087 INTRO	Rep Witt	02/09/21 - Referred to Health Care with subsequent referral to Ways and Means. 02/02/21 - First reading. Referred to Speaker's desk.		Health Care (H)
<p>Relating to vaccine administration; declaring an emergency.</p> <p>Relating to vaccine administration; and declaring an emergency.</p> <p>Directs Oregon Health Authority to establish volunteer vaccine administration program to utilize specified volunteer health care providers to administer vaccines in emergency.</p> <p>Directs Oregon Health Authority to establish volunteer vaccine administration program to utilize specified volunteer health care providers to administer vaccines in emergency. Defines "emergency."</p> <p>Declares emergency, effective on passage.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
HB 3159	HB 3159 A	Rep Alonso Leon; Rep Campos; Rep Meek; Rep Nosse; Rep Pham; Rep Power; Rep Salinas; Rep Sanchez; Rep Schouten; Rep Valderrama; Rep Williams	04/19/21 - Referred to Ways and Means by order of Speaker. 04/19/21 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means. 04/13/21 - Work Session held.		Ways and Means (J)

Relating to data collection; prescribing an effective date.

Relating to data collection; creating new provisions; amending ORS 413.161; repealing sections 40, 41 and 43, chapter 12, Oregon Laws 2020 (first special session); and prescribing an effective date.

Requires coordinated care organization, health care provider or health insurer to collect from patient, client or member data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity.

Requires coordinated care organization, health care provider <i>and</i> or health insurer to collect from patient, client or member data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity. Establishes civil penalty for violation. Requires Oregon Health Authority to establish data system for receipt and storage of specified data. Requires authority to report every two years, beginning on June 1, 2022, on collection of data to appropriate interim committees of Legislative Assembly. Directs authority to administer grant program to provide funding to support safe data collection by specified organizations.

Takes effect on 91st day following adjournment sine die.

SB 11	SB 11 INTRO	Sen Beyer (Presession filed)	01/19/21 - Referred to Health Care. 01/11/21 - Introduction and first reading. Referred to President's desk.		Health Care (S)
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Relating to telemedicine.

Relating to telemedicine; creating new provisions; and amending ORS 743A.058 and 743A.185.

Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is covered when provided in person.

Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is covered when provided in person.

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 61	SB 61 EN	Presession filed (at the request of Governor Kate Brown for Oregon Government Ethics Commission)	06/03/21 - President signed. 06/01/21 - Third reading. Carried by Zika. Passed. Ayes, 55; Excused, 2--Clem, Evans; Excused for Business of the House, 3--Holvey, Rayfield, Speaker Kotek. 05/28/21 - Carried over to June 1, 2021 Calendar by virtue of adjournment.		
<p>Relating to advice offered by Oregon Government Ethics Commission.</p> <p>Relating to advice offered by Oregon Government Ethics Commission.</p> <p>Authorizes Oregon Government Ethics Commission to provide written commission advisory opinions, staff advisory opinions and oral or written staff advice on application of executive session provisions of Oregon public meetings law.</p> <p>Authorizes Oregon Government Ethics Commission to provide written commission advisory opinions, staff advisory opinions and oral or written staff advice on application of executive session provisions of Oregon public meetings law. Grants specified safe harbor provisions to persons who rely in good faith on commission opinions or advice.</p>					
SB 99	SB 99 EN	Presession filed (at the request of Governor Kate Brown for Board of Medical Imaging)	06/01/21 - Governor signed. 05/26/21 - Speaker signed. 05/25/21 - President signed.		
<p>Relating to Board of Medical Imaging; and prescribing an effective date.</p> <p>Relating to Board of Medical Imaging; and prescribing an effective date.</p> <p>Allows Board of Medical Imaging designee to perform inspections related to medical imaging and X-ray machines.</p> <p>Allows Board of Medical Imaging designee to perform inspections related to medical imaging and X-ray machines.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 254	SB 254 INTRO	Presession filed (at the request of Senate Interim Committee on Rules and Executive Appointments)	01/19/21 - Referred to Veterans and Emergency Preparedness. 01/11/21 - Introduction and first reading. Referred to President's desk.		Veterans and Emergency Preparedness (S)

Relating to health care; declaring an emergency.

Relating to health care; creating new provisions; amending ORS 433.102, 433.235, 433.255, 433.260, 433.267, 433.269, 433.273 and 433.284; and declaring an emergency.

Removes ability of parent to decline required immunizations against restrictable diseases on behalf of child for reason other than child's indicated medical diagnosis.

Removes ability of parent to decline required immunizations against restrictable diseases on behalf of child for reason other than child's indicated medical diagnosis. Allows child who is not immunized or exempt for reason of indicated medical diagnosis to attend school that provides education program through online courses. Prohibits child from attending in person specified school-related events, meetings and opportunities. Allows Oregon Health Authority to recommend diseases in addition to restrictable diseases against which children may be immunized.

Directs boards that regulate certain licensed health care practitioners to review documents completed by licensed health care practitioners granting exemptions from immunization requirements because of indicated medical diagnosis. Defines "licensed health care practitioner." Requires boards to annually report to authority on results of review. Requires authority to report annually to Legislative Assembly on reports submitted to boards.

Directs authority to establish outreach and education plan regarding disease control in schools.

Allows child who is not immunized to continue attending school in person until August 1, 2022. Allows child who is not immunized and has schedule for immunizations approved by authority to continue attending school in person after August 1, 2022.

Declares emergency, effective on passage.

SB 423	SB 423 INTRO	Sen Manning Jr (Presession filed) (at the request of Dale Penn - Providence Health and Services)	01/19/21 - Referred to Health Care. 01/11/21 - Introduction and first reading. Referred to President's desk.		Health Care (S)
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Relating to telemedicine; prescribing an effective date.

Relating to telemedicine; and prescribing an effective date.

Allows patient located in Oregon to receive health care services through telemedicine from specified out-of-state health care provider.

Allows patient located in Oregon to receive health care services through telemedicine from specified out-of-state health care provider. Defines "telemedicine."
Takes effect on 91st day following adjournment sine die.

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 454	SB 454 INTRO	Sen Knopp (Presession filed)	01/19/21 - Referred to Veterans and Emergency Preparedness. 01/11/21 - Introduction and first reading. Referred to President's desk.		Veterans and Emergency Preparedness (S)
<p>Relating to ingredients in vaccines; prescribing an effective date.</p> <p>Relating to ingredients in vaccines; and prescribing an effective date.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
SB 488	SB 488 INTRO	Sen Manning Jr; Sen Taylor (Presession filed)	01/19/21 - Referred to Labor and Business. 01/11/21 - Introduction and first reading. Referred to President's desk.		Labor and Business (S)
<p>Relating to the compensability of COVID-19 for the purposes of workers' compensation; declaring an emergency.</p> <p>Relating to the compensability of COVID-19 for the purposes of workers' compensation; creating new provisions; amending ORS 656.802; and declaring an emergency.</p> <p>Adds exposure to or infection by SARS-CoV-2 to definition of occupational disease for purposes of workers' compensation.</p> <p>Adds exposure to or infection by SARS-CoV-2 to definition of occupational disease for purposes of workers' compensation. Specifies presumptions as to compensability for occupational disease or occupational injury that apply to subject worker's death, disability, impairment of health, loss of work time and expenses of medical treatment or services, including diagnostic or preventive medical treatment or services, as result of exposure to SARS-CoV-2 or COVID-19.</p> <p>Sunsets provisions on 180th day following expiration or termination of Governor's declaration of emergency concerning COVID-19 pandemic, including any extension of declaration.</p> <p>Declares emergency, effective on passage.</p>					

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Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 505	SB 505 INTRO	Sen Thatcher (Presession filed)	01/19/21 - Referred to Veterans and Emergency Preparedness. 01/11/21 - Introduction and first reading. Referred to President's desk.		Veterans and Emergency Preparedness (S)
<p>Relating to ingredients in vaccines; prescribing an effective date.</p> <p>Relating to ingredients in vaccines; and prescribing an effective date.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					
SB 557	SB 557 A	Rep Fahey; Rep Meek; Rep Post; Rep Sanchez; Rep Schouten; Rep Smith G; Rep Wilde; Sen Beyer; Sen Dembrow; Sen Frederick; Sen Gelser; Sen Girod; Sen Hansell; Sen Kennemer; Sen Manning Jr (Presession filed)	03/24/21 - Referred to Ways and Means by order of the President. 03/24/21 - Recommendation: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.) 03/17/21 - Work Session held.		Ways and Means (J)
<p>Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association.</p> <p>Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association; creating new provisions; and amending ORS 413.032 and 735.608.</p> <p>Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon, qualify for medical assistance through Oregon Supplemental Income Program and lack access to affordable dental coverage.</p> <p>Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon, qualify for medical assistance through Oregon Supplemental Income Program and lack access to affordable dental coverage. Specifies eligibility requirements for program and duties of authority in administering program.</p>					

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 640	SB 640 INTRO	Sen Hansell (Presession filed)	03/23/21 - Referred to Ways and Means by order of the President. 03/23/21 - Recommendation: Do Pass and be referred to Ways and Means. 03/10/21 - Work Session held.		Ways and Means (J)
<p>Relating to tribal health; declaring an emergency.</p> <p>Relating to tribal health; creating new provisions; amending ORS 676.454 and 676.467; and declaring an emergency.</p> <p>Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.</p> <p>Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.</p> <p>Appropriates moneys for 2021-2023 biennium to Oregon Health and Science University for purpose of administering Indian Health Scholarship Program.</p> <p>Declares emergency, effective July 1, 2021.</p>					
SB 655	SB 655 INTRO	Sen Linthicum (Presession filed)	01/19/21 - Referred to Veterans and Emergency Preparedness. 01/11/21 - Introduction and first reading. Referred to President's desk.		Veterans and Emergency Preparedness (S)
<p>Relating to ingredients in vaccines; prescribing an effective date.</p> <p>Relating to ingredients in vaccines; and prescribing an effective date.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information.</p> <p>Takes effect on 91st day following adjournment sine die.</p>					

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 666	SB 666 INTRO	Sen Linthicum (Presession filed)	03/31/21 - Public Hearing held. 01/19/21 - Referred to Judiciary and Ballot Measure 110 Implementation. 01/11/21 - Introduction and first reading. Referred to President's desk.		Judiciary and Ballot Measure 110 Implementation (S)

Relating to public meetings.

Relating to public meetings; amending ORS 192.640 and 192.660.

Modifies public meeting notice requirements for meetings held in executive session.

Modifies public meeting notice requirements for meetings held in executive session. Removes labor negotiations exception for executive session.

SB 697	SB 697 INTRO	Sen Knopp	02/10/21 - Public Hearing held. 01/27/21 - Referred to Health Care. 01/22/21 - Introduction and first reading. Referred to President's desk.		Health Care (S)
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Relating to telemedical health services; prescribing an effective date.

Relating to telemedical health services; amending ORS 743A.058 and 743A.185; and prescribing an effective date.

Prescribes additional requirements for health benefit plan coverage of telemedical health services.

Prescribes additional requirements for health benefit plan coverage of telemedical health services.

Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 758	SB 758 A	Sen Prozanski	04/23/21 - Referred to Ways and Means by order of the President. 04/23/21 - Recommendation: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.) 04/12/21 - Work Session held.		Ways and Means (J)

Relating to medical marijuana; prescribing an effective date.

Relating to medical marijuana; creating new provisions; amending ORS 475B.020, 475B.220, 475B.431, 475B.570, 475B.630, 475B.707, 475B.759, 475B.788, 475B.791, 475B.797, 475B.801, 475B.810, 475B.822, 475B.831, 475B.834, 475B.837, 475B.840, 475B.858, 475B.879, 475B.885, 475B.895, 475B.898, 475B.901, 475B.904, 475B.913, 475B.916, 475B.952 and 475B.961 and section 5, chapter 2, Oregon Laws 2021 (Ballot Measure 110 (2020)); repealing ORS 475B.794, 475B.816, 475B.819, 475B.843 and 475B.861; and prescribing an effective date.

Changes "Oregon Medical Marijuana Act" to "Oregon Medical and Therapeutic Cannabis Act." Allows person designated to produce marijuana by registry identification cardholder to enter into agreement with registry identification cardholder to transfer marijuana to another registry identification cardholder or primary caregiver.

Changes "Oregon Medical Marijuana Act" to "Oregon Medical and Therapeutic Cannabis Act." Allows person designated to produce marijuana by registry identification cardholder to enter into agreement with registry identification cardholder to transfer marijuana to another registry identification cardholder or primary caregiver. <i>Directs Oregon Health Authority to adopt policies and make public statement regarding equitable access to marijuana for medical use.</i> Allows medical marijuana dispensary and recreational marijuana retailer to transfer marijuana to individual who holds valid out-of-state medical marijuana patient card.

<i>Requires authority to ensure cybersecurity of personally identifiable information in authority databases and electronic systems.</i> Exempts out-of-state medical marijuana patient from taxation on retail sale of marijuana items. Specifies health care providers who may recommend medical use of marijuana to registry identification cardholder. Provides that Oregon Health Authority may not charge fee greater than \$20 for registry identification card for certain individuals.

<i>Directs authority to issue permanent registry identification card to individual with lifetime debilitating medical condition. Requires organizations designated as primary caregivers to allow consumption of marijuana for medical use.</i> Removes criminal records check requirements for applicants for authority registration. Provides that certain marijuana grow sites are not subject to tracking requirements <i>or marijuana plant limits</i>.

<i>Requires marijuana retailers and medical marijuana dispensaries to make available online terpene testing results.</i>

Directs Oregon Liquor Control Commission to establish care and accommodation program to ensure long-term access to marijuana products for registry identification cardholders. <i>Allows certain recreational marijuana processors to receive marijuana from medical marijuana grow site for purposes of processing marijuana.</i>

Requires distribution of moneys from Oregon Marijuana Account for purposes of administering medical marijuana program.

Becomes operative January 1, 2022.

Directs authority to issue permanent registry identification card to individual with lifetime debilitating medical condition.

Requires marijuana retailers and medical marijuana dispensaries to make available online terpene testing results.

Becomes operative June 1, 2022.

Directs authority to adopt policies and make public statement regarding equitable access to marijuana for medical use. Requires authority to ensure cybersecurity of personally identifiable information in authority databases and electronic systems.

Becomes operative September 1, 2022.

Takes effect on 91st day following adjournment sine die.

Custom Report
Report Date: June 4, 2021

Bill Number	Bill Number	Bill Sponsor	Last Three Actions	Next Hearing	Current Committee
SB 5511	SB 5511 EN	Presession filed (at the request of Oregon Department of Administrative Services)	06/03/21 - President signed. 06/01/21 - Third reading. Carried by McLain. Passed. Ayes, 52; Excused, 2--Clem, Evans; Excused for Business of the House, 6--Drazan, Holvey, Morgan, Rayfield, Speaker Kotek, Stark. 05/28/21 - Carried over to June 1, 2021 Calendar by virtue of adjournment.		
Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.					
Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.					
Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.					
Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.					
Declares emergency, effective July 1, 2021.					



Oregon

Kate Brown, Governor

Board of Dentistry

1500 SW 1st Ave. Ste 770

Portland, OR 97201-5837

(971) 673-3200

Fax: (971) 673-3202

TO: OBD Board Members

FROM: Stephen Prisby, Executive Director

DATE: June 8, 2021

SUBJECT: OBD Delegated Duties to Executive Director & Staff

Annually at every June Board Meeting, I ask that the Board review and approve delegated duties to the Executive Director and staff. The Board convenes this June 2021 Board Meeting with a new President and new Board Members. I attached the delegated duties that I would like the Board to affirm, as well as the executive director's current job description.

- Delegated Authority to Executive Director & Board Staff
- Executive Director's Job Description & Organization Chart

Delegated Authority to OBD Executive Director and Staff

Investigations:

- Manage the Board's Confidential Diversion Program, including initiating investigations
- Grant extensions to respond within ten days to a Board request for information
- Initiate investigations on any and all matters under the Board's jurisdiction and statutory authority including CE noncompliance, malpractice claims, PLR, etc...

Notices/Consent Orders/Orders/Interim Consent Orders:

- Issue Amended Notice to address errors or correct allegations
- Approve ordered continuing education courses
- Approve ordered community service arrangements
- Approve ordered mentorships and mentors
- Grant extension to complete ordered continuing education
- Grant extension to complete ordered community service
- Grant extension to pay ordered civil penalties, refunds and restitution
- Offer & Accept Interim Consent Orders for subsequent ratification by the Board

General Approval:

- Regarding Board and Committee/Workgroup Minutes, simplify Board approval of motions with the language "Motion approved unanimously", instead of listing each members' name, of course any no votes, or when members recuse themselves, the individual will be identified

New and Renewal Applications:

- Executive Director determines whether an applicant/licensee with a criminal record or disciplinary action record(s) needs to go to the Board for issuing or renewing a license.

Recommendation: In the matter of delegated duties, move to authorize the listed duties for the OBD Executive Director and Staff.

President Oregon Board of Dentistry

Date



**STATE OF OREGON
POSITION DESCRIPTION**

**Position Revised Date:
June 1, 2011**

Agency: Oregon Board of Dentistry

Facility:

☐ New ☒ Revised

This position is:

- ☐ Classified
☐ Unclassified
☒ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc - Confidential

SECTION 1. POSITION INFORMATION

a. Classification Title: <u>Principal Exec Manager E</u>	b. Classification No: <u>Z7008</u>
c. Pos. Est. Date: <u>July 1, 2003</u>	d. Position No: <u>0000521</u>
e. Working Title: <u>Executive Director</u>	f. Agency No: <u>834000</u>
g. Section Title: _____	h. Budget Auth No: <u>000927450</u>
i. Employee Name: <u>Stephen Prisby</u>	j. Repr. Code: <u>MEAH</u>
k. Work Location (City – County): <u>Portland-Multnomah</u>	
l. Supervisor Name (Optional): <u>Board President</u>	
m. Position: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Limited Duration <input type="checkbox"/> Academic Year <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Job Share	
n. FLSA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	o. Eligible for Overtime: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Exempt: <input checked="" type="checkbox"/> Executive <input type="checkbox"/> Professional <input type="checkbox"/> Administrative	

SECTION 2. PROGRAM AND POSITION INFORMATION

- a. Describe the program in which this position exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.**

The Oregon Board of Dentistry is established by ORS 679.230 to license and regulate the practice of dentistry and dental hygiene in the State of Oregon. The Board examines and licenses dentists and dental hygienists, certifies dental assistants in radiology and expanded functions, and regulates the use of anesthesia in the dental office. There are approximately 7,200 Oregon licensed dentists and dental hygienists. The Board investigates complaints of alleged violations of the Dental Practice Act and enforces the provisions of ORS 679 and 680.010-680.205 and 680.990 and OAR 818-001-0000 through 818-042-0130. Services to these regulated individuals impact Oregonians statewide.

- b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:**

... direct all agency activities and represent the agency to the governor, legislature, other state/federal/local governmental and educational institutions, professional organizations, licensees, representatives of the dental community, citizen groups, the media and the general public.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark “N” for new duties, “R” for revised duties or “NC” for no change in duties. Indicate whether the duty is an “Essential” (E) or “Non-Essential” (NE) function.

% of Time	N/R/NC	E/NE	DUTIES
20	NC	E	Acts as the principal operations officer for the Board. Manages the Board office and is responsible for all personnel including recruitment, orientation, professional staff development and evaluation. Develops, prepares, and monitors agency budget, making adjustment as necessary to stay with legislatively adopted expenditure levels. Assures that all budget proposals and other fiscal documents are accurate and support Board goals; ensures establishment and implementation of sound audit procedures and internal controls. Develops administrative policies governing staff activities. Responsible for procurement and management of space, equipment and supplies to carry out agency mission.
20	NC	E	Functions as administrative agent for the Board. Prepares Board agendas and materials for Board and committee review. Assures that all hearings and meetings of the Board and its committees are noticed to the public and follow proper administrative procedure. Supervises preparation of minutes and maintenance of public records as required by law. Acts as Board spokesperson as delegated by the Board, serves as liaison between Board, Board committees and staff; conducts orientation of new Board members; and actively participates with Board in formulating policy. Assures that rulemaking proceedings are conducted in accordance with Oregon law and assures the optimum public input.
10	NC	E	Interfaces with other agencies whose activities affect the Board (i.e., Governor's Office, Department of Administrative Services, Secretary of State, other licensing boards within the state, related state and federal regulatory agencies (DEA, Board of Pharmacy, Radiation Control, Board of Nursing, OMAP, Boards of Dentistry in other states, etc.). Maintains liaison and effective relationships with Oregon Dental Association and its local components; Oregon Dental Hygienists' Association; Oregon Dental Assistants' Association; dental specialty organizations; dental and dental hygiene education programs at OHSU, School of Dentistry, and community colleges; regional and national dental, dental hygiene and dental assisting testing agencies, and the American Association of Dental Examiners. Represents the Board as a voting member of the American Association of Dental Administrators and the American Association of Dental Examiners.
10	NC	E	Supervises the review and approval of applications for initial licensure and renewal of licenses for dentists and dental hygienists. Oversees the administration of specialty examinations, the Board's jurisprudence examination, certification of dental assistants in expanded functions and the review and approval of anesthesia permits.

10	NC	E	Supervises the enforcement program assuring that complaints filed against licensees are handled in a fair and objective manner. Responsible for the investigation of complaints, preparation of Board orders, consultation with legal counsel, monitoring the flow of cases through the system to assure that priority issues are dealt with in a timely manner. Ensures the Boards enforcement procedures are followed and that licensees are provided with due process and confidentiality as required by Oregon law. Investigation of complaints frequently involves collaboration and cooperation with other regulatory agencies; i.e., Federal Drug Enforcement Agency, Department of Justice Medicaid Fraud Unit, Board of Pharmacy, Board of Nursing, Oregon Medical Board, and state and local law enforcement.
10	NC	E	Interprets and executes the provisions of the Dental Practice Act and rules of the Board and other regulations which determine the safe and legal practice of dentistry and dental hygiene in Oregon. Develops and recommends modification of the Dental Practice Act and rules of the Board. Prepares legislative concepts, appears before the Legislature in support of Board programs, presents and justifies the Board's budget to the Department of Administrative Services and the Legislature. Assures that Board Newsletter is produced on a regular basis, providing major articles and overseeing the format and distribution to licensees, legislators, professional organizations and other state Boards of Dentistry.
10	NC	E	Provides leadership and direction for a diversified staff of six people. Supervise, hire, monitor performance, develop, coach, discipline and provide direction to employees. Respond to and resolve employee grievances. Assign and plan work. Promote safety training and practices in performance of all work activities. Implement Affirmative action and Diversity strategies and goals. Responsible for structuring activities that promote and foster a diverse workforce and discrimination/harassment-free workplace.
10	NC	E	Responsible for the monitoring of licensees under disciplinary action by the Board to assure compliance with the Board's Order. Work closely with treatment providers, substance abuse counselors, and the Oregon Dental Association Well-Being Committee to provide for evaluation, treatment, on-going care, and support of chemically impaired practitioners to ensure their safe return to work and maintenance of their sobriety and sound mental and physical health.
100%			

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

- Normal office environment.
- Some in-state and out-of-state travel which requires a valid Oregon Driver's License or an acceptable alternative.

- Exposure to licensees under investigation and disciplinary action.
- Exposure to infectious situations when visiting dental offices.
- Contributes to a positive, respectful and productive work environment;
- Establishes/maintains effective working relations with all sections of the Board and the public;
- Maintains regular and punctual attendance;
- Supports participative decision making and cooperative interactions among all people;
- Prepares for meetings, bringing issues and solutions for the team to resolve;
- Participates in achieving a safe and healthy workplace;
- Ensures sensitive and confidential information is handled in a secure manner;
- Commits to support and help other team members;
- Shares in leadership and actively supports decisions made by the management team; and
- Adheres to all OBD policies, processes and procedures.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures.

- Oregon statutes (ORS 679 & 680) and rules (OAR 818) as they apply to dentists, dental hygienists and dental assistants
- Oregon statutes and rules as they apply to health care professions that interrelate with the Board and its licensees (pharmacy, nursing, medicine, denturists, etc.)
- Oregon Public Records Law
- Oregon Public Meetings Law
- Oregon Attorney General's Administrative Procedures Act
- Service Employees International Union Local 503, OPEU Contract
- Federal regulations regarding reporting adverse actions taken against licensees of the Board (National Practitioners Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB)
- Dept. of Administrative Services policy and procedures regarding personnel, purchasing, accounting, budgeting, etc.
- Historical records of the Board: court cases, contested case records, policies, Minutes of Board and committee meetings.

b. How are these guidelines used?

These laws, rules, policies, procedures, guidelines, etc. serve as references and provide general guidance to the daily administration of the Board and enforcement of the Dental Practice Act is consistent with the rules and regulations governing agency operations.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?

Who Contacted	How	Purpose	How Often?
Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".			
Board Members and the general public	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily
Executive Officers of other state Boards	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily
Licensees	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily

Dept. of Justice	Phone/writing/in person	Discuss issues of enforcement, interpretation of DPA and related laws and regulations	Daily
Officers and staff of Professional Associations	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Weekly
Educational Institutions	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Weekly
State Legislators, Office of the Governor and the Department of Administrative Services	Phone/writing/in person	Explain Board laws and rules, support Board sponsored legislation, and respond to constituent concerns.	As needed
National and Regional Testing Entities	Phone/writing	Discuss testing protocols	As needed
Other state and federal agencies	Phone/writing	Discuss issues of mutual concern	As needed
Media	Phone/writing/in person	Explain Board policy	As needed

SECTION 7. POSITION RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions.

- Establishes work priorities to carry out Board policy
- Determines adequacy and availability of human, fiscal and equipment resources
- Determines policy issues to be presented to Board for consideration/action
- Develops, justifies, and manages biennial budget
- Recruits, selects, manages, develops, and disciplines Board personnel as necessary
- Establishes agency operating policy and procedures within state guidelines

Inappropriate decisions can result in adverse publicity; a lack of effective communication with licensees, the public and professional organizations; ineffective use of agency resources; and failure to accomplish Legislative policy and Board priorities.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Classification Title	Position Number	How	How Often	Purpose of Review
Oregon Board of Dentistry President	Varies upon appointment	Meetings in person and annual evaluations	Monthly	Determine if the goals and objectives of the agency are being met.

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

SECTION 9. OVERSIGHT FUNCTIONS**THIS SECTION IS FOR SUPERVISORY POSITIONS ONLY**

- a. How many employees are directly supervised by this position? 3
- How many employees are supervised through a subordinate supervisor? 4

- b. Which of the following activities does this position do?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Plan work | <input checked="" type="checkbox"/> Coordinates schedules |
| <input checked="" type="checkbox"/> Assigns work | <input checked="" type="checkbox"/> Hires and discharges |
| <input checked="" type="checkbox"/> Approves work | <input checked="" type="checkbox"/> Recommends hiring |
| <input checked="" type="checkbox"/> Responds to grievances | <input checked="" type="checkbox"/> Gives input for performance evaluations |
| <input checked="" type="checkbox"/> Disciplines and rewards | <input checked="" type="checkbox"/> Prepares & signs performance evaluations |

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification:

You must possess an extensive knowledge of the principles and practices of management, including planning, organizing, directing, motivating, controlling, decision making and of budgeting as it relates to agency management. You must also have a strong working knowledge of Oregon's legislative process and administrative rules establishment and revision.

As primary representative of the agency to all outside entities, you must thoroughly understand public relations and be able to establish good working relationships both within the agency and with outside entities including professional organizations, lawmaking bodies and the press.

In addition, you must have a very extensive knowledge of the laws and rules governing dental practice in Oregon. You must also have a thorough working knowledge of operating a criminal justice agency including investigations, prosecutions, mediation and negotiation, conduction of hearings and appeals, confidentiality issues, and compliance and rehabilitation methods and monitoring.

You must be proficient in using computers and word processing software to personally produce reports, and be able to access and use information in the Board's database.

As an employee of the Oregon Board of Dentistry, you are responsible for protecting our business information. Protecting this information entails knowing the risk classification level of the information and following the established protection procedures. It also involves reading and understanding the agency's information security policies and participating in employee awareness training.

You are subject to a criminal records check, which may require fingerprints. If you are offered employment, the offer will be contingent upon the outcome of a criminal records check (FBI and/or LEDS). Any history of criminal activity will be reviewed and could result in the withdrawal of the offer or termination of employment.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

Operating Area	Biennial Amount (\$00000.00)	Fund Type
Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".		
Entire agency	\$3.5 million	Other

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee's name and position number.

SECTION 12. SIGNATURES

SIGNATURE ON FILE

Employee Signature

Date

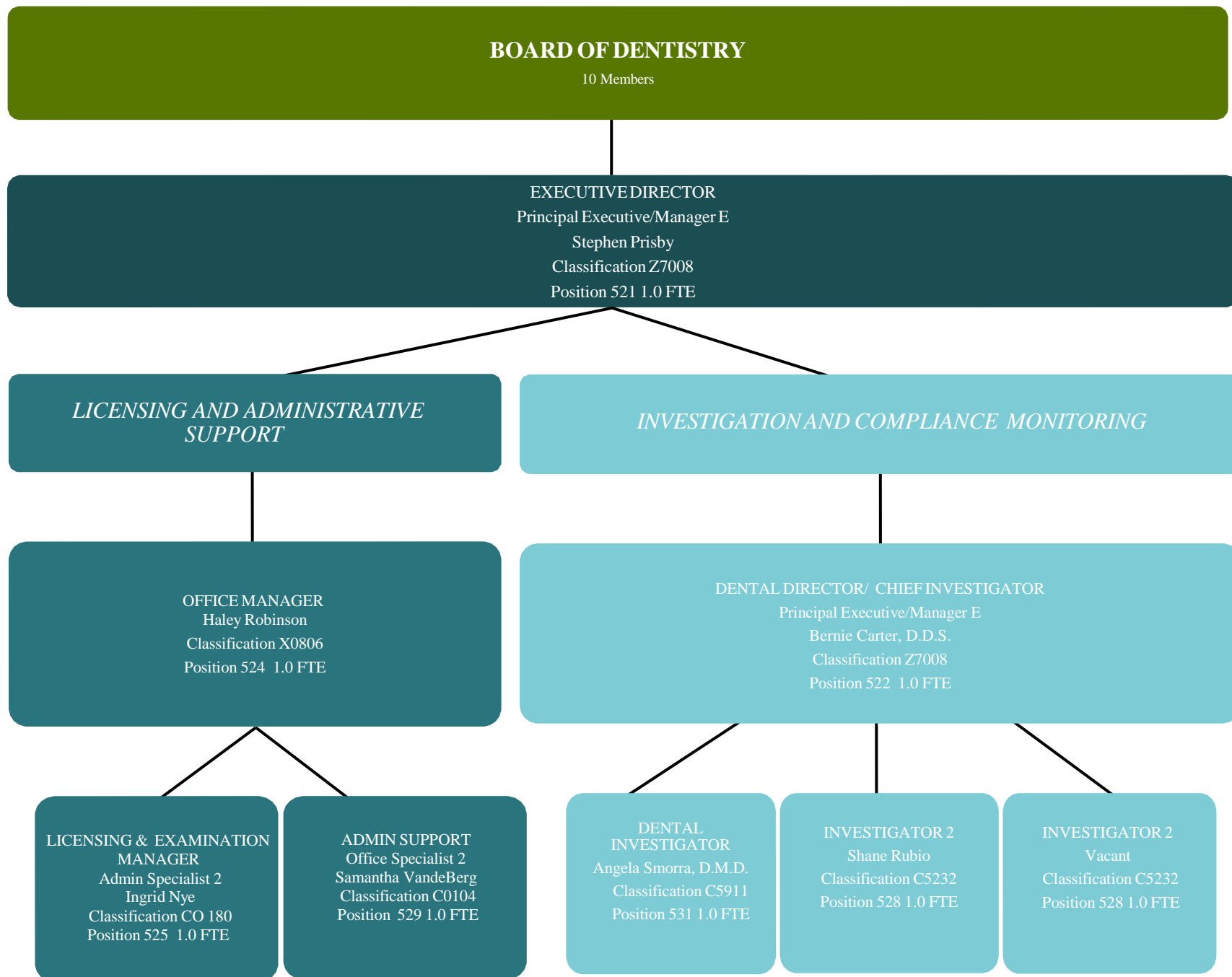
SIGNATURE ON FILE

Supervisor Signature

Date

Appointing Authority Signature

Date





Oregon Board of Dentistry Bylaws

Article I. Name

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

Article II. Mission

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

Article III. Officers and Duties

Sec. 1. The President of the OBD shall preside at all meetings of the Board and shall have a vote on motions, if they so choose.

In addition, he/she shall perform the following duties:

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

Sec. 2. The Vice-President of the OBD shall preside at any meetings of the Board that the President is not able to attend and shall have a vote on motions. In the event of a permanent vacancy in the Office of the President, the Vice-President shall become the President of the OBD until the next organizational meeting of the Board.

In addition, he/she shall perform the following duties:

- a. The Vice-President shall be elected annually at the April Board Meeting.
- b. He/she shall cause his/her signature to be placed upon all disciplinary orders approved by the Board, if the president is unable to sign for any reason.
- c. If a professional member of the Board is elected Vice-president he/she shall become the Senior Evaluator of the Board and preside at all meetings of the Evaluators and shall present all completed investigative reports to the Board for review and action.

Sec. 3. The President of the OBD shall appoint all committee and workgroup chairs for any committees and workgroups of the OBD. Chairs shall preside at all meetings of their committees and workgroups.

In addition, he/she shall perform the following duties:

- a. Committee and Workgroup Chairs shall work with the Executive Director to establish a meeting date when necessary.
- b. He/she shall be in communication with the Executive Director regarding the agenda for any committee and workgroup meetings.
- c. Committee and Workgroup Chairs will report to the Board on any committee and workgroup meetings and any recommendations from the committee and workgroup to the Board.

Article IV. Voting

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

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

Sec. 3. Attendance and votes by conference call telephone may be authorized by the Board subject to notice requirements of Public Meeting Laws.

Article V. Quorum

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

Article VI. Procedures and Rules

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

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

Article VII. Amendments

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

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

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

THE BULLETIN

VOLUME 133 | SPRING 2021

ABOUT THE BULLETIN

The American Association of Dental Boards publishes *The Bulletin* quarterly for its members. Each issue contains information that is relevant both to dental boards and to the citizens of the states the boards serve.

SUBSCRIPTIONS

AADB Members receive *The Bulletin* as part of their annual membership fees.

1-year Subscription to
The Bulletin \$75.00

SUBMISSIONS

Contact the AADB Central
Office at info@dentalboards.org

American Association of Dental Boards

DC Office

1701 Pennsylvania Avenue, NW, Suite 20

Washington, DC 20006

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GREETINGS FROM THE PRESIDENT



Dr. Robert Zena (KY)

AADB President

Hello Members,

As we emerge from the pandemic, taking time to reflect on what we have been through in the past fourteen months, boggles the mind. There is much to be learned from our experience, not only from an epidemiological standpoint, but also in coordinating efforts, messaging, logistics, communications, etc., not to mention our personal lives, and relationships.

It is imperative that we prepare for the next crisis drawing on the knowledge gleaned from our COVID experience. Being a board member during this time is particularly remarkable. It's a tough job as we all know, but finding yourself on a state dental board during COVID-19 has been challenging, to say the least.

As your President of the American Association of Dental Boards, and with the strong support and guidance of the Board and Executive Director, we have met the challenges and supported you to the best of our ability. We have kept you informed of the latest knowledge and policies to help you make decisions that affect your state. We value your membership and are here to support you.

I am happy to announce our Annual Meeting will be held in San Antonio, Texas to dedicate our 138-year history, Halloween weekend 2021. Texas is open for business and San Antonio is a great city to host our gathering. We will have a great program and I hope to see you all there. It will be wonderful to finally see you face – to – face and spend time together.

See you in San Antonio,

A handwritten signature in black ink, appearing to be 'R. Zena', written over a light blue horizontal line.

Robert Zena, D.M.D.
Your President
AADB

FROM THE DESK OF THE EXECUTIVE DIRECTOR

Dear Colleagues,

The grass is growing and the flowers are blooming. Spring is such an exciting time of year. Our world is renewing and preparing for a warmer and brighter future.

Speaking of a bright tomorrow, the program planning for our in-person 2021 Annual Meeting in San Antonio is underway. In keeping with our mission of supporting dental boards, we will be examining lessons learned from the pandemic as well as electing a new Secretary for the AADB Board of Directors from the North Caucus. Interested AADB Members who are eligible to run for office should forward their one - page vision statement, recent picture, and CV to info@dentalboards.org by 5:00 p.m. CST on Friday, May 28. Additionally, Dr. Art Jee will present his Treasurer's Report at the Annual Meeting which outlines our profitability for the year.

As we close our 2020-2021 fiscal year on June 30, membership renewal notices will be emailed over the summer. Renewals can be done online, and the central office is happy to assist if you have any questions.

This has been a remarkable year in many ways thanks to our dedicated Board of Directors, Staff, Members, and Partners.

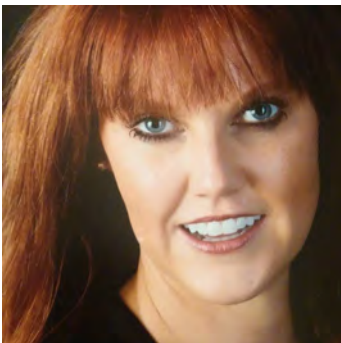
See you on October 30th and 31st in San Antonio!

Sincerely,



Tonia Socha-Mower, MBA, EdD (c)

AADB Executive Director





As we emerge from the pandemic and the infection rates are decreasing in many states, the AADB Board of Directors is excited to announce our 138th Annual Meeting will be hosted at the Grand Hyatt San Antonio River Walk on October 30-31, 2021. San Antonio consistently ranks as one of the top destinations for meetings and this resort won the “Best River Walk Hotel” recently. Registration will be opening soon.

To learn more about the location of the meeting, click here:

<https://www.dentalboards.org/meetings-events>

AADB 2021 – 2022 BOARD OF DIRECTORS NOMINATIONS

The AADB Nominating Committee, comprised of representatives from each of the four regional caucuses, will be meeting in the next few weeks. Nominations for AADB Secretary should be from the North Caucus (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, or Wisconsin). Nominations should be emailed to info@dentalboards.org by May 28, 2021, at 5 p.m. Central Time. All nominations should include a current CV, picture, and a one-page vision statement. Self-nominations are both permitted and encouraged.

OPEN CALL FOR HOT TOPICS

AADB seeks topic suggestions for our always popular AADB Open Forum. More specifically, the AADB asks Executive Directors to submit a written report with highlights of progress and/or challenges. Your input does not need to be in the form of a report, but brief reports are welcome, especially if your state is contemplating new legislation. If you have suggestions about topics that would be of interest, please let AADB know by September 1, 2021. Email your suggestions to AADB at info@dentalboards.org. Our goal is to stimulate conversation and discussion of regulatory concerns.



The AADB Open Forum will be facilitated by Frank A. Maggio, DDS. This lively, interactive session will provide the General Assembly an opportunity to discuss regulatory concerns and other important topics encountered by state boards in a spontaneous, free-flowing setting. Participate in the AADB Open Forum by asking questions, discussing challenges, and sharing your successful practices and innovations.

By participating in this session, you will:

- Learn about regulatory and other topics of interest to state boards.
- Understand how other jurisdictions are addressing important issues.

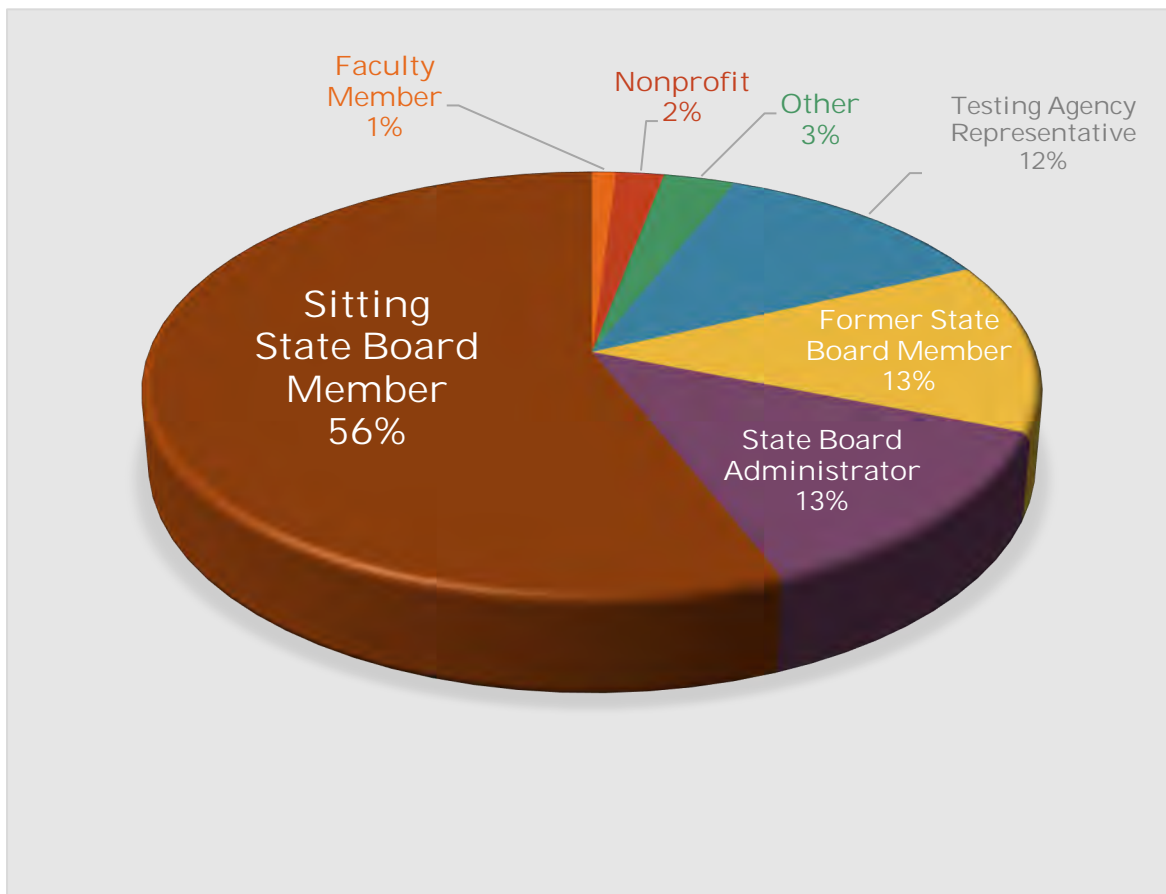
BYLAWS COMMITTEE REPORT

The Bylaws Committee hosted a virtual event with the AADB Membership to share their recommendations to improve our Bylaws in the summer of 2020 under the leadership of Dr. Frank Maggio, Chair. The recommended changes are accessible on our site: www.dentalboards.org after you log into your account. A vote to adopt or reject the suggestions will occur at our next in-person meeting.

EXHIBIT AND SPONSORSHIP OPPORTUNITIES

As the national representative of state dental boards, AADB is a group of influential decision-makers. Our membership includes state dental board members, administrators, educators, and attorneys. The AADB Annual Meeting represents the perfect opportunity to network and build relationships.

Data analytics finds the following trends in attendance:



Our Sponsor Committee has recruited many new participants. However, if you know of anyone that would understand the value of connecting with our meeting attendees who regulate over 500,000 licensees, please email the central office at info@dentalboards.org.

AADB IN THE NEWS

Dr. Clifford Feingold, AADB Secretary, and past board member from the North Carolina State Board of Dental Examiners, shared his experience with the landmark 2015 U.S. Supreme Court involving the Federal Trade Commission during a *Certemy® Fireside Chat*. This webinar received much praise because he covered the history as well as discussed how regulators continue to be challenged. The AADB Board of Directors would like to thank Dr. Feingold for his dedication to the profession.

Additionally, during the onset of the pandemic, the AADB was interviewed by E.W. Scripps, a national journalism company that provides news stories to 60 television stations and 42 markets across the country. Watch the television interview where President Robert Zena, D.M.D. discusses the COVID-19 vaccines and the profession of dentistry. Video can be found here: <https://www.dentalboards.org/>

ACE PROGRAM UPDATE: HOW COURSES ARE APPROVED

The American Association of Dental Boards' new Accredited Continuing Education (ACE) Program is a reliable resource for dental boards that includes a stringent process that assures the quality of approved courses.

The first question: "how is the course relevant to protecting the public by increasing the relative knowledge of the licensee" is fundamental. The course director must show licensees course educates a licensee to better enable them to protect the public through knowledge. This basic question excludes many potentially frivolous courses that can't meet this basic requirement.

Potential courses are required to reveal information regarding the course and the course creator. Course description, outline, and teaching objectives, as well as format and length, must be described. Careful analysis of that information is then considered prior to approval.

The other key factors, who is the course creator(s), what are their educational achievements, what is their experience relative to the topic, and documentation of such are integral parts of the process. Simply, are they qualified to educate others on this subject?

Another area of concern for the AADB is the training for the person(s) giving the course. This training must be described in detail. Course providers must be properly trained and identified with documentation.

Materials dictate technique. Dentistry is a material-dependent discipline. Dentistry is also technology-dependent. Companies are encouraged to lend their knowledge and guidance to better care thus protecting the public.

We at the AADB take this process very seriously. The AADB is committed to assuring state and territorial dental boards the courses approved by ACE are highly credible and have been thoroughly vetted before approval.

REMEDiate+

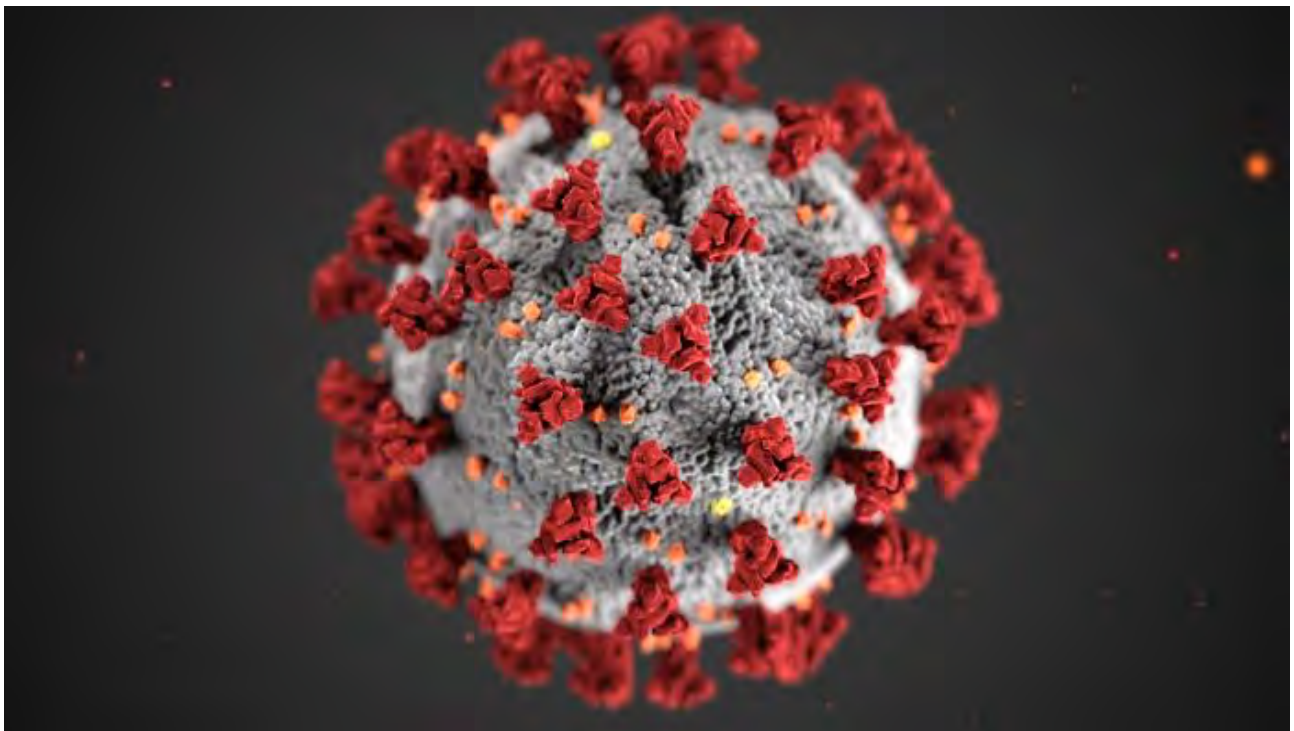
The AADB recently introduced a new program to help support our state dental boards in their mission to educate oral health practitioners who show signs of benefiting from additional training. Currently, we offer an electronic course on Recordkeeping and intend to expand the online course offerings shortly. In the meantime, a new management system was obtained to help improve the learning experience and will be launching soon.

Please email our Executive Director at tsochamower@dentalboard.org for more information or to share some of your state's needs.

CLEARINGHOUSE

The AADB Clearinghouse for Board Actions is one of the most valuable resources maintained by AADB. We rely upon each state/territory dental board to forward its orders and other disciplinary actions to AADB as soon as reasonably possible. Quarterly submissions by each state board are encouraged. We input all state board orders within days of receipt in Chicago. The timelier the submission and entry, the more valuable the Clearinghouse. Information can be emailed to info@dentalboards.org.

MEMBER BENEFIT SPOTLIGHT: COVID-19 RESOURCES



The AADB has consulted with our colleagues at other national organizations to collect recommendations to help state/territory dental boards manage the pandemic. Accordingly, the AADB has created a COVID-19 resources page for our Members. Once you log in to the Member's page, you will have access to exclusive resources that are not accessible to the general public. For example, the most current information from the Chief Dental Officer of the U.S. Public Health Service, NIH, and the CDC and other oral health stakeholders can be found on the Member's page. <https://www.dentalboards.org/covid-19-resources>.

MEMBER BENEFIT SPOTLIGHT: THE COMPOSITE

This publication contains 40 charts that provide state-by-state information on dental board structure, licensee populations, licensing requirements, practice regulations, and state board disciplinary actions. Board contact information is included as well. Each Agency Member State Board and all Member Specialty Boards should have received a complimentary copy of the *Composite* as part of their membership package.

The latest edition of AADB's *Composite* will be released this summer. Executive Directors are asked to have their board information submitted by May 31 to help our Members at srojas@dentalboards.org.

To better serve our Members, we introduced our first-ever electronic version of the publication this year. Additional copies can be purchased online.

The 32nd Edition of the *Composite* has been made possible through a generous contribution from the American Dental Education Association.



MEMBER BENEFIT SPOTLIGHT: AADB WEEKLY UPDATE



As a Member, you should be receiving the AADB Weekly Update. Excluding holidays, the AADB members receive this electronic publication on Monday afternoons. The update provides a look at trending dental-related stories in the news and provides updates about AADB's activities.

MEMBER BENEFIT SPOTLIGHT: OPIOID RESEARCH

The AADB is working with various federal agencies and oral health stakeholders to evaluate the national trends and science of opioid use in the United States. The AADB Board of Directors plans to release some guidance to help state dental boards manage the epidemic in their home states in 2021. However, this document will be based on evidence-based practices and will be coordinated with our medical, nursing, pharmacy, and psychology partners so it will take some time to develop. Once released, our Members will receive a copy.

NEW AADB EXECUTIVE ASSISTANT



The AADB Board of Directors would like to welcome Ms. Jacquelyn "Faye" Usero to our central office team. Ms. Usero comes to the AADB from Amazon and has experience in sales, market research, quantitative and qualitative scientific research, procurement, and recruitment. She graduated in 2018 with her Bachelor of Science in Pharmacy Science and is excited to return to healthcare.

AADB CENTRAL OFFICE ANNIVERSARY



The AADB Board of Directors would like to thank Ms. Stephanie Rojas for her years of service. Ms. Rojas started to support the Members of the AADB in 2017 as an Administrative Assistant and now supervises many of our large AADB initiatives as a Project Manager.

LIABILITY INSURANCE

As a board member, do you have sufficient insurance protection? Traditionally homeowners and umbrella policies offer some coverage, however, the AADB encourages all board members to investigate your coverage. As frivolous as many suits can be, the expense of the defense can be costly. Please keep in mind that coverage limits are typically shared with all board members. Therefore, a \$1 million policy may seem enough at first but if it is split between 10 board members, the coverage may not be adequate. The AADB recommends Board Members speak to an insurance expert to make recommendations for your specific scenario. Some carriers offer additional directors' and officers' coverage that may be appropriate for you.

LAPEL PINS

AADB lapel pins are now available for purchase at www.dentalboards.org in our online store.



Thank you for your continued support of the American Association of Dental Boards.

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**OREGON BOARD OF DENTISTRY
2021-2022
MEETING DATES**

EVALUATORS	BOARD
February 5, 2021	February 19, 2021
April 2, 2021	April 16, 2021
June 4, 2021	June 18, 2021
August 6, 2021	August 20, 2021
October 8, 2021	October 22, 2021
December 3, 2021	December 17, 2021
February 11, 2022	February 25, 2022
April 8, 2022	April 22, 2022
June 3, 2022	June 17, 2022
August 5, 2022	August 19, 2022
October 7, 2022	October 21, 2022
December 2, 2022	December 16, 2022



2022

JANUARY							FEBRUARY							MARCH						
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9 009	10 010	11 011	12 012	13 013	14 014	15 015	13 044	14 045	15 046	16 047	17 048	18 049	19 050	13 072	14 073	15 074	16 075	17 076	18 077	19 078
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30 303	31 304																			

■ State holiday ■ State holiday/courts remain open - Julian dates - perpetual count of days per year

Jan 01 – New Year’s Day
Jan 17 – Martin Luther King Day
Feb 21 – President’s Day
Apr 03 – Ramadan Begins
Apr 17 – Easter
May 30 – Memorial Day
Jul 04 – Independence Day

Sep 05 – Labor Day
Sep 26 – Rosh Hashanah
Nov 11 – Veteran’s Day
Nov 24 – Thanksgiving
Nov 25 – Staff Holiday
Dec 25 – Christmas Day
Dec 26 – Staff Holiday

UNFINISHED
BUSINESS
&
RULES

Nothing to report under this tab

CORRESPONDENCE

From: oregon-gov-web-services@egov.com <oregon-gov-web-services@egov.com>

Sent: Wednesday, June 2, 2021 4:09 PM

To: OBD Info * OBD <information@oregondentistry.org>

Cc: ROBINSON Haley * OBD <Haley.Robinson@oregondentistry.org>

Subject: Ask the Board

Name:	Dr. Calie Roa
Your Profession:	Dentists
Email Address:	croadmd@gmail.com
Telephone Number	541-621-1789
Your Question	<p>Good afternoon, I am writing on behalf of myself and many other dental providers in Oregon. I am currently serving as president-elect of the ODA and work very closely with the local and state dental community. I am noticing a great deal more dental providers utilizing Botox and Fillers in their practices and have been certified myself. My concern is that, according to the current stipulations, Dentists are not allowed to administer Botox (or similar treatments) and fillers UNLESS they have a justifiable reason within the scope of dentistry. With the amount of years we, as a profession have been studying and working on the face and mouth, it seems logical that we would be some of the most well equipped to administer this to our patients for both dental and cosmetic needs. We are well versed in the anatomy of the head and neck and when being taught these courses, they are most commonly taught by Dentists. With the ever changing scope of dentistry we are seeing more and more people having cosmetic concerns, especially with Zoom and video chats being "normal". My direct ask is that the Oregon Board of Dentistry could reopen this topic for new discussion and vote to change the laws around this so that Dentists can administer Botox (and similar treatments) and fillers for cosmetic purposes as well as administration for dental concerns. Please feel free to reach out to me if any further questions or comments. Kindly, Dr. Calie Roa</p>

818-012-0005**Scope of Practice**

(3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both 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)



RECEIVED

JUN 07 2021

Oregon Board
of Dentistry

June 1, 2021

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Oregon Board of Dentistry
Attention: Stephen Prisby
1500 SW 1st Avenue
Suite 770
Portland, OR 97201

Dear Members of the Oregon Board of Dentistry:

I am writing to inform your dental board about recent changes to the American Association of Orthodontists' Clinical Practice Guidelines. Because dental boards have previously requested the AAO's Clinical Practice Guidelines for use as a reference regarding the standard of care for orthodontic treatment, the AAO wanted to assist you by providing the most up-to-date version of this document.

A copy of the revised AAO Clinical Practice Guidelines is enclosed with this letter. The AAO invites and encourages you and your dental board to use the Guidelines as a resource for any matter in which you are required to consider the standard of care for orthodontic treatment (whether provided by an orthodontist, a general dentist or any other provider).

The AAO has long been one of the foremost authorities on orthodontic practice. As you may know, the AAO is the world's oldest and largest dental specialty organization, established in 1900. It represents more than 19,000 orthodontists throughout the United States, Canada, and abroad. The AAO is recognized, by both the American Dental Association and the National Commission on Recognition of Dental Specialties and Certifying Boards, as the sponsoring association for the national certifying board for orthodontists, the American Board of Orthodontics. The AAO's official journal, the *American Journal of Orthodontics and Dentofacial Orthopedics*, has been a leading peer-reviewed orthodontic resource since its establishment in 1915.

The AAO's Clinical Practice Guidelines, which represent the collective opinion of orthodontic experts regarding the best practices for the provision of safe and effective orthodontic treatment, are a trusted source for clinical insight and direction. Moreover, the Clinical Practice Guidelines are based upon peer-reviewed scientific literature and studies, as evidenced by the over 30 pages of citations attached to the Guidelines and upon which the Guidelines are based (see Guidelines, pp. 25-57).

The revised Clinical Practice Guidelines now include recommendations specifically intended to protect patients receiving orthodontic treatment that includes a teledentistry component.

The AAO understands that orthodontic treatment delivery systems are rapidly evolving, including many that incorporate some teledentistry or remote component. The AAO fully supports the incorporation of teledentistry into orthodontic treatment, **so long as the standards of care that best protect patient health and safety are not compromised.** For this reason, the revised Clinical Practice Guidelines make clear that **any** treatment model (including through use of teledentistry) should include certain elements to protect patient health and safety:

Prior to the initiation of orthodontic or dentofacial orthopedic treatment, in order to enhance the health and safety of the patient, an in-person comprehensive dental and orofacial examination should occur by a state-licensed dentist. That dentist shall be currently practicing, and have a dental license in good standing, in the same state in which the comprehensive dental exam takes place. That dentist shall be searchable in the same state-run database and be able to be contacted by the patient.

(Guidelines, p. 6, lines 36-41). The revisions to the AAO's Clinical Practice Guidelines reinforce the importance of protecting patients by specifying elements that should be included in any treatment, whether or not it includes the use of teledentistry.

Also, the revisions to the Clinical Practice Guidelines clarify that they apply to anyone, not just orthodontists, providing orthodontic treatment, in order to best protect patient health and safety.

Previously, the Clinical Practice Guidelines used a variety of words to refer to the individual responsible for elements of orthodontic treatment, including *practitioner*, *provider*, *clinician*, and *orthodontist*. The revised version replaces nearly all these references with the term *dentist* to underscore that **anyone** who provides orthodontic treatment should comply with these treatment guidelines. The Clinical Practice Guidelines now make clear that they **"encompass all licensed dental practitioners providing orthodontic care."** (Guidelines, p. 5).

Although the AAO believes any provider of orthodontic care should adhere to the best practices outlined in the Clinical Practice Guidelines, we firmly believe that orthodontic treatment is **best provided by an orthodontic specialist.** To that end, the Guidelines state: "The additional formal education of the orthodontist makes them the best qualified practitioner for management of orthodontic issues." (*Id.*).

I hope that this information will be helpful to you, your dental board, and board's staff in future matters. Please do not hesitate to contact me should you have any questions regarding the revisions to the AAO's Clinical Practice Guidelines, or in any instance where the AAO might be of assistance to you and your board.

Sincerely,



Trey Lawrence
American Association of Orthodontists
Vice President, General Counsel



American
Association of
Orthodontists®

*Clinical Practice Guidelines for
Orthodontics and
Dentofacial Orthopedics*

American Association of Orthodontists (AAO)
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St. Louis, MO 63141

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Created: 1996
Amended: 2001, 2009, 2010, 2012, 2014, 2016, 2017, 2019, 2021

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1 Introduction

Orthodontics and Dentofacial Orthopedics is a specialty area of dentistry recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including conditions requiring the movement of teeth or correction of malrelationships and malformations of their related structures. This includes any adjustments to the 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 in addition to malrelationships or dysfunction of associated supporting structures. Additionally, orthodontists have specialized knowledge, skills, and experience that is beneficial in the interdisciplinary team management and care of patients who have been diagnosed with obstructive sleep apnea and other related breathing disorders. All measures to fulfill these responsibilities, including interdisciplinary referral when required, should strive to establish and maintain the best achievable outcome for healthy dental, occlusal, esthetic and physiologic functions.

A specialist in orthodontics and dentofacial orthopedics meets educational standards established by the Commission on Dental Accreditation and must possess advanced knowledge in biomedical, clinical, and basic sciences. This knowledge includes a comprehensive understanding of the biology of tooth movement, radiographic imaging and cephalometric measurements, orthodontic diagnosis, treatment planning, surgical orthodontics, biomechanical principles, the effects of growth and development on tooth movement, the application of orthopedic forces to dentofacial structures, and patient management and motivation.

The American Association of Orthodontists (AAO) is the leading national organization of dentists who limit their practice to orthodontics and dentofacial orthopedics and is recognized by the ADA as the sponsoring organization of the national certifying board, the American Board of Orthodontics. The membership of the AAO includes the vast majority of practicing orthodontists in the United States and Canada. The AAO has the background, expertise, and professional responsibility to assist the dental profession and the public by developing clinical practice guidelines for orthodontics and dentofacial orthopedics. The AAO recognizes its role in upholding the public trust granted to it in part by presenting these clinical practice guidelines to help practitioners develop judgments on diagnosis, treatment planning, and timing of orthodontic and dentofacial orthopedic therapy. The primary concern of the AAO is the provision of high-quality orthodontic care and the protection of the public. The AAO recommends that every child should have an orthodontic home by age 7 or sooner if certain developmental issues present. The child should be able to function appropriately in an orthodontic setting and have an established dental home to manage hygiene and dental caries.

Practice guidelines, as defined by the Institute of Medicine, are “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.”

The Orthodontic Clinical Practice Guidelines for Orthodontics and Dentofacial Orthopedics presented in this document are condition-based and are related to the International Classification of Diseases, Clinical Modification, 10th Edition (ICD 10 codes). This approach recognizes the need for integrated treatment of oral and dentofacial conditions rather than isolated treatment

1 procedures. These guidelines are also directed toward the process of patient care and outline
2 considerations related to diagnosis, treatment, and quality of care.

3
4 These guidelines were derived from a professional consensus, based on a review of relevant
5 clinical and scientific literature, the expert opinion of educators, and the clinical experience of
6 practicing orthodontists. Similar documents written by other organizations and publications related
7 to guideline development were also reviewed.

8
9 There are various professionally accepted philosophies regarding orthodontic diagnosis,
10 treatment, and retention. The additional formal education of orthodontists makes them the best
11 qualified practitioners for management of orthodontic issues. To simplify the language and enable
12 consistent terminology throughout these guidelines, the term "dentist" will be used to encompass
13 all licensed dental practitioners providing orthodontic care. Because of the nature of the doctor-
14 patient relationship, the licensed dental practitioner (hereinafter referred to as "dentist"), who is
15 actively engaged in treating the patient, is in the most informed position to evaluate and interpret
16 the complexities, timing, and potential efficacy among the different philosophies and systems
17 available. Deviations from these guidelines may be appropriate based on professional judgment
18 and individual patient needs and preferences. Where a dentist chooses to deviate from these
19 guidelines (based on patient specific circumstances or for any other reason) the dentist is advised
20 to note in the patient's record the specific reason/reasons for following an alternative procedure.
21 Finally, it should be understood that adherence to these guidelines does not guarantee a
22 successful treatment outcome.

23
24 The AAO recognizes that these guidelines may be used by insurance carriers and other payers,
25 attorneys in malpractice litigation, and various entities with an interest in orthodontics. The
26 Association encourages all interested persons to become familiar with the Guidelines. This
27 document was not developed to establish standards of care or to be used for reimbursement or
28 litigation purposes. The AAO cautions that these uses involve considerations that are beyond the
29 scope of the Guidelines.

30
31 The professional conduct of members of the AAO is governed by the Principles of Ethics and
32 Code of Professional Conduct of the AAO and the ADA.

33 **Evidence-Based Dentistry**

34 *Definition*

35
36 The following outline of orthodontic diagnostic and treatment considerations are evidence-based
37 recommendations. Evidence-based dentistry (EBD) is an approach to oral health care that
38 requires the judicious integration of systematic assessments of clinically relevant scientific
39 evidence relating to the patient's oral and medical condition and history, with the dentist's clinical
40 expertise and the patient's treatment needs and preferences.

41 *Levels of Evidence*

42
43 Rating systems exist to evaluate the strength of various study designs. The Centre for Evidence-
44 based Medicine provides background information on this topic, as well as a commonly used table
45 for the "Levels of Evidence." In general, the levels of evidence, from strongest to weakest, are:

46
47 Meta-analysis
48 Systematic Review
49
50
51

1 Randomized Trial
2 Cohort Study
3 Case/Control Study
4 Case Series
5 Expert Opinion

6 7 **Evidence-Based Practice**

8
9 Evidence-based practice is assisted by critical evaluation of the body of literature on a specific
10 topic. In particular, well-conducted systematic reviews and meta-analyses can provide guidance
11 to assist dentists in clinical decision-making. Some resources for accessing evidence-based
12 literature are:

- 13
14 1. AAO Evidence Based Orthodontic Research Website: A collection of systematic
15 reviews, meta-analyses, practice guidelines, and summary statements on
16 orthodontic topics.
17
- 18 2. The ADA Center for Evidence-based Dentistry: A website which houses
19 information on evidence-based dentistry, as well as a listing of systematic reviews
20 in dentistry. Additionally, this site provides links to other evidence-based resources.
21
- 22 3. PubMed: PubMed comprises more than 30 million citations for biomedical literature
23 from MEDLINE, life science journals, and online books.
24
- 25 4. Cochrane Collaboration: An international nonprofit organization that develops
26 evidence-based systematic reviews on health care interventions.
27

28 **Orthodontic Treatment Definition**

29
30 Orthodontic treatment is defined as a complex, professionally-guided, dynamic process that alters
31 the dentofacial complex. Aspects of treatment require recurring clinical assessments in addition to
32 in-person interactions with each patient by an appropriately licensed dentist.

33 34 **Pretreatment Considerations**

35
36 Prior to the initiation of orthodontic or dentofacial orthopedic treatment, in order to enhance the
37 health and safety of the patient, an in-person comprehensive dental and orofacial examination
38 should occur by a state-licensed dentist. That dentist shall be currently practicing, and have a
39 dental license in good standing, in the same state in which the comprehensive dental exam takes
40 place. That dentist shall be searchable in the same state-run database and be able to be
41 contacted by the patient.
42

43 A screening examination may be performed to determine the nature of the orthodontic problem,
44 and to determine if and when treatment is indicated. When treatment is indicated, it is
45 recommended that a comprehensive examination be performed and include:
46

47 *Examination*

- 48
49 A. Chief Complaint
50 The chief complaint or the reason for seeking treatment as described by the patient, parent
51 or legal guardian.

1 B. Medical and Dental History

2 An appropriate medical and dental history be obtained as a part of the initial evaluation of
3 the patient. If treatment is to be delayed until a future date, an updated history may be
4 necessary. Patients/parents/legal guardians should be requested to promptly advise the
5 dentist of any change in the patient's health history.

6
7 C. Clinical Examination

8 A comprehensive clinical examination including the following, with all findings recorded in
9 the patient's record:

- 10
11 1. An extraoral assessment to determine facial form, symmetry, soft-tissue harmony,
12 and status of the perioral musculature. This determines deviations from normal
13 regarding a patient's sagittal, vertical, and transverse maxillofacial relationships and
14 to assess the relationship of the dentition to the facial structures.
- 15
16 2. An intraoral examination to assess the condition of the hard and soft tissues of the
17 mouth (including the periodontium) and the static and functional status of the
18 patient's occlusion.
- 19
20 3. An evaluation of the temporomandibular joint and associated musculature to
21 assess function and disease.
- 22
23 4. An assessment of perceived or reported oral parafunctional habits.
- 24

25 **Diagnostic Records**

26
27 Diagnostic records, along with a comprehensive examination and history, form the foundation
28 upon which a diagnosis and treatment plan with options are formulated.

29
30 Diagnostic records and tests will vary with the nature of the patient's condition but should be
31 sufficient to identify the problematic clinical conditions present, formulate a diagnosis, and allow
32 the development of an acceptable course of treatment with associated treatment goals. Where
33 limited orthodontic procedures are anticipated, diagnostic records may vary from those associated
34 with comprehensive care. Limited or comprehensive treatment encompasses all treatment
35 techniques, including aligners or aligners in combination with fixed appliances and auxiliaries to
36 significantly alter the alignment of teeth or occlusion and/or function.

37
38 Pretreatment unaltered diagnostic records for orthodontic treatment may include the following:

- 39
40 1. Extraoral and intraoral still photographic or video images (may include digital or
41 film-based images) to supplement the clinical findings.
- 42
43 2. Plaster or digital dental models to assess the inter-arch and intra-arch relationship
44 of the teeth, to help determine arch length and width requirements, to assess arch
45 symmetry and to coordinate with other dental professionals concerning anticipated
46 dental procedures.
- 47
48 3. Radiographic imaging (intraoral radiographs, panoramic radiographs,
49 cephalometrics, CBCT, etc.) with interpretation to assess the condition and
50 developmental status of the teeth, hard tissue supporting structures, to identify any

1 dental anomalies or pathology and make a screening assessment of the patient's
2 upper airway.

3 4 **Referral**

5
6 Dentists may make a recommendation for referral of patients to general dentists, dental
7 specialists, physicians, or other health care providers whenever, in the judgment of a dentist,
8 referral would be in the best interest of a patient.

9 10 **Diagnosis and Treatment Planning**

11
12 An in-person diagnosis of the patient's oral health condition should be made by the dentist prior to
13 the initiation of orthodontic treatment. Such a diagnosis allows for the development of an
14 appropriate treatment plan that addresses the patient's chief complaint; medical and dental
15 history; dental, skeletal, facial, functional, and/or psychosocial problems.

16
17 After a diagnosis has been established, a treatment plan should be developed. Such a plan will
18 facilitate the coordination of the treatment objectives with the appropriate treatment modalities
19 available for addressing the patient specific treatment objectives. A well-documented treatment
20 plan should be based on the findings from the medical and dental history, clinical examination,
21 diagnostic records, a critical evaluation of the patient's needs and preferences, and the dentist's
22 professional judgment and preferences.

23
24 The detailed plan typically includes treatment objectives, appliance selection, sequencing and
25 timing of treatment, coordination with other health care providers, and retention.

26
27 The treatment plan should be periodically reassessed by the dentist throughout treatment with
28 progress records taken as deemed appropriate by the dentist. This reassessment should take into
29 consideration various limiting factors and establish short- and/or long-term objectives.

30 31 **Diagnostic and Treatment Considerations for Anomalies of Jaw Size, Relationship of Jaw** 32 **to Cranial Base, Dental Arch Relationship and Dental Alveolus**

33
34 The following conditions may indicate the need for orthodontic or dentofacial orthopedic treatment.
35 These conditions may be structural, functional and/or esthetic in nature and may appear in various
36 combinations and are not limited to the outline below. Frequently considered treatment options are
37 listed for each condition. Adjunctive procedures to those listed used to supplement anchorage
38 needs and improve treatment outcomes include but are not limited to: osseointegrated implants,
39 mini-screw implants, miniplates and other temporary anchorage devices.

40 41 I. Maxillary/Dentoalveolar Hyperplasia (Large Maxilla)

42 43 A. Diagnostic Considerations

- 44
45 1. Anteroposterior
46 a. Midface protrusion
47 b. Dentoalveolar protrusion
48 c. Distocclusion
49 d. Excess overjet
50 e. Asymmetry
51

2. Vertical
 - a. Increased lower anterior facial height
 - b. Maxillary vertical excess
 - c. Excessive gingival display
 - d. Deep overbite
 - e. Open bite
 - f. Lip incompetency
 - g. Asymmetry
 3. Transverse
 - a. Maxillary buccal crossbite (unilateral or bilateral; functional or structural)
 - b. Occlusal plane cant
 - c. Asymmetry
- B. Treatment Options
1. Primary Dentition - Treatment indicated under certain circumstances, appliances vary
 2. Transitional Dentition
 - a. Functional/orthopedic appliances
 - b. Fixed or removable orthodontic appliances
 - c. Space maintenance
 3. Adolescent Dentition
 - a. Functional/orthopedic appliances
 - b. Fixed or removable orthodontic appliances
 - c. Fixed orthodontic appliances adjunctive to orthognathic surgery (surgery usually performed after majority of growth completed)
 4. Adult Dentition
 - a. Fixed or removable orthodontic appliances
 - b. Fixed orthodontic appliances adjunctive to orthognathic surgery

II. Maxillary/Dentoalveolar Hypoplasia (Small Maxilla)

- A. Diagnostic Considerations
1. Anteroposterior
 - a. Midface deficiency
 - b. Dentoalveolar deficiency
 - c. Mesioocclusion
 - d. Anterior crossbite (functional or structural)
 - e. Asymmetry
 2. Vertical
 - a. Decreased lower anterior facial height
 - b. Dentoalveolar deficiency
 - c. Deep overbite
 - d. Open bite

- e. Lip redundancy
 - f. Asymmetry
3. Transverse
 - a. Posterior lingual crossbite (unilateral or bilateral; functional or structural)
 - b. Occlusal plane cant
 - c. Asymmetry
 - d. Transverse deficiency without posterior crossbite
- B. Treatment Options
1. Primary Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 2. Transitional Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 3. Adolescent Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 4. Adult Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Fixed orthodontic appliance adjunctive to orthognathic surgery
- III. Mandibular/Dentoalveolar Hyperplasia (Large Mandible)
- A. Diagnostic Considerations
1. Anteroposterior
 - a. Prognathic facial pattern
 - b. Mesiocclusion
 - c. Anterior crossbite (functional or structural)
 - d. Macrogenia
 - e. Asymmetry
 2. Vertical
 - a. Open bite
 - b. Deep overbite
 - c. Increased lower anterior facial height/steep mandibular plane angle
 - d. Asymmetry
 3. Transverse
 - a. Posterior crossbite (unilateral or bilateral; functional or structural)
 - b. Asymmetry
- B. Treatment Options

1. Primary Dentition - Treatment indicated under certain circumstances, appliances vary
 2. Transitional Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 3. Adolescent Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 4. Adult Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Fixed orthodontic appliance adjunctive to orthognathic surgery
- IV. Mandibular/Dentoalveolar Hypoplasia (Small Mandible)
- A. Diagnostic Considerations
1. Anteroposterior
 - a. Mandibular retrognathic facial pattern
 - b. Excess overjet
 - c. Distoclusion
 - d. Asymmetry
 2. Vertical
 - a. Open bite
 - b. Deep overbite
 - c. Decreased lower anterior facial height
 - d. Increased lower anterior facial height
 3. Transverse
 - a. Posterior crossbite (unilateral or bilateral; functional or structural)
 - b. Asymmetry
- B. Treatment Options
1. Primary Dentition - Functional/orthopedic appliance
 2. Transitional Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 3. Adolescent Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 - c. Fixed orthodontic appliance adjunctive to orthognathic surgery (surgery usually performed after majority of growth completed)
 4. Adult Dentition
 - a. Fixed or removable orthodontic appliance

- b. Fixed orthodontic appliance adjunctive to orthognathic surgery
- c. Functional/orthopedic appliances

Diagnostic and Treatment Considerations for Anomalies of Tooth Position, Discrepancies of Tooth Size, Arch Length, and Arch Form

These conditions may appear in various combinations and are not limited to the following. Frequently considered treatment options, which may include the removal of primary or permanent teeth, are listed for each condition. Adjunctive procedures to those listed include modification of tooth size, restorative replacement, surgical exposure, and appropriate soft tissue surgery.

I. Deficient Arch Length (Crowding)

A. Diagnostic Considerations

1. Labial/lingual displacement
2. Supra/infra eruption
3. Rotations
4. Impactions
5. Axial inclination of teeth (Anterior or Posterior)
6. Tooth size
7. Premature loss of primary teeth
8. Ankylosis
9. Supernumeraries/hypodontia/oligodontia
10. Soft tissue considerations
11. Complete/incomplete transpositions
12. Skeletal deficiencies
13. Age

B. Treatment Options

1. Primary Dentition
 - a. Fixed or removable space maintainer
 - b. Extraction of primary teeth
2. Transitional Dentition
 - a. Functional/orthopedic appliance
 - b. Fixed or removable orthodontic appliance
 - c. Serial extraction
3. Adolescent Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Functional/orthopedic appliance
 - c. Extractions of permanent or remaining primary teeth
 - d. Exposure of impacted teeth for spontaneous eruption or orthodontic repositioning
 - e. Management of periodontal concerns
4. Adult Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Extraction of permanent teeth

- c. Exposure of impacted teeth for spontaneous eruption or orthodontic repositioning
 - d. Management of periodontal concerns
 5. Interdisciplinary referral may be appropriate in each treatment option listed
- II. Excessive Arch Length (Spacing)
 - A. Diagnostic Considerations
 1. Skeletal arch size
 2. Tooth size
 3. Supernumeraries/hypodontia/oligodontia
 4. Axial inclination of teeth
 5. Facial/lingual displacement
 6. Rotations
 7. Fibrous gingival hyperplasia
 8. Frenal attachments
 - B. Treatment Options
 1. Primary Dentition
 - Treatment rarely indicated
 2. Transitional Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Management of periodontal concerns
 3. Adolescent Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Management of periodontal concerns
 4. Adult Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Management of periodontal concerns
 5. Interdisciplinary referral may be appropriate in each treatment option listed
- III. Discrepancies of Arch Form
 - A. Diagnostic Considerations
 1. Asymmetry
 2. Interarch coordination
 3. Abnormal occlusal planes: Curves of Wilson, Spee or cants
 4. Dual occlusal planes
 - B. Treatment Options
 1. Primary Dentition - Fixed or removable orthodontic appliance

2. Mixed Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Functional/orthopedic appliance
3. Adolescent Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Functional/orthopedic appliance
4. Adult Dentition
 - a. Fixed or removable orthodontic appliance
 - b. Fixed orthodontic appliance adjunctive to orthognathic surgery
5. Interdisciplinary referral may be appropriate in each treatment option listed

Diagnostic and Treatment Considerations for Abnormalities of the Dentition (number, size, and shape), Vitality, Eruption Pattern, and Periodontal Support

Anomalies of tooth number, morphology or eruption pattern should be diagnosed and managed as soon as reasonably practical according to the particular requirements of each clinical situation. These conditions may appear in various combinations, and may indicate the need for orthodontic or dentofacial orthopedic treatment. Some of the frequently used treatment options listed below may also require an interdisciplinary approach.

A. Diagnostic Considerations

1. Supernumerary teeth
2. Missing teeth
 - a. Congenital (anodontia)
 - b. Pathologic
 - c. Traumatic
 - d. Extracted
3. Ectopic eruption of teeth
4. Impacted teeth
5. Eruption anomalies
6. Over-retained primary teeth
7. Ankylosed teeth
8. Transposition
9. Atypical crown morphology
10. Premature loss of primary teeth
11. Atypical root morphology
12. Root resorption
13. Carious or fractured teeth
14. Character of hard and soft tissue supporting structures
15. Tooth vitality

B. Treatment Options

1. Supernumerary teeth
 - a. Surgical intervention
 - b. Extraction
 - c. Fixed or removable orthodontic appliance

- d. No treatment
2. Missing Teeth
 - a. Space maintenance/space regaining
 - b. Prosthetic replacement of teeth/implants
 - c. Transplantation
 - d. Maintenance of primary teeth
 - e. Space closure
 - f. Fixed or removable orthodontic appliance
3. Ectopic Teeth
 - a. Extraction
 - b. Surgical intervention
 - c. Fixed or removable orthodontic appliance
4. Impacted Teeth
 - a. Surgical intervention
 - b. Extraction
 - c. Fixed or removable orthodontic appliance
 - d. No treatment
5. Eruption Anomalies
 - a. Surgical intervention
 - b. Retention with or without coronal modification
 - c. Extraction
 - d. Fixed or removable orthodontic appliance
 - e. Referral for medical evaluation
6. Over-retained Primary Teeth
 - Extraction
7. Ankylosed Teeth
 - a. Extraction
 - b. Surgical luxation and/or repositioning
 - c. Fixed or removable orthodontic appliance
 - d. Retention with or without coronal modification
8. Transposition
 - a. Extraction
 - b. Retention with or without coronal modification
 - c. Transplantation
 - d. Fixed or removable orthodontic appliance
9. Atypical Tooth Morphology
 - a. Retention with or without coronal modification
 - b. Extraction
 - c. Fixed or removable orthodontic appliance
10. Premature Loss of Primary Teeth
 - a. Space maintenance
 - b. Fixed or removable orthodontic appliance

11. Atypical Root Morphology
 - a. Monitor radiographically
 - b. Extraction
12. Root Resorption
 - a. Monitor radiographically
 - b. Extraction
 - c. Stabilization
 - d. Treatment alternative of initiating rest periods
13. Carious or Fractured Teeth
 - a. Reposition tooth or root
 - b. Monitor radiographically
 - c. Extraction
 - d. Fixed or removable orthodontic appliance
14. Periodontal Support
 - Management of periodontal concerns
15. Interdisciplinary referral may be appropriate in each treatment option listed

Diagnostic and Treatment Considerations for Dentofacial Functional Abnormalities

Dentofacial functional abnormalities may occur in combination with other dentofacial conditions and should be diagnosed, managed, and when necessary, interdisciplinary care coordinated by the dentist according to the particular requirements of each clinical situation. Correction or control of functional problems may involve alteration of behavior patterns and may require orthodontic/dentofacial orthopedic treatment, and/or an interdisciplinary approach to treatment. The influence of functional abnormalities on dentofacial development is variable and multifactorial.

A. Diagnostic Considerations

1. Lip size and function
2. Tongue Size and Function
 - a. Abnormal tongue function
 - b. Ankyloglossia
 - c. Microglossia or macroglossia
3. Deleterious Habits
 - a. Thumb, finger or lip sucking
 - b. Pacifier sucking
 - c. Tongue thrust/sucking
 - d. Clenching/bruxism
 - e. Lip/cheek biting
 - f. Nail biting
 - g. Foreign objects (e.g., pipes, pens, pencils, musical instruments)
 - h. Smoking and/or drug usage
4. Airway Obstruction
 - a. Nasopharyngeal morphology

- b. Sleep apnea
- c. Allergies
- d. Pathology
- 5. Speech Disorders
- 6. Mandibular Dysfunction
 - a. Dental interferences
 - b. Skeletal abnormalities
 - c. Neuromuscular abnormalities
 - d. Temporomandibular dysfunction
- 7. Trauma
- 8. Temporomandibular Disorders

Temporomandibular disorders represent a broad range of conditions which involve medical, dental, and psychological factors. Such disorders may be associated with stress, habits, emotional disorders, structural malrelationships, oro-facial pain, trauma to the face or head, occlusal disharmonies, and medical problems associated with osteoarthritis, rheumatoid arthritis, or viral disease. These factors may be associated with temporomandibular disorders in one individual with no symptomatology or pathology in another.

B. Treatment Options

- 1. Lip Size and Function
 - a. Fixed or removable orthodontic appliance
 - b. Therapeutic exercises/myofunctional therapy
 - c. Functional/orthopedic appliance
 - d. Surgery
- 2. Tongue Size and Function
 - a. Fixed or removable orthodontic appliance
 - b. Therapeutic exercises/myofunctional therapy
 - c. Functional/orthopedic appliance
 - d. Surgical reduction
 - e. Lingual frenectomy
- 3. Deleterious Habits
 - a. Behavior management
 - b. Functional/orthopedic appliance
 - c. Therapeutic exercises
 - d. Fixed or removable orthodontic appliance
- 4. Airway Obstruction
 - a. Referral for evaluation/treatment/surgery
 - b. Functional/orthopedic appliance
 - c. Orthognathic surgery
- 5. Speech Disorders
 - a. Fixed or removable orthodontic appliance

b. Referral for evaluation/treatment/myofunctional therapy

6. Mandibular Dysfunction

- a. Occlusal equilibration (modification of tooth form)
- b. Fixed or removable orthodontic appliance
- c. Fixed orthodontic appliance adjunctive to surgery
- d. Functional/orthopedic appliance

7. Temporomandibular Disorders (TMD)

TMD's are multifactorial in nature. Harmonious functional occlusion and muscular balance can enhance the health and stability of the temporomandibular joints. This alone may not relieve TMD symptoms, however. Numerous treatment modalities, including orthodontics, have produced beneficial results in the management of temporomandibular disorders. However, no singular treatment modality may necessarily be definitive for any particular patient. There is no reliable method for predicting or preventing future temporomandibular disorders in any particular individual. Often, treatment of such disorders is best approached from an interdisciplinary perspective.

Orthodontic Considerations for Craniofacial Anomalies, Cleft Lip and Palate

Management of patients with these and other anomalies is, in many cases, most effective when provided by an interdisciplinary team of dentists, physicians and other healthcare professionals. The optimal time for the first evaluation of these patients is within the first few days of life, and referral for team evaluation and management is appropriate at any age. Treatment plans should be developed and implemented on the basis of team recommendations. The orthodontist, as a member of the Craniofacial Team, should obtain pretreatment diagnostic records sufficient to identify the problems, formulate a diagnosis and assist in treatment planning. Orthodontic treatment should take into account those factors that may influence surgical and other applicable aspects required for optimal Craniofacial Team management of the patient.

For patients at risk for developing malocclusion or maxillomandibular discrepancy, similarly sufficient and obtainable diagnostic records should be collected at appropriate intervals. Depending on the goals to be accomplished, alternating periods of treatment and retention may be necessary beginning at birth. For example, patients with cleft lip and cleft palate may require presurgical maxillary orthopedics to improve the position of the maxillary alveolar segments prior to lip and palate closure. Later in life, timing of bone grafting of alveolar clefts to unify the clefted dentoalveolar segments should be determined by the stage of dental development and with collaboration between the orthodontist and surgeon in addition to other Team members.

Treatment Objectives and Limiting Factors

Treatment Objectives

The objectives of orthodontic treatment are optimum dentofacial function, health, stability and esthetics. While these objectives are desirable, it should be recognized that individual patients have specific problems, concerns and conditions which may prevent the attainment of optimal results in every case. Therefore, the inability to achieve some of the objectives of orthodontic treatment in a particular patient is not an indication of negligence by the dentist even when no limiting factors are reasonably evident or foreseeable.

1 There are situations where it is appropriate to plan the treatment to address the patient's limited
2 objectives provided that such limited treatment is not detrimental to the patient. Any treatment plan
3 that does not align with the optimal goals of orthodontic treatment should be acknowledged by the
4 patient in an informed consent.

5
6 For example, a patient may present with a highly complex problem that will require lengthy and
7 expensive treatment to fully resolve. The patient may prefer to resolve only specific aspects of the
8 problem thereby reducing the scope of treatment to make it simpler, shorter, less expensive. In
9 doing so the patient achieves some positive outcomes which satisfy the patient's objectives for
10 seeking treatment.

11 *Limiting Factors*

12
13
14 Orthodontic treatment results may be affected by extenuating circumstances beyond the
15 practitioner's control. These limiting factors should be documented in the patient's record when
16 they are recognized and the patient/parent/guardian should be informed. The following are some
17 although not all, potential limiting factors affecting orthodontic therapy:

- 18
- 19 1. Severity of the pretreatment condition
- 20 2. Mutual agreement to pursue limited treatment objectives
- 21 3. Abnormal skeletal morphology or growth, during or after treatment
- 22 4. Abnormal size, shape, or number of teeth
- 23 5. Aberrant tooth eruption patterns
- 24 6. Patient's failure to initiate timely treatment, continue or complete treatment
- 25 7. Compromised periodontal tissues
- 26 8. Persistent deleterious habits or abnormalities of muscle function relating to the
27 dentofacial complex
- 28 9. Inability or unwillingness of the patient to cooperate with treatment (e.g., the wear
29 and/or care of appliances, oral hygiene measures, diet, keeping appointments, etc.)
- 30 10. Failure to complete all recommended aspects of treatment
- 31 11. Poor quality, untimely or inappropriate integration of other recommended or
32 required interdisciplinary dental and/or medical services
- 33 12. Disclosed or undisclosed medical complications or underlying systemic conditions
- 34 13. Transfer of patient care to or from another dentist during orthodontic treatment
- 35 14. Limitations of, or relapse following orthognathic surgical procedures
- 36 15. Patients failure to schedule and follow up with other specialists or their general
37 dentist following a referral from their orthodontist for specific conditions stated in
38 that referral
- 39

40 **Treatment Consultation and Informed Consent**

41
42 A discussion should be held with the patient/parents/legal guardian utilizing lay terminology to
43 provide sufficient information for the responsible party to accept or reject the proposed treatment
44 plan. The informed consent should be documented. Though requirements vary by jurisdiction, the
45 dentist should consider including the following in the discussion:

- 46
- 47 1. A description of the diagnosis and treatment plan.
- 48 2. A discussion of reasonable alternative treatments.
- 49 3. The relevant risks, compromises, and limitations associated with the proposed
50 treatment plan and reasonable alternative treatments.

4. A discussion of any portion of the treatment plan that will require the services of other dental or medical health care providers and the anticipated effects of such interdisciplinary services on the orthodontic treatment plan.
5. The prognosis related to treatment plan options, including the option of no treatment.
6. A discussion of the patient's responsibility relating to the care (e.g., maintaining periodic recall visits with their general dentist, compliance with adjunctive devices such as elastics, headgear, retainers, and other removable appliances, etc.).
7. An estimate of the duration of active treatment and retention.
8. The AAO also recommends that financial arrangements be considered at this time.

Risks Associated with Orthodontic Treatment

All forms of medical and dental treatment, including orthodontics, involve risks and/or limitations. Fortunately, in orthodontics, serious complications are infrequent. The dentist should discuss all reasonably anticipated risks with the patient in the exercise of sound professional judgment given the clinical condition of the patient. Due to the length of orthodontic treatment, conditions may arise which are coincident, but not caused by orthodontic treatment. Some of the risks associated with orthodontic treatment include but are not limited to:

1. Tooth decay, or permanent markings (decalcification).
2. The length of the roots of teeth may become shortened. In some cases root shortening may be pre-existing and should be documented in the pretreatment record.
3. The health of the bone and periodontal support of the teeth may be affected.
4. The teeth and/or jaws may have a tendency to change their positions after treatment.
5. Temporomandibular joint problems may appear concurrently with orthodontic treatment, but may be unrelated to the treatment.
6. The vitality of a tooth may be compromised.
7. Orthodontic appliances may irritate or damage the oral tissues and may cause injury if accidentally swallowed or aspirated.
8. Dental materials, instruments, and equipment may inadvertently result in damage or injury to the oral tissues, face and/or eyes.
9. Accidents unrelated to treatment or patient misuse of orthodontic appliances may result in injury to the oral tissues, face and/or eyes.
10. Oral surgery, orthognathic surgery or other adjunctive medical, surgical or dental procedures may be recommended and/or necessary in conjunction with orthodontic treatment. Associated treatments carry additional risks, limitations and additional informed consent issues which must be discussed with the patient/parents/legal guardian by the health care practitioner providing the service.
11. Orthodontic appliances may cause attrition, flaking or fracturing of tooth structure.
12. When orthodontic appliances are removed, fracture and/or damage to the teeth may result.
13. Medical or psychosocial conditions may result in compromised results or dissatisfaction with treatment.
14. Orthodontic materials may cause allergic reactions in some individuals.
15. Patients may be dissatisfied with their dental or facial esthetics at the conclusion of treatment due to unrealistic expectations or perceptions.
16. Abnormal growth during or after treatment may produce undesirable results or posttreatment changes.

17. Treatment time may be extended and results compromised due to unforeseen circumstances and/or poor patient cooperation.
18. Tooth movement during orthodontics may be adversely affected for patients receiving certain pharmaceuticals as they have the potential to slow tooth movement and may lengthen treatment time. The effects of these medications may be severe enough to stop tooth movement which may result in removal of appliances regardless of tooth positions. The effects of certain pharmaceuticals on an individual are not always predictable.
19. The use of orally applied drugs, especially certain drugs of abuse such as cocaine or amphetamines, may seriously compromise the periodontal tissue around teeth which can be exacerbated by orthodontic treatment.

Sterilization and Infection Control

Because of ever increasing numbers of infectious diseases in today's society, it is important for an orthodontic office to be aware of current Centers for Disease Control (CDC) guidelines for their recommendations for personal protective equipment and the management of staff and patients in the office to minimize the risk of transmission of such diseases.

1. The guidance for orthodontic procedures that do and do not produce high levels of aerosols can be found at the state, regional and national levels through organizations like state dental associations, regional dental boards, and national organizations such as the CDC and the AAO.
2. Orthodontists and their office team members are encouraged to become familiar with and implement guidelines issued by CDC as well as the state's Department of Health, ADA and other entities that have applications to dentistry.

Orthodontic Treatment

Orthodontic treatment is a complex, professionally guided dynamic process that alters the dentofacial complex. Regardless of the specific intervention, orthodontic treatment has a specific point at which it begins and ends. Between these two time points lie the bulk of orthodontic therapy. It is critical that the dentist manage the applied therapy using appropriate means consistent with orthodontic educational standards, ethical guidelines and legal requirements.

Due to the protracted nature of orthodontic therapy and since each patient will respond to treatment in a unique manner, orthodontic treatment requires supervision, dynamic reassessment, and case management to achieve the treatment goal.

Orthodontic Supervision

Supervision can be defined as monitoring the treatment progress and guiding the patient. Some aspects of supervision may be delegated to auxiliary personnel, depending on applicable laws. Certain aspects of treatment require face-to-face, in-office interaction with the patient to appropriately apply the chosen intervention.

Dynamic Reassessment

Dynamic reassessment occurs when the dentist monitoring treatment initiates a modification in the protocol or mechanics required for continued treatment progress. Therapeutic staging is an

intrinsic part of orthodontic treatment. Unforeseen or unanticipated provisional outcomes also require clinical judgment and experienced remediation. All of this is part of dynamic reassessment during which the dentist evaluates progress and applies essential modifications to achieve the desired treatment outcomes. Dynamic reassessment is fundamental to all forms of orthodontic treatment and requires the direct, professional judgment of a dentist. Referral for adjunctive dental or specialty treatment may at times be part of the process.

Posttreatment Evaluation and Outcomes Assessment

The effects of orthodontic treatment may be evaluated retrospectively with reference to the pretreatment condition. Consistent re-evaluation of treatment results along with continued review of treatment modalities and their effectiveness will serve to provide the public with the highest quality of orthodontic care. Assessments of the outcome of treatment are dependent in part upon the treatment goals and objectives, the condition being treated, the stage of the patient's dentofacial development, the treatment provided and the patient's compliance as well as tissue response to the therapy performed. Limiting factors should be considered when evaluating treatment outcomes.

Posttreatment Records

Posttreatment unaltered records provide information for the quantitative and qualitative assessment of treatment changes as well as for education, research, and quality assurance. Posttreatment records may include, but are not limited to:

1. Extraoral and intraoral images (digital, still or video images)
2. Dental casts (hard copy or digital format)
3. Radiographic imaging (intraoral radiographs, panoramic radiographs, cephalometrics, CBCT, etc.) to permit relative evaluation of the size, shape, and positions of the relevant hard and soft tissue craniofacial structures including the dentition.
4. Other indicated procedures or tests

Retention

1. A retention plan should be established after reviewing the patient's original condition, treatment objectives, the results achieved, and/or any limiting factors.
2. Successful completion of orthodontic treatment does not ensure the stability of the result. Future treatment may be recommended when posttreatment changes occur.
3. Posttreatment changes may be minimized with an indefinite retention wear protocol.
4. The explanation to the patient regarding his or her responsibilities for retaining the outcome of their orthodontic treatment should be clearly communicated and the patient should acknowledge their understanding of the information that has been provided to them.

Recordkeeping

The keeping and preserving of a patient's dental record is a part of providing high quality orthodontic treatment. Prudent recordkeeping is the foundation for planning and maintaining the continuity of patient care. It also provides documentary evidence of the evaluation and diagnosis of the patient's condition, the treatment plan, informed consent, the treatment provided, referrals

made, and follow up care. It also documents communications with the patient, other health care providers and any other third parties. The dental record also protects the legal interests of all parties. In addition, a patient's dental record may, as authorized by the patient or legal guardian or with appropriately redacted identifying information, provide material for continuing education, research, administrative oversight, billing, and quality assurance. When creating the patient's dental record, dentists should keep in mind the following:

1. Treatment procedures, changes in the treatment plan, patient compliance, treatment difficulties, and other important aspects of treatment should be recorded and maintained. Copies of related correspondence, informed consent and appropriate release forms should be maintained as part of the patient's record.
2. Documentation should be written, dictated, or computer annotated and maintained concurrently with treatment provided. This documentation should be dated and kept chronologically with any subsequent additions or changes conspicuously noted.
3. The original records are usually considered the property of the practitioner. Laws regarding patient record access, duplication and transfer vary from state to state. Dentists can obtain further clarification from their state regulatory agency.
4. Electronic/digital records have the potential to be altered. Alteration of original electronic/digital records must be avoided. Credible computer software either prevents this or records any alteration of an original electronic/digital record. However, enhancement of images is allowed as long as these are duly labeled and saved as separate images. Enhancement of other electronic/digital records, such as radiographs, to enable better identification of landmarks and/or dentoskeletal anomalies is permissible; however, the original cannot be altered. It is the responsibility of the dentist to protect the sanctity of all patient records as prescribed by all applicable local, state and federal laws.

Transfer of Orthodontic Patients During Active Treatment

Because of the time required to complete orthodontic treatment, the transfer of care from one dentist to another is a common occurrence.

Recommendations to the Transferring Dentist

1. Dentists should attempt to arrange for the continuation of orthodontic treatment of their patients with as little interruption as possible. Regardless of reason for transfer, reasonable efforts of both the transferring and accepting dentist are necessary to effect an orderly transfer. It is recommended, and in some states required, to obtain a written release from the patient/parents/legal guardian prior to the transfer of a copy of the patient's records. It is preferable to send copies of pertinent records directly to the new dentist. The use of electronic media may facilitate this process. It is acceptable, but less desirable, to provide these records to the patient/parents/legal guardian. A copy of patient records cannot be withheld due to an outstanding balance.
2. The transferring dentist should ensure that all appliances are in good order. The patient/parents/legal guardian should be advised that extended periods of active orthodontic treatment without supervision can be detrimental, and an appointment with the new dentist should be scheduled as soon as possible.
3. The patient/parents/legal guardian should be informed that there may be different approaches to treatment by different dentists.

4. The patient/parents/legal guardian should be informed that there may be different fees with treatment by different dentists.
5. The transferring dentist should make no statements that would undermine the establishment of a sound doctor-patient relationship with the accepting dentist.
6. The transferring dentist should be available for consultation with the accepting dentist.
7. The transferring dentist should provide appropriate financial information in advance or immediately upon request to the accepting dentist.

Recommendations to the Accepting Dentist

1. The accepting dentist should review the patient's records, including the previous financial arrangements, if available, prior to the development of a plan for continuation of treatment. In addition, the estimated time required to complete treatment and the financial arrangement for continuation of treatment should be discussed as soon as possible. Patients should be informed about their present oral health status without defamatory statements that are both untrue and damaging comments about the patient's prior treatment.
2. Appropriate records documenting the status of the patient at the time of transfer should be made.
3. A dentist is not obligated to accept an orthodontic transfer patient and may exercise discretion in selecting a patient into his/her practice, provided refusal to accept a patient is not because of the patient's race, creed, color, sex, national origin, disability, HIV seropositive status, or other legally recognized protected class. If a dentist is unable or unwilling to accept the transfer patient, the dentist may assist the patient/parents/legal guardian in finding another dentist.
4. At the patient/parents/legal guardian's request, a dentist may remove appliances from a patient not of record. It is advisable to consult with the previous dentist or dentists, if possible, prior to removal of appliances or cessation of treatment.

Dentists should be aware of the following documents written by the AAO Legal Counsel:

1. [Second Opinions](#)
2. [Terminating the Doctor/Patient Relationship](#)
3. [Patient Records and Record Keeping](#)

Appendix A

Historical Development

At its November 1993 meeting, the AAO Board of Trustees directed the AAO Council on Orthodontic Health Care (COHC) to study the feasibility of developing clinical practice guidelines for orthodontics. The council met in January 1994 and proposed a business plan for the development of Guidelines, which was considered at the February 1994 meeting of the AAO Board of Trustees. It was the consensus of the AAO Board of Trustees to develop guidelines utilizing the expertise within the AAO. A task force was appointed.

The task force met three times between July 1994 and January 1995 and wrote draft guidelines. A copy of draft guidelines was sent to all active AAO members in April 1995 for review. Open forums were held at the 1995 AAO Annual Session and at the meetings of all eight AAO constituent societies during August-November 1995. The task force met again in December 1995 to revise the draft guidelines based on feedback received in 1995. The December 1995 revised draft guidelines were widely circulated in January 1996 for comment. The task force reviewed the comments and a revised draft of the guidelines was distributed to the AAO House of Delegates members, the Board of Trustees and other leaders of organized orthodontics in April 1996. An open forum was held at the 1996 AAO Annual Session for comments on the revised draft guidelines. The revised draft guidelines were approved by the Board of Trustees, a House of Delegates Reference Committee and by the House of Delegates. The Clinical Practice Guidelines were printed in 1996 and were made available to AAO members.

Updating of Clinical Practice Guidelines

The American Association of Orthodontists considers its Clinical Practice Guidelines to be a living document. The existence of this document is intended to stimulate improvement in the practice of orthodontics by identifying areas where knowledge is incomplete or inadequate. The AAO recognizes the dynamic nature of orthodontics and dentofacial orthopedics and the necessity for updating the guidelines to reflect the evolving science and art of orthodontics. Revisions to the document, with opportunities for AAO member input, will occur periodically.

Appendix B

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OTHER ISSUES

Health Professionals' Services Program (HPSP)

Protecting public safety while assisting participants with mental health and substance use disorder problems to continue in their professional careers.

June 18, 2021

Board of Dentistry



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1

AGENDA

- Substance Use & the Healthcare Profession
- HPSP History
- HPSP Program Components
- HPSP Outcomes
- HPSP and the Board of Dentistry



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2

Substance Abuse in the Healthcare Profession

- ~10% of the population struggles with addiction
 - Studies typically show that Healthcare Professions are similar
 - Increased risk factors:
 - High stress
 - Long / Varied hours
 - Access to prescription medications
 - Increased risk of danger to the public
- Healthcare Practitioners and Technical Occupations 6.1% illicit drug use in past month.- (SAMHSA)
 - Healthcare Practitioners and Technical Occupations 3.9% heavy alcohol use in past month.- (SAMHSA)
 - 77% of first time DUI patients have lifetime alcohol abuse or dependence diagnosis (Palmer et al., 2007)

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3

Substance Abuse in the Healthcare Profession

- Treatable with help
 - But less than 10% get help
 - Fear of discipline and stigma = Hide problems
 - Greater treatment gap than general population
 - Alternative to Discipline (ATD)
 - National Effort
 - 88% of states = ATD for nurses; 94% for physicians
 - Physician suicides led to Oregon's initiation of a PHP in the late 70's
- Mental Health Disorder Prevalence

 - One in four adults-approximately 61.5 million Americans-experiences mental illness in a given year. (NAMI)
 - One in 17-about 13.6 million-live with a serious mental illness such as schizophrenia, major depression or bipolar disorder. (NAMI)

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4

Alternative to Discipline Programs

- Supported by research
 - IBH model based on empirically-based best practices
- Providing monitoring allows for:
 - Improved workplace and public safety
 - Minimized safety and financial risks
 - Retention of experienced, trained licensees in their chosen profession
- An average of 60-70% of all participants complete program thanks to **accountability** and **structure**

Physician Health Programs (PHPs)

- Leading the way
- Federation of PHPs (research & collaboration)
- Most often are a temporary safe-haven for physicians

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5

Oregon: In the News Before HPSP

- 9/21/06: Nurse-Monitoring Audit Spurs Senator's Concern
- 3/22/07: Nursing Chaos 1 Year Later
- 9/2/07: Changes Ahead for Oregon Nursing Board After Reports of Problems
- 9/7/07: Oregon State Board of Nursing Protected Nursing Over Patients – Reports
- 12/9/10: Doctors Under the Influence

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6

Health Professionals' Services Program (HPSP)

- Established on July 1, 2010 through direct action of the 2009 Oregon Legislature (HB 2345).
 - The Oregon Health Authority (OHA 2010 through 2017), Addictions & Mental Health Division, was given responsibility to contract with an outside vendor to establish a monitoring program
- Based on HB 2345: HPSP is the alternative to discipline program in Oregon
- IBH (previously RBH) has served as the provider for Oregon since 7/1/10
- Overseen by Advisory Committee currently
- 4 Participating Boards: Nursing, Dental, Pharmacy, & Medical

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Health Professionals' Services Program (HPSP)

- Confidential monitoring program for licensed healthcare professionals who have been diagnosed with a substance use disorder and/or mental health disorder.
- Offers Boards:
 - Retention of Qualified Licensees, Public Safety, Consultation, & Support
- Offers Licensees
 - Opportunity to stay in their chosen profession
- Provides STRUCTURE and ACCOUNTABILITY for licensees
- NOT Treatment
 - Follow treatment recommendations of evaluator
 - Makes sure Licensees complete treatment requirements
- Established guidelines reinforced by statute

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HPSP Services for the Boards

- Program and policy consultation
- Training / Outreach
 - Board staff, associations
colleges, hospitals, employers
- Referral coordination
- Reporting:
 - Individual status updates, Toxicology (missed and non-negative), Non-compliance, & Program-Wide
- Quality Assurance
- Local Program Manager

Alternative to Discipline	Component of Discipline
Board of Pharmacy (*Self-Referrals)	Board of Pharmacy
Medical Board (*Self-Referrals)	Medical Board
Board of Nursing	Board of Dentistry
Board of Dentistry	

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HPSP - Eligibility

Board Referred Licensees Must Have:

- Diagnosis of substance use disorder, mental health disorder, or both
- An active state license (must be maintained throughout monitoring)
- Evaluation by approved evaluator
 - Treatment Recommendations
 - Return to Work Recommendations

OMB/OSBN/BOP: Self Referred Licensees Must ALSO Have:

- No known active investigations
- No past on the job impairment, patient harm or crimes committed
- Safe Practice Investigation (SPI)

**Identity unknown to board if remain compliant

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Board of Dentistry & HPSP

- Confidential
 - The Board designated Haley Robinson, as the Diversion Coordinator. The Diversion Coordinator is the only person authorized to work with Candidates for and Licensees in HPSP, and to know their identities. Ms. Robinson can be reached at (971) 673-3200 between 7:30 a.m. and 4:00 p.m.
- Voluntary
 - Licensees enter HPSP voluntarily, agree to the requirements established by law, and adhere to their HPSP Agreement. Licensees must provide the Diversion Coordinator with a full disclosure of the history of substance abuse, periods of treatment, efforts in recovery and relapse history, and to have a diagnosis of substance use disorder, to qualify for HPSP.
- Non-disciplinary
 - The Board recognizes that addiction is primarily a biological disease, chronic, progressive, often fatal, and characterized by relapse. Participation in HPSP is non-disciplinary and not reportable to the National Practitioners' Data Bank, or any other entity.
- How it works
 - The Diversion Coordinator opens a case and conducts an investigation that includes interviews with the Licensee-Candidate, a determination whether the Licensee Candidate presents a danger to the public and consultation with treatment providers. Following a diagnosis and treatment recommendations, the Diversion Coordinator completes an investigative report in which the Licensee-Candidate is identified only as "Licensee." The Licensee-Candidate reviews a draft of the report and confers with the Diversion Coordinator.
 - The Chief Investigator, the Executive Director, the Board's Chief Evaluator, and the Senior Assistant Attorney General review the report and approve it. These reviewers do not learn the identity of the candidate. The Diversion Coordinator presents the case to the Board for a decision to close with no further action if the licensee is enrolled in HPSP.

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HPSP for the Licensee

- Phone intake with IBH monitor
- Referral for independent ("third party") evaluation with local provider
- Monitoring Agreement
 - Individualized Program Requirements
 - Treatment / Aftercare, Toxicology, Self-Help, Check-ins with Staff, Medication Management
- Workplace Monitoring
- Annual reviews
- Monitor until completion (5 years unless Board specifies otherwise)

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Monitoring Requirements

Agreement Monitor Check-In

- Weekly:
 - Phone/Video call initially
 - Email/Voicemail with 1x month phone/video call subsequently
- Purpose:
 - Reinforce structure and provide support & coaching
 - Coordination of care
 - Documentation reminders
 - Community recovery support encouragement
 - Assist in problem solving

Agreement Monitors

- Behavioral Health Specialist
- Similar to a case manager
- NOT: board agent/employee

The Role of the Agreement Monitor

- Support licensee's safe practice in a healthcare setting
- Provide structure and support for recovery
- Helping licensees navigate the monitoring process
- NOT therapist, secret keeper or advocate (with some exceptions)

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Monitoring Requirements

Toxicology

- Daily Test Notification
 - Smart phone app, phone call, or website
 - Participant responsibility
- Collection sites
 - Near work and home
 - Open before and after shift
- Randomly scheduled tests may occur any day, even while traveling and on Saturdays
- Urine, PEth (blood), hair and nail

Testing Frequency & Panels

- Based on diagnosis, severity, history, work environment, compliance AND guideline
- Set by Medical Director with input
- Minimums:
 - Year 1- 36 tests
 - Year 2 – 24 tests
 - Years 3+ – 18 tests
- Increase due to dilutes, concerns, missed tests, etc

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Monitoring Requirements

Workplace Monitoring

- Onsite monitoring for safe practice
- Signed contract
- Monthly workplace monitor safe practice reports
- Immediate notification of concerns required
- IBH:
 - Identifies, interviews, and trains workplace monitor
 - Outreach to workplace monitor
 - Consultation

Medication Management

- Prescriptions sent to IBH
- Reviewed by agreement monitor and medical director
- Watch for addictive-nature of prescribed substances
- Watch for doctor hopping
- Coordination with toxicology

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Monitoring Requirements

Treatment Component:

- Aftercare
- Individual Counseling
- Self Help
- Medication Management
- Determined by Third Party Evaluator

Board Requirements

- Some HPSP requirements will differ between boards
- AM will include any individual requirement from current board orders or board recommendations into the monitoring agreement

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Non-Compliance

In the event of non-compliance with the monitoring requirements (including non-negative tests), an immediate report is provided to the Board.

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Non-Compliance: Statutory outlined in ORS 676.185

- Engaged in criminal behavior;
- Engaged in conduct that caused injury, death or harm to the public, including engaging in sexual impropriety with a patient;
- Was impaired in a health care setting in the course of the licensee's employment;
- Received a positive toxicology test result as determined by federal regulations pertaining to drug testing;
- Violated a restriction on the licensee's practice imposed by the program or the licensee's board;
- Civil commitment for mental illness;
- Entered into a diversion agreement, but failed to participate in the program;
- Was referred to the program but failed to enroll in the program;

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Positive Toxicology

- Confirmed by Medical Review Officer (MRO)
- AM completes Non-Compliance Report to Board
- AM informs Licensee and Worksite Monitor of test result and asks for immediate step down from practice
- AM identifies and shares options for third party evaluator with licensee
 With ROI in place, AM discusses referral with evaluator and completes referral packet
 After evaluation is complete, AM confirms return to work, toxicology, and treatment recommendations
 New Monitoring Agreement is created
- Goal to return licensee to work as soon as clinically indicated

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Outcomes: Program Participation

Board of Dentistry: 49 enrolled through 6/21

- 25 completed
- 13 active
- 77.5% successful / on track for success

June 2, 2021	Board Referred ("Board Known")	Self Referred	Totals
Board of Nursing	61	5	66
Board of Pharmacy	19	0	19
Board of Dentistry	13	0	13
Board of Medicine	73	14	87
TOTAL	166	19	185

Referral Types at Time of Referral to Program	Self	Board
Before 7/1/10	0	8
7/1/10 - 6/30/11	1	7
7/1/11 - 6/30/12	0	5
7/1/12 - 6/30/13	1	2
7/1/13 - 6/30/14	1	4
7/1/14 - 6/30/15	0	3
7/1/15 - 6/30/16	0	2
7/1/16 - 6/30/17	0	2
7/1/17 - 6/30/18	0	0
7/1/18 - 6/30/19	0	7
7/1/19 - 6/30/20	0	3
7/1/20 - 5/31/21	0	3
Total	3	46

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HPSP Outcomes (Program-Wide)

- 1028 – Total Enrolled between 7/1/10 - 12/31/20
- 68.3% = successfully completed or on track to complete (12/31/20)
- 83% of completers = no positive toxicology (11/10/20)
 - ATD: unique position to identify early signs of relapse due to close monitoring
- 87% of participants = satisfied with the program (last 5 years / bi-annual surveys)
- 84% of completers = HPSP improved personal life (surveyed last 4 years)
- 78% of completers = HPSP improved professional life (surveyed last 4 years)
- 2020 Audit:
 - "IBH met most contractual requirements, generally met required minimal success rate standards, and submitted to the Boards invoices & reports that were accurate and supported by substantiating documentation."
 - "IBH employed sound controls over licensee monitoring."

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HPSP Outcomes - Public Safety

HPSP Workplace Monitors surveyed in July 2020 :

- 98%: "satisfied" or "very satisfied" with IBH's support of their supervision of their licensees
- 100%: IBH ensures safety in the workplace
 - 85%: IBH does an "excellent" or "above average" job of ensuring safety

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HPSP & BOD Today

- COVID-19 Pandemic
 - Increased support
 - No statistically significant increase in relapse
- COVID-19: Increase in substance use & mental health problems nationwide
 - Providing outreach presentations and articles
- ODA wellness committee
 - Presented May 26th

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Sampling of Participant Testimonials

"I want to thank IBH and its program for the **stability they have provided** me over the past 4 years. I often share this when I chair AA meetings; I was so broken and afraid when I started this monitoring program. Although monitoring is not enough to keep me sober, it is what I credit with keeping me in AA long enough to integrate it into my life, and that IS what keeps me sober. I am grateful for where I am today, and where life will take me next. I truly consider myself one of the lucky ones."

"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.**"

"I am so **grateful** for this program. **It gave me a second chance.** I now appreciate other people more, see what I needed in my life and I wouldn't be where I am if I wasn't in the monitoring program. I believe I would have spiraled down and lost my job, family and support system."

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THANK YOU!

Program Manager HPSP
IBH Monitoring Director
Medical Director
Consulting Psychiatrist

Phone 888.802.2843
Website <https://www.hpspmonitoring.com>

Kate Manelis, LMSW
Lori Govar, MSW, MBA
Dr. Robbie Bahl, MD
Dr. Joe Autry, MD



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From: Oregon Secretary of State <Oregon.SOS@public.govdelivery.com>

Sent: Wednesday, May 5, 2021 10:01 AM

To: stephen.prisby@state.or.us <stephen.prisby@state.or.us>

Subject: More Robust, Independent Government Ethics Laws and Oversight Recommended by Secretary of State Audit

P R E S S R E L E A S E



Secretary of State SHEMIA FAGAN The State of Oregon

CONTACT: 971-375-2776 | aaron.fiedler@oregon.gov

More Robust, Independent Government Ethics Laws and Oversight Recommended by Secretary of State Audit

SALEM, Ore. – An [audit released today by the Oregon Secretary of State's Audits Division](#) finds that the Oregon Government Ethics Commission (OGEC) and state ethics laws could be better leveraged to improve ethical culture and trust in government.

The audit, which looked at the structure of OGEC and the state laws that govern its work, found that Oregon's ethics framework and OGEC operations are generally aligned with other states and with leading practices. However, the audit identified a number of areas where the commission could be strengthened and given more independence.

"The Oregon Government Ethics Commission, through its professional staff and board members provide oversight to ensure accountability in Oregon government at every level," said Secretary of State Shemia Fagan. "This audit provides a roadmap for increasing confidence and trust in Oregon government by recommending steps that should be taken to build stronger independence and oversight."

The audit makes 14 recommendations, which include statutory changes as well as improvements to systems within the commission. Among the recommendations were to:

- Require public employees to receive regular ethics training or require public employees to document their acknowledgement and understanding of the state's ethics laws upon hiring and regularly thereafter;
- Require school board members to file Statements of Economic Interest;
- Continue to expand training options to provide more virtual and online trainings;
- Consider utilizing social media and other avenues of communication to regularly inform the public of Commission decisions, how to file a complaint, advisory opinions, information related to Statements of Economic Interest, and lobbying disclosures;

- Establish statutory protections for commissioners to prevent removal without just cause before a commissioner's term has ended; and
- Establish more specific limitations on commissioners' political activities.

The commission is already in the process of making positive steps toward implementing two of the recommendations included in the audit. Senate Bill 60 would expand the preliminary review period from 30 to 60 days and Senate Bill 63 would allow commissioners to serve more than one term.

Performance audits identify improvements an agency or program can make to better achieve its objectives and mission. These audits are conducted in accordance with generally accepted government auditing standards. Those standards require that auditors plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on audit objectives.

To view the full audit, [click here](#).

###



Secretary of State **Oregon Audits Division**



Oregon Government Ethics Commission

Oregon's Ethics Commission and Laws Could Be Better Leveraged to Improve Ethical Culture and Trust in Government

May 2021
Report 2021-14

Secretary of State Shemia Fagan
Audits Division Director Kip Memmott



Executive Summary

Why This Audit is Important

» Public office is a 'public trust' in that elected officials operate the government for the public interest. For this reason, public officials and employees must adhere to a high standard of ethical behavior.

» Oregon government ethics laws prohibit public officials from using their position or office for financial gain or to avoid a financial detriment. The law requires public disclosure of economic conflicts of interests.

» The mission of the Oregon Government Ethics Commission (OGE) is to impartially and effectively administer and enforce Oregon's government ethics laws for the benefit of Oregonians. The commission emphasizes education in achieving its mission.

» OGE also enforces state statutes requiring lobbyist registration and expenditure disclosure, as well as Executive Session provisions of public meetings law.

Oregon Government Ethics Commission Oregon's Ethics Commission and Laws Could Be Better Leveraged to Improve Ethical Culture and Trust in Government

What We Found

1. Oregon's ethics framework and OGE operations are generally aligned with other states' and leading practices. The commission is mostly independent from other branches of government and its complaint process includes sensible due process protections for those accused of violations. OGE's case management system and electronic filing system have improved data management and expanded transparency. ([pg. 11](#))
2. While the state has fundamental elements in place, Oregon's ethics framework can be strengthened by increasing OGE's independence, further protecting complainants, and implementing ethics requirements. For example, currently commissioners can be removed unilaterally by the Governor and the ethics statutes may not adequately protect complainants, potentially resulting in fewer credible complaints. ([pg. 14](#))
3. Better data practices and an enhanced training program could help OGE improve its operations and better inform public employees and Oregonians. ([pg. 21](#))

What We Recommend

Our report includes 14 recommendations to OGE intended to enhance independence, the complaint process, training, and public outreach.

OGE agreed with eight of our recommendations and declined to take a position on the remaining six. Their response can be found at the end of the report.

Other Pertinent Information

Oregon is one of only two states that require legislators to vote on matters on which they have an actual conflict of interest. The vast majority of states, many of which also have part-time legislatures like Oregon, either require or allow legislators to recuse themselves from voting on such matters. Some states go further, barring lawmakers from taking part in any discussion or action on bills in which they have a personal interest. ([pg. 24](#))

Introduction

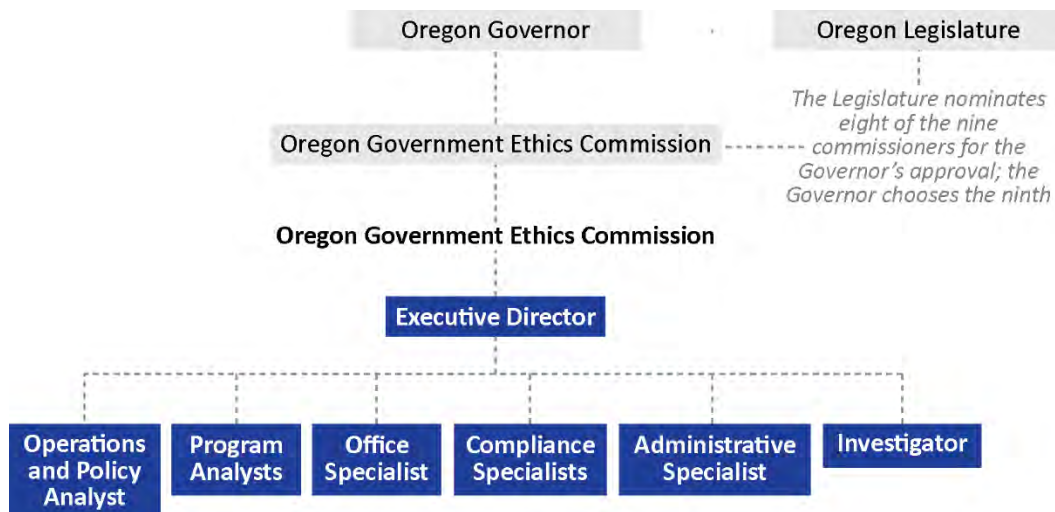
“If we do not provide against corruption, our government will soon be at an end.”

- George Mason, delegate to the United States Constitutional Convention of 1787

Within the public sector, ethics standards are a crucial protection against misuse of office and abuse of power by elected officials and public employees. Oregon’s ethics laws were enacted in the wake of national scandals in the early 1970s to deter public officials from using their positions for their own financial gain. The Oregon Government Ethics Commission (OGE) was created at the same time to hold public officials accountable for violating the state’s ethics

laws and to serve as a source of guidance on the application of these laws.

The purpose of our audit was to evaluate whether there are ways in which Oregon can improve its government ethics framework — particularly the strength of the state’s ethics laws, the commission’s structure, training requirements, and efforts to promote an ethical culture. Our audit also evaluated whether there are ways in which OGE can improve its processes for receiving, investigating, and adjudicating ethics complaints and training government employees on ethics laws.



Protecting the public trust is a cornerstone of democratic government

In a democratic government, elected officials are given power by voters to execute the people’s will and to do so in a way that is reasonably effective and efficient. This power includes not only the authority to enact laws, but the power to direct how billions of dollars in public funds are spent. When the actions of public officials are aimed at advancing their own interests over the public’s interests, corruption¹ exists. This does not mean that officials advancing their political viewpoints or preferred policies are corrupt as long as they do so within the perimeters of law, but rather that certain behaviors should be prohibited or regulated because they strike against the core of what public service is: individuals serving the common good.

Concerns about government corruption stretch back to the founding of the United States. To combat the corrosive effect that corruption could have on such a young democracy, the founders worked to structure the new government to help ensure that elected officials would base policy

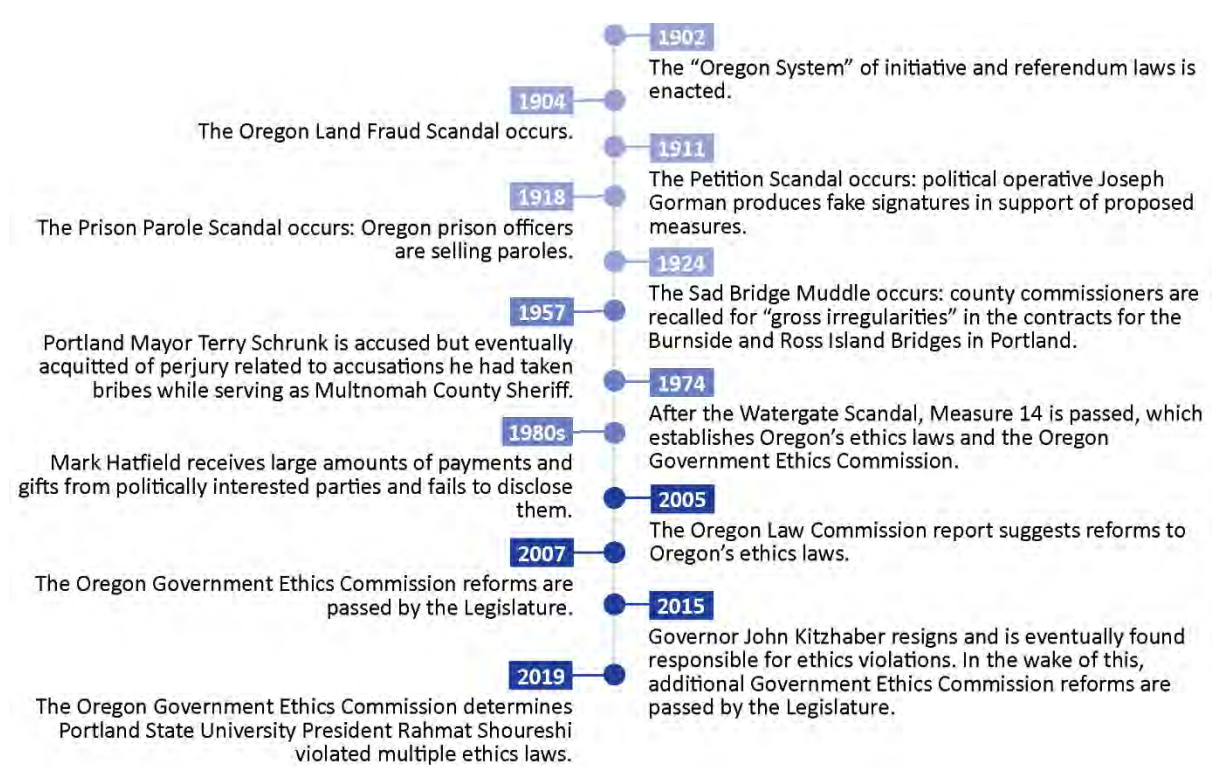
¹ The anti-corruption organization Transparency International defines corruption as the abuse of entrusted power for private gain.

decisions on the national interest, not on what would best serve their own financial interests. They recognized corruption as a singular threat in a democratic government, as it can undermine the people's trust in their representatives, fellow residents, and the efficacy of institutions. Individuals serving the public must be held to a higher standard of ethical behavior.

Oregon has experienced several public corruption cases across its history

Oregon has not been immune to instances of corruption and dishonest behavior by those in public service. Some notable examples over the state's history are included in Figure 1.

Figure 1: Oregon's history illustrates periods of scandal and periods of reform



Note: Dates in the timeline are not proportional to their chronology.

Several of these scandals came amid broad efforts for constitutional and political reform. In 1902, State Representative William S. U'Ren championed the passage of Oregon's initiative and referendum process, which came to be known at the time as the "Oregon System." U'Ren's work was aimed at reducing corruption in Oregon's government, which he felt was beholden to powerful economic and political interests to the detriment of the people. Various scandals and misdeeds at the state and local level since then have led to changes in state statutes and institutions.

Though conviction data suggests corruption in Oregon is low, some watchdog groups give the state a poor rating in its efforts to deter corruption

As recently as 2015, news reports² suggested that Oregon is a state with a low-corruption culture, based on the few available indicators that measure corruption. From 1976 to 2018, Oregon had 69 federal convictions for public corruption. This puts Oregon at 41st in total

² For example: *The irony: Kitzhaber's Oregon is least corrupt state*, Reid Wilson, The Washington Post, February 13, 2015.

Oregon Public Corruption Cases Old and New

Two public corruption cases from the early 1900s and 2010s in Oregon illustrate how public corruption can defraud taxpayers and distort policies intended for the public good.

Oregon Land Fraud Scandal, 1904-1905

“These looters of the public domain — working with crooked federal and state officials — through rascality and fraud, gained title to thousands of acres of valuable, publicly-owned timber lands, and at minimum prices.”

- Oregon Governor Oswald West, 1911-1915



Courtroom drawing of Mitchell trial. Courtesy Oregon Historical Society Research Library

The beginning of the 20th century was tumultuous for Oregon politics. Several land-fraud scandals and subsequent federal investigations revealed that land speculators and timber companies in pursuit of cheap natural resources were receiving assistance from public officials in fraudulently obtaining public land, including timbered land on the Siletz Indian Reservation, at significantly reduced prices. Along with other officials, U.S. Senator John Mitchell of Oregon, a lawyer and former Portland City Attorney, was indicted and convicted of helping one of his clients unlawfully obtain public land.

The convicted leader, Stephen A. D. Puter, wrote a book about the scandal with Horace Stevens, *Looters of the Public Domain*, which highlighted the extensive abuse of public power for private interest that consumed Oregon at the time. Senator Mitchell had served in office for over 20 years, so his conviction was impactful on the political culture of the state. The case was part of a turning point in politics, both in Oregon and nationally, coming just



U.S. Senator John Mitchell. Courtesy Oregon Historical Society Research Library

a few years after the political reforms that created the initiative and referendum processes, known at the time as the “Oregon System.”

Oregon Department of Energy, Business Energy Tax Credit fraud, 2007-2014

Oregon’s Business Energy Tax Credit (BETC) program was first established in 1979 to promote business investments in energy conservation and renewable energy projects in Oregon, using tax credits as an incentive. The program was expanded in 2007 and eventually ended in 2014. A contract forensic audit commissioned by the Oregon Secretary of State in 2016 found that out of \$1 billion in tax credits, \$347 million contained records with “concerning” risk factors, such as direct conflicts of interest, missing or suspicious documentation, and brokering conflicts or intermediary issues. According to the report, 79 projects contained enough suspicious circumstantial evidence to justify referral to the Oregon Department of Justice for additional review.



Wind turbine. Courtesy Gary Halvorson, Oregon State Archives

Based on subsequent criminal investigations of the BETC program, two individuals were charged with conspiring to illegally profit from arranging deals between tax credit sellers and buyers. Joseph Colello, an employee of the Oregon Department of Energy (ODOE), provided the names of BETC sellers and interested buyers — which he had knowledge of based on his role at ODOE — to another individual, Martin Shain. Colello would then contact the buyers and sellers to negotiate the credit sales, but under the guise that the transfers had been brokered by Shain. As a part of the deal, Shain would charge the sellers only 1% to 2% in commissions for arranging the purchases, greatly undercutting other brokers’ fees. In return for arranging the illegal deals, Colello received kickbacks from Shain. In total, Shain made over \$1.3 million in commissions from the transfers facilitated by Colello, who, along with his girlfriend, received over \$300,000 in illegal kickbacks.

Colello pleaded guilty to charges of conspiracy and filing a false income tax return. In 2018, he was sentenced to 60 months in prison and ordered to pay \$81,000 in restitution. OGEC also found that Colello violated Oregon’s ethics laws and ordered him to pay a \$3,000 civil penalty. Shain pleaded guilty to conspiracy and tax evasion charges and was sentenced in 2018 to 46 months in prison. He was also ordered to pay more than \$520,000 in restitution.

prosecutions, tying it with Idaho, Nebraska, and North Dakota. Measured per capita, Oregon's rate of corruption convictions ranks 49th. Figure 2 shows how Oregon compares to other states.

Figure 2: Oregon has the second lowest corruption rate in the country (convictions per 100,000 residents)

Rank	State	Rate	17	Tennessee	7.22	34	Connecticut	4.45
1	Montana	17.51	18	Florida	6.96	35	Indiana	4.41
2	Louisiana	16.42	19	Delaware	6.82	36	Idaho	3.93
3	South Dakota	13.38	20	New York	6.23	37	Wisconsin	3.78
4	Mississippi	12.19	21	Arkansas	6.17	38	California	3.68
5	Alaska	12.07	22	Missouri	5.97	39	Nebraska	3.58
6	Kentucky	11.46	23	Massachusetts	5.75	40	North Carolina	3.18
7	Virginia	9.73	24	Rhode Island	5.49	41	Kansas	3.13
8	North Dakota	9.6	25	Texas	5.47	42	Iowa	2.98
9	Alabama	9.35	26	Georgia	5.46	43	Nevada	2.74
10	Maryland	9.27	27	Arizona	5.42	44	South Carolina	2.58
11	West Virginia	9.25	28	Hawaii	5.07	45	Washington	2.44
12	New Jersey	8.74	29	Wyoming	5.02	46	Colorado	2.3
13	Oklahoma	8.27	30	Vermont	4.95	47	Minnesota	2.25
14	Pennsylvania	7.97	31	Michigan	4.69	48	Utah	1.83
15	Illinois	7.53	32	New Mexico	4.53	49	Oregon	1.67
16	Ohio	7.41	33	Maine	4.48	50	New Hampshire	1.62

Source: U.S. Department of Justice, Public Integrity Section.

However, it is not clear whether Oregon's corruption rate is low because corruption is not happening or because it is not being uncovered and properly investigated. The non-partisan ethics watchdog group Coalition for Integrity gave the state a low rating on its annual States With Anti-Corruption Measures for Public Officials (S.W.A.M.P.) Index.³ Oregon ranks 42nd out of the 50 states and the District of Columbia. By comparison, Washington State ranks 1st and California ranks 4th. Oregon's low score is due to a variety of factors, such as not requiring the disclosure of those who pay for political advertisements and not requiring legislators to disclose the identity of all people for whom the legislator has performed services.

The Center for Public Integrity also rated Oregon low in its 2015 assessment of state government accountability and transparency, giving the state another ranking of 42nd out of 50 states. According to the center, Oregon's grade was due to a shaky legal structure for ethics in which "good behavior is taken for granted rather than enforced."

According to a 2015 report from the Center for Public Integrity, Oregon has a shaky legal structure for ethics in which "good behavior is taken for granted rather than enforced."

Oregon's ethics framework has developed since the 1970s and covers a wide range of topics related to maintaining the public trust

Stirred by the Watergate scandal⁴ that embroiled the Nixon Administration and a desire to ensure government operates in the public interest, Oregon voters overwhelmingly enacted

³ States With Anti-Corruption Measures for Public Officials (S.W.A.M.P.) Index Report for 2020, Center for Public Integrity (2020), <https://www.coalitionforintegrity.org/wp-content/uploads/2020/11/The-SWAMP-Index-Final-Report-2020.pdf>.

⁴ The Watergate Scandal arose out of a 1972 break-in at the Democratic National Committee headquarters located at the Watergate Hotel complex in Washington, DC. The five burglars arrested at the scene were found to have ties to President Richard Nixon's re-election campaign. In July 1974, the U.S. House of Representatives voted to impeach President Nixon, but he resigned from office on August 8, 1974, before an impeachment trial could begin.

Measure 14 in 1974, with 74% voting for the law. Measure 14 codified numerous provisions aimed at increasing accountability of public officials through prohibiting certain activities and requiring public disclosure of personal interests. OGEc was established to enforce the new laws and provide advice to public officials and employees on how to comply.

In 2007, significant changes were made to Oregon's ethics laws through Senate Bill 10 and House Bill 2595, jointly known as the Oregon Ethics Reform Act. These changes were the result of a legislatively funded, comprehensive review of Oregon's ethics statutes performed in 2005 by the Oregon Law Commission,⁵ which presented recommendations related to lobbying, campaign finance, and the funding of OGEc's administration. In 2009, the Legislature made additional changes to the ethics laws to address issues resulting from the passage of the earlier bills.

In the wake of the ethics scandal surrounding former Governor John Kitzhaber⁶, Governor Kate Brown introduced several bills in 2015 that would impact the commission's work. These changes included increasing the number of commissioners from seven to nine, shortening the preliminary review phase from 135 days to 30 days, and requiring that advisory opinions be made more easily accessible to the public.

The state's ethics laws were designed to help prevent public officials from using their positions for their own financial benefit

Oregon's ethics laws cover numerous issues pertaining to the conduct of public officials, which are defined as those serving as state or local elected officials, appointed officials, employees, or agents, as well as the Governor's partner. The ethics laws also apply to some other groups, such as public officials' family members, public contractors, candidates, and lobbyists. These requirements have a common purpose: to deter those in public office from using these positions to benefit themselves and those close to them. Key areas currently covered by ethics law include:

- **Use of public office for personal gain:** Public officials are prohibited from using or attempting to use their position or office to benefit themselves, relatives, household members, or any businesses with which they or their relatives or household members are associated, unless that benefit would be available regardless of their position or office.
- **Conflicts of interest:** Except for state legislators, a public official is prohibited from participating in any discussion, debate, or vote on a decision, recommendation, or other action that would financially affect that official, a relative, or a business with which the official or the official's relative is associated. If the decision, recommendation, or action only potentially affects the official, a relative, or a business with which the official or their relative is associated, the official must make a public announcement of the nature of the conflict if that official is a member of a governing body. Most other public officials must provide a written notice of the potential conflict to their supervisor or employer and request that the supervisor or employer resolve the matter. State legislators must vote on matters on which they have a conflict of interest, unlike other public officials, but before voting they must publicly announce the conflict in accordance with the rules of the legislative chamber of which they are a member.

⁵ The Oregon Law Commission was created by the Legislature in 1997 to help keep Oregon laws current through proposed law reform bills, administrative rules, and policy analysis.

⁶ Governor Kitzhaber resigned from office in February 2015 when the media discovered his fiancée, Cylvia Hayes, was working as a private consultant on environmental and economic issues while also being involved in those issues in her capacity as First Lady of Oregon. OGEc eventually determined Governor Kitzhaber had committed 10 ethics violations, including using his office for personal gain and failing to disclose conflicts of interest, among others. Cylvia Hayes was found to have committed 22 ethics violations.

- **Acceptance of gifts:** Public officials and their relatives can only accept gifts up to an aggregate value of \$50 in a calendar year from any individual source who is reasonably known to have an economic interest distinct from that of the general public in the public official's decision-making.
- **Nepotism:** Except for state legislators, public officials may not directly appoint, employ, promote, fire, or demote a relative or member of their household, or take part in any interviews or discussions of doing so. Public officials are also prohibited from supervising relatives and members of their household. State legislators are allowed to hire family members for positions on their personal legislative staff.
- **Financial interest in public contracts:** For at least two years after the date on which a public contract was authorized, a former public official cannot have a direct beneficial financial interest in that contract if that official played a significant role in authorizing or approving the contract.
- **Statements of Economic Interest (SEIs):** Certain public officials⁷ must submit an annual statement of their financial interests, including business, employment, investment, and other interests.
- **Lobbyist⁸ registration and disclosure:** Paid lobbyists, representative lobbyists, and public official lobbyists and their employers must register and disclose their expenditures on lobbying activities.
- **Executive session:** All state and local governments and agencies must follow the executive session provisions of Oregon's Public Meetings law.

As noted above, some of the ethics laws treat state legislators differently from other public officials. According to OGE, this is due in part to the state having a part-time Legislature; the law anticipates that legislators are likely to have outside business interests. The Oregon House and Senate are also much larger governing bodies than a typical city council or county commission, so power is spread more broadly and a single member is less likely to be the deciding vote. However, these same points hold true for Legislatures in other states, where legislators are either required or allowed to recuse themselves from matters on which they have a conflict of interest. The Other Pertinent Information section on page 24 discusses this issue further.

According to data from the National Council of State Legislators, 44 states have an organization that oversees government ethics, but the jurisdiction of each state's organization varies. Along with Oregon, most states have a board or commission that regulates the executive and legislative branches, as well as lobbyists. Oregon is also one of 23 states in which the ethics board or commission has oversight authority over local government officials. However, Oregon is in the minority of states lacking an ethics organization that oversees campaign finance.

Unlike Oregon, most other states require or allow legislators to recuse themselves from matters on which they have a conflict of interest.

⁷ ORS 244.050 requires individuals serving or desiring to serve at every level of Oregon government to file SEIs. Some of those required to file an SEI include: the Governor, legislators, state agency directors, county elected officials, city elected officials, administrative and financial officers of school districts, education districts, and community college districts, members of the board of directors for some special districts, and some candidates for public office.

⁸ ORS 171.725 defines a lobbyist as any individual that is compensated for lobbying; any person who lobbies for a corporation, association, organization or any other group; and any public official who lobbies. Not all individuals that meet the definition of a "lobbyist" are required to register or file expenditure reports, such as members of the news media, legislators acting in their official capacity, individuals who do not lobby for compensation, and some statewide elected officials.

Instead, Oregon’s Secretary of State mostly regulates candidates for office. Appendix A includes a comparison of Oregon’s ethics laws and commission against those of seven other states we reviewed for this audit.

In Oregon, OGEC is provided the authority and responsibility to enforce government ethics rules at the state and local level.

OGEC’s mission is to objectively administer Oregon’s government ethics laws

OGEC is tasked with administering and enforcing the state’s ethics laws. The commission is comprised of nine commissioners, all of whom are appointed by the Governor and approved by the Senate. By law, eight of the commissioners must be chosen from names recommended by the Democratic and Republican leaders in each chamber of the Oregon Legislature — two from each of the four leadership groups.⁹ The final commissioner is independently selected by the Governor.

Nine staff members, led by the executive director, administers the commission’s day-to-day operations. The commission’s budget for the 2019-21 biennium is \$2.9 million, funded by an assessment on the budgets of state agencies and local governments: half from state agencies and half from local governments.

The agency receives no funding from penalties assessed for violations¹⁰ or the state’s General Fund. In 2020, the commission’s jurisdiction covered roughly 200,000 individuals working in state, county, municipal, and special governments across the state, including members of state boards and commissions.

OGEC Quick Facts	
Commissioners	9
Biennial budget (2019-2021)	\$2.9 million
Staff	9
Government Employees Covered	State and local public officials and employees — approximately 200,000 in total
Complaints Received (2019)	227, out of which 111 cases were opened
Opinions & Advice Issued (2019)	55

Under Oregon law, OGEC is broadly tasked with five core functions: enforcing the state’s government ethics laws; providing formal opinions and informal advice to public officials on the application of those laws; offering training and guidance to public officials; administering the filing of SEIs by public officials and lobbying registration and expenditures by lobbyists and their employers; and enforcing the state’s executive session laws.

Because the ethics laws can be complex, public officials can ask OGEC for advice on a specific question or scenario. Depending on the request, this advice is provided as an Advisory Opinion issued by the commission, a Staff Opinion issued by OGEC’s executive director, or informally by OGEC staff. Only Advisory Opinions, which are issued by the commission itself, provide what’s known as “safe harbor” protection. Under safe harbor protection, the person requesting the opinion cannot be penalized in any way for good faith actions carried out in accordance with the opinion, provided the requestor did not omit or misstate material facts when making the request.

⁹ The four leadership groups consist of the Speaker of the House, House Minority Leader, Senate President, and Senate Minority Leader.
¹⁰ Funds received from penalties go to the state’s General Fund.

Only Advisory Opinions provide “safe harbor” protection, in which the person requesting the opinion cannot be penalized in any way for actions carried out in accordance with the opinion.

Staff Opinions and informal advice provide a lesser level of protection. For Staff Opinions, requestors are protected from any penalty beyond a letter of reprimand, explanation, or education, as long as they acted in accordance with the opinion. For informal advice, the commission is allowed to consider whether the actions of a person accused of a violation were taken while relying on advice from OGEC

staff. OGEC management indicated that the commission has never taken action against a person who acted while relying on OGEC advice, regardless of whether that advice was an Advisory Opinion, Staff Opinion, or informal advice.

To help public employees learn about the ethics laws, OGEC offers training. Trainings can be in-person, through a virtual webinar, or via online courses offered through the state’s iLearnOregon platform. The commission also provides a guidance booklet for public officials that reviews ethics topics, statutes, and administrative rules.

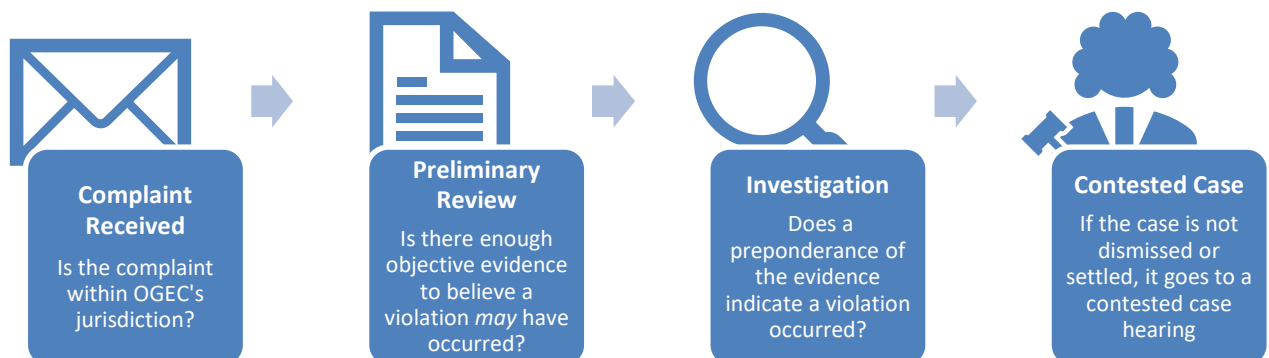
OGEC also manages the filing of SEIs by public officials as well as lobbying registration and expenditures by lobbyists and their employers. The commission enforces these requirements, oversees the system by which public officials and lobbyists submit this information, and makes SEI and lobbyist filings available to the public.

While OGEC is tasked with all these functions, the commission’s primary mechanism for enforcing the state’s ethics laws is through the receipt and investigation of ethics complaints.

OGEC is responsible for investigating ethics complaints and generally takes an educational approach when applying sanctions for minor and unintentional violations

By law, anyone can submit an ethics complaint, but all complaints must be submitted in writing and signed by the complainant — anonymous complaints are not allowed. Statutes also permit OGEC to open an investigation on its own, provided the commission has reason to believe a violation of the ethics law may have occurred. According to OGEC management, these “own motion” cases are generally opened when the commission becomes aware of a potential violation through media reports, while investigating another complaint, or in other documentation from a state agency or local government. Figure 3 shows OGEC’s complaint process.

Figure 3: An overview of OGEC’s complaint phases shows the points at which OGEC determines whether to move a case forward



When a complaint is received, it is first reviewed by OGEC’s executive director to make sure the complaint falls within the commission’s jurisdiction and includes the information that formed the basis to believe that a violation occurred. OGEC has 30 days from receipt of a complaint to complete a preliminary review. During the preliminary review phase, OGEC investigators begin

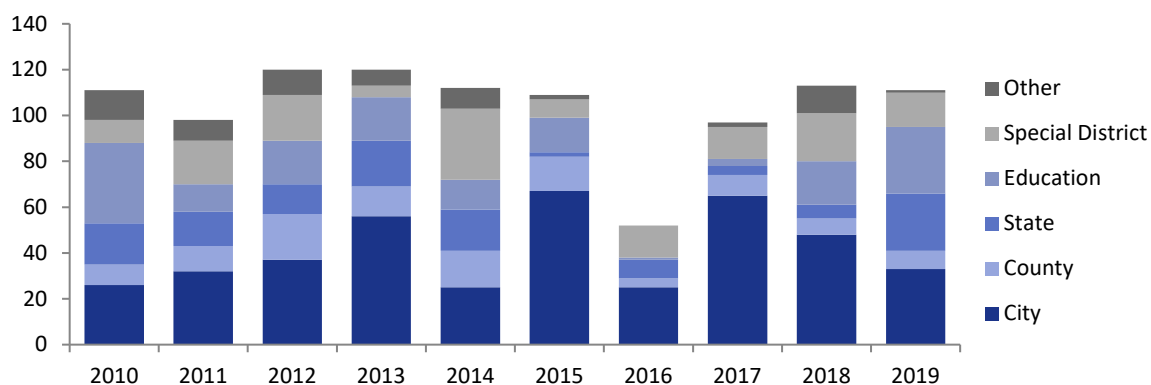
to gather the evidence relevant to the complaint. The investigator compiles a preliminary review report, which is reviewed by OGEC's executive director and the commission's assigned Assistant Attorney General (AAG) from the Oregon Department of Justice (DOJ) before going to the commissioners. By the end of the 30-day period, the commission must vote on whether it believes sufficient objective evidence exists to indicate that a violation may have occurred. Based on the commission's decision, the case is either dismissed or moved to the investigation phase. At least five of the nine commissioners must affirmatively vote to move a case to investigation.

In the investigation phase, OGEC investigators have 180 days to gather additional evidence relevant to the complaint. The investigator prepares an investigation report, which is also reviewed by the executive director and OGEC's assigned AAG. Based on the evidence from the investigation, the commission then votes on whether to find a violation has occurred or to dismiss the case. The commission can also decide to extend the investigation phase by no more than 30 days. As in the preliminary review phase, at least five affirmative votes are required for a final decision.

Unless the case is dismissed, it is either settled or goes to a contested case hearing. OGEC reports that about 99% of cases end in a negotiated settlement. If a settlement is reached, the commission issues a Stipulated Final Order that lays out the terms of the settlement, including what violations were found and any sanctions or penalties. If a settlement is not reached, the case may go to a contested case hearing before an administrative law judge upon the request of the subject, or the case may be resolved through a default final order. Alternatively, the respondent can choose to take the case to the Marion County Circuit Court. The respondent also has the right to appeal the decision of the contested case hearing or the circuit court to the Oregon Court of Appeals.

If the commission finds that a violation has occurred, it can apply sanctions, penalties, or both. According to OGEC management, the commission generally prefers to take an educational approach to the sanctions and penalties it applies, favoring letters of education or small fines in cases where the violation was relatively minor, unintentional, and the person accused acknowledged their mistake. The penalty for a violation is limited to no more than \$5,000 for most violations of the ethics laws, but with multiple violations total penalties can go higher. Since 2015, the commission has issued penalties of more than \$20,000 in a small number of cases in which several serious violations were found.

Figure 4: Other than 2016, the total number of cases OGEC opened each year stayed relatively steady from 2010-19, while the types of jurisdictions associated with cases often changed significantly

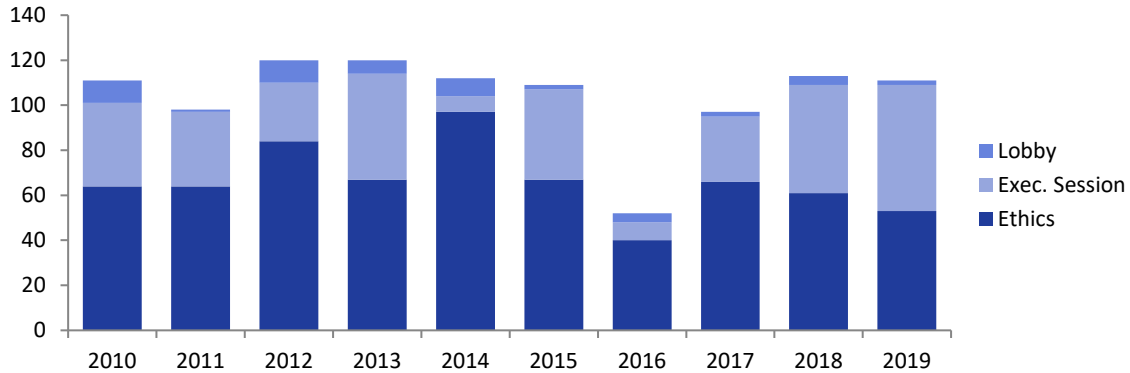


Source: Oregon Government Ethics Commission.

OGEC tracks some complaint statistics from year to year, such as the total number of cases opened and cases by jurisdiction. From 2010 to 2019, OGEC received approximately 1,043 complaints, or an average of 104 a year. Except for 2016, yearly case totals ranged from 97 to

120 a year. The makeup of the jurisdictions associated with cases appears to vary each year, though cases against city officials make up about 40% of the total (414 of 1,043) and the largest share most years. Figure 4 shows the breakdown of cases by jurisdiction from 2010 to 2019, while Figure 5 shows the breakdown by type of complaint (ethics, lobbying, or executive session).

Figure 5: The types of cases opened each year also seem to fluctuate, but ethics cases outnumber executive session and lobbying cases most years



Source: Oregon Government Ethics Commission.

To continue to fulfill its mission, OGEC has modified its operations during the COVID-19 pandemic

According to OGEC, the commission has been able to maintain its operations without substantial disruption due to the COVID-19 pandemic. To continue its work, the commissioners and staff are working more online, which has resulted in some benefits for commissioners and those accused in complaints, also known as respondents. OGEC claims that more respondents — particularly those living outside the Willamette Valley — have attended meetings virtually than did previously when all meetings were conducted in-person in Salem. According to OGEC’s executive director, people seeking help from OGEC would not know anything has changed, as communications have continued normally, and its customer service ratings have improved over the previous year. The commission’s budget has also not been affected by the pandemic.

The small size of the commission’s staff gave them flexibility to respond to changing circumstances and demands. OGEC reports its building is well situated to allow for implementation of distancing and other safety measures while maintaining operations. Typically, the commission does not receive many visitors, so visitors are able to be accommodated through appointments. Recently implemented online systems, an updated website, and a renewed focus on e-learning and webinars show OGEC has implemented strategies that are not just beneficial during the COVID-19 pandemic, but also generally.

Audit Results

Ethics laws establish the framework that protects the public trust against unethical conduct by public officials. Oregon's laws relating to conflicts of interest, acceptance of gifts, and misuse of office, among many others, appear to provide a reasonable structure for preventing unethical behavior and enforcing ethics rules. However, gaps in this structure, particularly in the areas of independence, protection of complainants, and ethics training, present opportunities for strengthening the state's culture around government ethics.

OGEc is charged with administering the ethics laws and appears to generally perform its work well. However, the commission could enhance its data practices to better monitor trends in ethics violations. OGEc could also provide a more robust training program for government employees, update its ethics manual for public officials as required in statute, and work more proactively to educate the public on the state's ethics laws.

Oregon's ethics framework and OGEc operations are generally aligned with other states and leading practices

Oregon's ethics laws and commission mostly operate in a manner comparable to other states and leading practices, particularly in the areas of independence, nonpartisanship and objectivity, due process protections for respondents, and improving public access to information. For example, OGEc is generally independent from the offices and agencies it regulates, while still being subject to appropriate checks and balances, and OGEc statutes and policies are designed to protect against partisanship and foster an impartial body.

OGEc is generally independent from other branches of government

OGEc's structure is based on the concept of checks and balances that permeates American political culture. The commission acts as a check against the abuse and concentration of power by state and local public officials. To facilitate this function, OGEc's legal structure allows it to independently investigate ethics violations and penalize violators at all levels of state and local government. If OGEc were overly reliant or interdependent on another government entity it could compromise the commission's ability to impartially enforce ethics law in the state. To this end, the Legislature has implemented policies aimed at protecting OGEc from outside interference in its proceedings.

The commission's structure is designed to create an effective and impartial body. Of the nine commission members, no more than three individuals can be registered to the same political party. This design helps prevent any party from being able to use the commission for purely political reasons. Commissioners are selected by the Legislature and the Governor, going through the standard appointment process for all other boards and commissions. Unlike many other boards and commissions in the state, the Governor gets just one preferred candidate for appointment to the commission.

We reviewed the ethics laws and commissions from seven other states: Washington, California, Nevada, Colorado, Ohio, Massachusetts, and Connecticut. Those states had comparable protections in place. For example, commissioners on the California Fair Political Practices Commission are selected by the Governor, Attorney General, Secretary of State, and Controller. If the Attorney General, Secretary of State, and Controller are all from the same political party, the Controller must select from lists of candidates provided by other parties with 500,000 or more registered voters.





The five members of the Colorado Ethic Commission are chosen by the state House, Senate, Governor, and Chief Justice of the Colorado Supreme Court, with those four commission members then selecting the fifth member from a local government. In Ohio, all commissioners are chosen by the Governor, but must be approved by the state Senate.

OGEC's assessment funding model also promotes its independence. While the state's General Fund dollars are appropriated every biennium at the discretion of the Legislature, OGEC's assessment falls outside the General Fund; changing the assessment would require the Legislature to pass a new law. Though its budget is still approved by the Legislature, having a separate funding source helps insulate OGEC from having its budget cut, either to fund other priorities or, more cynically, by lawmakers who might want to exert leverage over how the commission decides on cases. Instead of having to compete with other state agencies and recipients for the state's limited General Fund dollars, the commission's assessment provides a source of funding that is dedicated to OGEC and that helps bolster the commission's independence from the Legislature and Governor's Office.

Additionally, OGEC indicates it has worked hard to generate a culture that maintains the commission's independence, reduces the role of politics in its decisions, and generally ensures a fair process. In interviews, many OGEC commissioners mentioned they would not be able to tell the political leanings of their fellow commissioners based on their interactions on the commission. Moreover, OGEC's independence is highlighted by the actions it has taken against high-level political leaders, including a former Governor.

OGEC's complaint process includes sensible protections for those accused of ethics violations

A core function of OGEC's operations is its complaint process, which receives, investigates, and adjudicates complaints of ethics violations against public officials. Like a court of law, this system has been set up with significant protections for the individual accused of misconduct.

The complaint process currently keeps all complaints confidential during the 30-day preliminary review phase. During that phase, OGEC can only confirm the existence of a complaint against an individual — no other details may be released by the commission. After the preliminary review phase ends, all information becomes public record, including the identity of the complainant. This helps protect respondents from frivolous complaints and allows the commission to review the initial evidence of the complaint before it becomes public.

Similarly, the law protects elected officials from potentially false ethics allegations before an election. Upon request of a public official accused of a violation, the commission may postpone the disposition of a preliminary review if the complaint was received within 61 days of an election in which the public official is a candidate. In those cases, the commission's decision on the case is delayed until after the election has taken place. This helps protect officials from potentially frivolous complaints filed just before an election while ensuring the complaint is still processed and acted on appropriately.

The commission's complaint process also includes many of the required elements of legal due process, including:

- an unbiased hearing;
- notice of the proposed action and the grounds for that action;
- the opportunity to present reasons why the action should not be taken;
- the opportunity to introduce evidence and bring forth witnesses;
- knowing the opposing evidence;

- decisions based exclusively on the evidence presented;
- an opportunity to be represented by counsel;
- a record of the evidence presented at the hearing;
- written findings of fact and reasons for the commission's decision; and
- an opportunity to appeal the commission's decision.

The commission has considerable discretion over the sanctions and penalties it hands out, up to the maximum penalty for a given violation. According to OGE, commissioners consider mitigating and aggravating circumstances and factors when making their decisions. To help keep penalties and sanctions consistent, OGE management has developed a penalty matrix the commissioners use to guide their determinations. The matrix is included in OGE's administrative rules, but is not binding on the commissioners; however, it encourages consistent punishments for similar violations and could help reduce bias.

The other seven states we reviewed used a variety of mechanisms to protect officials from potentially frivolous complaints. To prevent the politicization of the complaint process, a manager from the Ohio Ethics Commission indicated that the commission is required to keep all investigative information confidential, only releasing settlement agreements and, in some circumstances, releasing that a case was referred to a county district attorney.



In Massachusetts, only cases in which the commission finds reasonable cause to believe a violation occurred become public — all others remain confidential.

The Colorado Ethics Commission and Connecticut Office of State Ethics also keep all unfounded cases confidential. In California, the Fair Political Practices

Commission generally keeps all information confidential until the case is closed and will redact any sensitive or confidential information from any documents made public.

OGE's case management system and electronic filing system have generally improved data management and expanded transparency

While fundamentally a regulatory body, OGE plays a role in promoting government transparency by publishing information about the financial interests of public officials and candidates, as well as the expenditures of lobbyists and the clients they represent. An informed public is essential to a well-functioning democracy, and transparency allows individuals to access information, promotes integrity in government, and can improve government efficiency by reducing the need to manually process public records requests.

OGE has implemented systems for internal management and tracking of complaints that allow public officials, lobbyists, and their clients and employers to file required information and the public to view this information online. These systems have improved the public's ability to access ethics information and the ability of OGE to track and manage cases and registrations. Figure 6 shows examples of the public-facing sides of OGE's Case Management System (CMS) and Electronic Filing System (EFS).

The EFS allows individuals, including elected officials, lobbyists, and candidates for office, to file required information, replacing the older system of paper filing. It also sends notifications and reminders to filers in order to facilitate compliance and keep users updated about changes to policies and procedures. Stakeholders interviewed, including lobbyists and elected officials, indicated the system was easy to use and made their filing requirements easier to fulfill. Some stakeholders questioned the ability of all potential filers to use the system given that it requires a computer and some knowledge, but OGE says it helps individuals who have trouble filing to meet the requirements. In 2019, OGE reports achieving 100% filing compliance for the first time.

Figure 6: OGE's electronic case management and filing systems improve transparency by providing easy access to case dispositions, opinions, and lobbyist and financial interest filings on the commission's web site

Search Advice and Case Information
Oregon Government Ethics Commission

Final Dispositions

Search Filters

Keyword:

Date Range: Starting: Ending:

Case Number:

Complainant: Respondent: Category:

Jurisdiction:

Back to Basic Search

Clear Search

Date Issued	Status	Case Number	Respondent	Jurisdictions	Categories
11/06/2020	Default Final Order	19-187KSM	Rick Scholl	City of St Helens	Executive Session
11/06/2020	Stipulated Final Order	19-280KSM	Tom Calvanese	Port Of Port Orford	Executive Session
11/06/2020	Stipulated Final Order	19-287KSM	Lela Thompson	Port Of Port Orford	Executive Session
11/06/2020	Stipulated Final Order	19-289KSM	Aaron Ashdown	Port Of Port Orford	Executive Session
11/06/2020	Default Final Order	19-284KSM	Brett Webb	Port Of Port Orford	Executive Session
11/06/2020	Dismissal	20-021KSM	Dave Jacobs	Mid-Columbia Fire & Rescue	Executive Session
11/06/2020	Dismissal	20-023KSM	Bob Delaney	Mid-Columbia Fire & Rescue	Executive Session
11/06/2020	Dismissal	20-024KSM	Dick Schaffeld	Mid-Columbia Fire & Rescue	Executive Session

Electronic Filing System
Oregon Government Ethics Commission - Public Records

Public Records Lookup

Select Report Type: Select Filter Type: Set Year:

First Name: Last Name:

Select Category: Select Jurisdiction: Select Office:

Generate Report

Report Results - Summary

Total Filters: 5105

Report Results - Detail

Last Name	First Name	Year	
Fraser	Dwight	2020	View Details
Aaron	Marcia	2020	View Details
Alan	Donald	2020	View Details
Akcombie	Sandra	2020	View Details
Abernathy	Gayle	2020	View Details

Export to CSV Print Report 25

Source: Oregon Government Ethics Commission.

These systems also have public facing features that allow the public to view information without a public records request. The public can view SEIs, lobbyist and lobbyist employer registrations and expenditures, legal defense trust funds, case dispositions, and advice and opinions.

OGE's transparency activities are generally aligned with best practices and comparable to the practices of other states. Most of the states we reviewed had physical or online means to view financial disclosure, complaint results, and other information. OGE has made progress in promoting transparency with the implementation of the EFS and CMS systems.

Oregon's ethics framework can be strengthened by increasing OGE's independence, further protecting complainants, and implementing ethics training requirements

Though the state's overall structure for government ethics is reasonable, we identified weaknesses with some key areas of the ethics laws, including a lack of adequate removal protections for commissioners, diminished institutional knowledge because commissioners are limited to one term, virtually no limits on commissioners' political activities, and limited protections for complainants, which could result in fewer complaints. Strict statutory deadlines can also make it difficult for investigators to complete preliminary reviews in time, particularly when complaint volumes are high. Other areas that could be improved include the independence of OGE's legal counsel, the state's ethics training requirements, and policies that help foster an ethical culture in state and local government.

Commissioners can be removed by the Governor for any reason, potentially jeopardizing their independence

As noted previously, state law includes several protections related to OGE's structure that prevent the commission from being controlled by any one political party or branch of government. However, there appears to be a fundamental oversight in this provision: as all nine commissioners are appointed by the Governor, they can also be removed by the Governor,

without cause. This has implications for OGE's independence and ability to regulate the state's highest public office.

Commissioners are not protected from unwarranted removal

Oregon is one of just eight states that do not statutorily protect commissioners from removal without just cause.

Oregon is one of just eight states that does not statutorily protect commissioners from removal without just cause, according to the Coalition for Integrity. If the Governor can remove commissioners without just cause, the person in that office could potentially obstruct an investigation they oppose by unilaterally removing all the commissioners. While this would likely be strongly opposed by other state leaders, political polarization has increased both nationally

and in many states. In an atmosphere of rising partisanship, political norms and public disapproval may not be enough to dissuade a future Governor from taking such an extreme step.

To help insulate ethics commissions from political interference and to safeguard their independence, the Campaign Legal Center and Coalition for Integrity both recommend that jurisdictions only allow a commissioner's removal for cause. As the Campaign Legal Center notes, both the Massachusetts State Ethics Commission and the California Fair Political Practices Commission only allow a commissioner to be removed under certain circumstances, including "substantial neglect of duty, inability to discharge the powers and duties of the office, or violations of certain prohibitions on commissioner activities." According to OGE management, one commissioner has been removed from the commission for health reasons. OGE indicated the removal was supported by the other commissioners.

Commissioners are limited to one term, potentially diminishing institutional knowledge and continuity

Under Oregon law, OGE commissioners can only serve one four-year term.¹¹ While this requirement was likely enacted with good reason, such as to promote new thinking on the commission, it may also undermine the ability of the commission to retain institutional knowledge and continuity. Commissioners and OGE management noted it takes time for new commissioners to become familiar with the ethics laws and the requirements the commission and staff must follow. Commissioners spend a significant portion of the term learning their roles and how the system works, leaving little time for putting their knowledge into practice. One commissioner suggested that by the time a commissioner has a good understanding of the entire process and their role, their term is up.

Of the other states we reviewed, four ethics boards and commissions also limit commission members to one fixed term, though in all cases the term is longer than four years. The Massachusetts State Ethics Commission and the Washington Legislative Ethics Board,¹² Executive Ethics Board, and Public Disclosure Commission all limit members to one term of five years, though this limit can sometimes be exceeded if a commissioner is appointed to complete another member's term and is then reappointed for a full term. Ohio, Colorado, Nevada, and Connecticut all have terms of four to six years and permit members to serve two or more terms. Among the other states we reviewed, only the California Fair Political Practices Commission limits members to one four-year term.

Allowing OGE commission members to serve an additional term — or increasing the length of the single fixed term — could help reduce the loss of institutional knowledge from member

¹¹ A commissioner can also complete another commissioner's unfinished term.

¹² The Washington Legislative Ethics Board has both legislative and public members; legislative members serve two-year terms and can be reappointed, while public members are limited to one five-year term.

turnover and cut down on the time needed for commissioners to become familiar with their responsibilities.

There are almost no statutory limits on commissioners' political activity

While some other states significantly limit commissioners' involvement in the political process, Oregon law does not restrict OGEC commissioners from most political activities. Many of the other states we reviewed prohibit commissioners from one or more of the following political activities:

- donating to political campaigns;
- endorsing candidates and ballot measures;
- working for other government bodies;
- working for political parties for money or volunteering for a political party, candidate, or ballot measure campaign; and
- campaigning for office.

For example, the Washington Public Disclosure Commission prohibits commissioners from all the political activities listed above. The Connecticut Office of State Ethics restricts board members from holding office in any political party or committee, donating to political campaigns, working as a registered lobbyist, or holding or campaigning for public office while a member of the board and for three years beforehand. Nevada limits commissioners from active involvement in a political party or campaign and from lobbying for pay.

Oregon law restricts most elected and appointed officials from serving on the ethics commission. However, statutes set no other limitations on who can serve on the commission and, importantly, do not restrict commissioners from working on or donating to political campaigns, working or volunteering for a political party, or endorsing candidates or ballot measures. Since OGEC regulates many elected officials, commissioners engaging in such activities may undermine the actual or perceived objectivity of the commission and its decisions.

OGEC receives legal services from DOJ, which may lead to a perception of a conflict of interest

As is the case with other state agencies and commissions, state law requires OGEC to receive legal counsel services from DOJ under the leadership of an elected Attorney General, which is a partisan position. The Commission's assigned AAG reviews documentation produced by OGEC during the complaint process, as well as formal ethics opinions dispensed by the commission. The AAG also attends commission meetings and, when asked, provides counsel to the commission related to application of the law to the matter at issue.

Although representation by DOJ is common across state government, OGEC's role places the commission in the rare position of being reliant upon that agency for legal advice while simultaneously exercising oversight over the agency, since Oregon's elected Attorney General and DOJ employees are all subject to the state's ethics laws. This legal counsel governance model has the potential to create an appearance of a conflict of interest. State law allows OGEC to obtain separate legal counsel when representation by DOJ might create a conflict of interest, but statutes require approval by DOJ in order to do so. This creates the potential for conflicts of interest and could weaken OGEC's ability to independently enforce the state's ethics laws and to uphold public trust.

An OGEC commissioner also voiced concerns about DOJ providing legal counsel. This commissioner noted that a previous AAG assigned to OGEC had been highly influential in shaping OGEC's interpretation of the ethics laws. This commissioner also stated that the

commissioners at the time were overly deferential to the AAG's interpretation of the law, which this commissioner viewed as infringing on OGEC's purview to interpret and apply the ethics laws. An outside attorney who has represented officials before the commission also expressed a similar view that in the past some commissioners were too deferential to the AAG's interpretation of the ethics laws.

To be clear, the concerns expressed by this commissioner and attorney were their own views and do not necessarily indicate that OGEC's authority or independence were constrained. Both individuals also noted this situation occurred in the past. However, the commission's reliance upon DOJ for legal counsel creates an ongoing potential risk that a similar situation or other conflict of interest issues and appearances could arise.

Oregon's ethics statutes may not adequately protect complainants, potentially resulting in fewer credible complaints from those who fear retaliation

Oregon law does not provide a specific means for OGEC to accept anonymous ethics complaints or keep a complainant's name confidential; complaints must be in writing and signed by the complainant. According to OGEC management, this requirement was included in the law to allow those accused of ethics violations to "face their accuser" by knowing the identity of the complainant.

The Campaign Legal Center and Coalition for Integrity both note that not allowing anonymous or confidential complaints could have a chilling effect on potential complaints.

While other states' ethics commissions have a similar requirement, the Campaign Legal Center and Coalition for Integrity both note that this could have a chilling effect on potential complaints. As the Coalition for Integrity states, many people will rightly fear losing their job or being placed in a hostile work environment if their identity is exposed. Oregon law includes protections for

"whistleblowers" — workers who report actions they believe violate local, state, or federal laws. These protections prohibit all employers from demoting, suspending, firing, or in any way discriminating or retaliating against a whistleblower who makes a good faith report of activity they believe violates the law. However, these protections are not proactive. Instead, they allow a whistleblower who has been fired or retaliated against to contest their employer's actions by filing a complaint with the Oregon Bureau of Labor and Industries or by suing the employer. Allowing anonymous complaints or keeping complainant names confidential could proactively protect complainants from being retaliated against in the first place.

Some states we spoke with also indicated they would receive more complaints if they could accept them anonymously. The Washington Legislative Ethics Board's executive director indicated that allowing anonymous complaints leads both to more complaints and more substantive complaints.

Six of the nine ethics organizations we spoke with allow anonymous complaints, keep complaints confidential, or both. As mentioned previously, the Ohio Ethics Commission keeps all complaints confidential. When a case is closed, notification is sent to the person who was investigated and the person who made the initial complaint.



Nevada takes a different approach, allowing a complainant's name to be kept confidential if the complainant works for the same government agency as the respondent or can provide evidence of a legitimate physical threat if their identity were disclosed. Nevada's ethics commission also has the authority to consider retaliation against a complainant as a separate ethics violation and to open a complaint on its own motion to investigate acts of retaliation. The Massachusetts

Ethics Commission, the Washington Executive Ethics Board, and the California Fair Political

Practices Commission all either accept anonymous complaints or keep complainant names confidential.

Another way an ethics commission can act on anonymous information is by opening a complaint under the commission's own authority. For example, the Connecticut Office of State Ethics indicated that it routinely receives information anonymously and has opened complaints on its own motion based on information received anonymously. However, Connecticut keeps all dismissed cases confidential, so a frivolous complaint submitted anonymously would not be made public. As mentioned previously, OGEC has the authority to investigate potential ethics violations under its own motion, but it generally opens such cases only based on media reports, evidence discovered during another investigation, or other credible information. OGEC does not have the authority to keep a dismissed case confidential, which increases the potential risk to the accused person's reputation if the anonymous information turns out to be wrong.

Unlike some state regulatory bodies, Oregon law does not explicitly allow OGEC to accept anonymous complaints.

Some other state entities that accept anonymous complaints or keep complainant names confidential include:

- Oregon Medical Board
- Oregon Board of Dentistry
- Oregon Board of Massage Therapists
- Department of Environmental Quality
- Oregon Liquor Control Commission
- Oregon Board of Social Workers
- Oregon Secretary of State's Fraud, Waste, and Abuse Hotline.

Besides other ethics agencies, many other state agencies, boards, and commissions in Oregon accept anonymous complaints or keep complainant names confidential. For example, state law requires all Oregon health licensing boards — such as the Oregon Medical Board, Oregon Board of Dentistry, and Oregon Board of Massage Therapists — to keep a complainant's name confidential from the person accused of misconduct. The Oregon Department of Environmental Quality, the Oregon Liquor Control Commission, and the Oregon Board of Social Workers also accept complaints anonymously or maintain complainant confidentiality, as does the Secretary of State's Fraud, Waste, and Abuse Hotline.

Without some way to allow anonymous complaints or to keep complainant names confidential, individuals who fear retaliation may not come forward with complaints, especially if the complaint is against an individual with significant power over them. Allowing anonymity or confidentiality could result in more credible complaints of wrongdoing being brought to the commission's attention.

Oregon does not require public employees to receive ethics training and could do more to help foster an ethical culture

As responsibility for adhering to the ethics laws falls on individual public employees and not the governments and agencies they represent or serve, state law does not require these public bodies to provide ethics training. This limits OGEC's leverage to encourage governments and agencies to provide their employees with ethics training, almost certainly resulting in lower participation than if training were required.

Only one group under OGEC jurisdiction — lobbyists — is required to receive annual training where enforcement is administered and reported through OGEC. Under ORS 171.742, lobbyists must receive education on sexual harassment and report their fulfillment of the requirement on their annual filings. OGEC is then required to report the list of lobbyists who have received training, as well as the date and duration of the training. Oregon law also requires state employees to engage in other required trainings, such as courses on sexual harassment and discrimination and information technology security.

At the same time, OGE is a small commission. If ethics training became mandatory for all state and local government employees, OGE management noted it would be hard-pressed to handle such a large increase in trainees without a significant infusion of staff and resources. However, some governments prioritize training to certain groups or have implemented other practices to help foster an ethical culture among their employees.

For example, federal regulations impose several ethics requirements upon federal agencies. Federal rules require every agency to maintain an ethics education program to teach employees how to identify government ethics issues and get help in complying with government ethics laws and regulations. Additionally, federal rules require new employees to receive an initial ethics training and employees in key positions to receive annual ethics training. Each federal agency must also appoint a Designated Agency Ethics Official to oversee the agency’s ethics program.

Other governments have also implemented training or other ethics requirements. Massachusetts requires all public employees to receive ethics training within 30 days of starting in their position and every two years thereafter. All public employees must also annually confirm they have received a summary of the conflict of interest laws, which is produced by the state’s ethics commission and provided by employers. Connecticut requires its Office of State Ethics to provide annual ethics training to all state employees and requires each state agency to appoint an Ethics Compliance Officer or Ethics Liaison. Ohio requires each new public official to be provided with a copy of the relevant ethics statutes and requires the employee to acknowledge receipt in writing. Many cities and other local governments have also implemented an ethical code of conduct, such as the City and County of Denver and the Metro regional government in the Portland area.

Despite being elected to lead large public institutions, state law does not require school board members to file SEIs

Nearly all elected and appointed officials in Oregon are required to disclose their financial interests publicly, including most elected officials. Public scrutiny of the economic interests of public officials helps prevent those officials from misusing their public office for their own benefit. School board members stand out from other members of public governing bodies in Oregon because they are not required to file SEIs.

Oregon school board members manage critical public bodies that educate Oregon’s students using billions of dollars in revenue and significant human capital and physical assets. The five largest school districts in Oregon collectively manage more than \$6 billion dollars in revenue each biennium, so significant tax dollars are on the line when board members make decisions. Figure 7 shows the overall budgets for the five largest school districts in the state.

Figure 7: The state’s largest school districts oversee budgets of more than \$6 billion in total, but no school board members are required to file SEIs

School District	All Funds Budget
Portland	\$2.73 billion
Salem-Keizer	\$1.53 billion
Beaverton	\$936.5 million
Bend-La Pine	\$481.5 million
Hillsboro	\$536.2 million

Source: School district budget documents.

School board members, like other public officials in Oregon, are part-time positions, so many board members have other forms of employment. They are also often integrated into their communities, which can increase the likelihood that conflicts of interest will arise. While this does not preclude individuals from serving on a school board, it is important to provide the public with adequate information about these potential conflicts to maintain accountability and fairness.

Some other states we looked at require school boards to file financial disclosure information. Washington¹³ and Nevada both require school board members to file financial disclosure information, while Ohio limits that requirement to school board members from districts with over 12,000 students.

Rigid 30-day time limits on preliminary reviews can burden OGE staff and cause unnecessary investigations

As mentioned previously, all complaint cases are kept confidential during the preliminary review phase. Prior to 2015, statute set the preliminary review phase at 135 days, with extensions allowed beyond that period. However, after some high-profile cases in which the preliminary review was extended well beyond 135 days, the Legislature changed the preliminary review period to 30 days with no option for extension.

The inflexibility of the requirement can place a significant burden on OGE staff. OGE has nine total staff, only two of which are investigators, and opens an average of eight to ten cases per month based on complaints received. However, OGE has no control over how many complaints it receives or when they will be received, so in some months that number can be significantly higher. This greatly increases the workload for OGE's investigators. With no way to control the flow of complaints, investigators are forced to complete a much larger amount of work within the same amount of time.

Along with increased workloads, delays in receiving responses from complainants and respondents can prevent investigators from obtaining all the information needed for the preliminary review in the required 30 days. Once that time period is up, statute requires the commission to either move the complaint to the investigative phase— before the needed information has been received — or dismiss the complaint entirely.

According to OGE management, past complaint cases have been moved to the investigative phase because staff did not receive the information needed to answer all the commissioners' questions within 30 days. Short of requesting additional staff or dismissing potentially valid complaints, OGE does not appear to have any other options. At the same time, moving a case to investigation before all the preliminary review evidence has been received could affect a public official's reputation, as both a commissioner and an attorney who has represented several officials before the ethics commission pointed out to auditors. Even if a case is ultimately dismissed, some in the public may assume there must have been enough evidence of unethical behavior to warrant an investigation or else the commission would not have approved one.

Only one of the seven other states we reviewed has a strict time limit for completing the preliminary review of a complaint, and the one state that does — Nevada — also provides more time than Oregon.

In auditors' reviews of seven other states, only Nevada placed a strict time limit on their preliminary review determinations. In Nevada, the Commission on Ethics has 45 days to determine whether the commission has jurisdiction over the complaint and to decide whether to open an investigation. The executive director of the Nevada commission noted that even this amount of time is insufficient when complaint volumes are high. The six other states we spoke with did not have rigid time limits for

completing the preliminary review of a case.

¹³ In Washington, school board members are only required to file a financial disclosure statement if there are more than 2,000 registered voters in the school district.

Better data practices, more training options, and statutory enhancements could help OGEc improve its operations and better inform public employees and Oregonians

OGEc has put in place a reasonable system for receiving complaints, conducting investigations, and providing training, but could tighten some of its practices in each of these areas. The commission has policies and procedures to help ensure that complaint investigations are conducted within statutory timeframes and documented in the complaint data system, CMS. OGEc could also more fully utilize CMS to analyze trends in ethics complaints, which could help inform the commission's training priorities.

As required in statute, OGEc publishes a guidance manual for public officials and provides ethics training for public employees. However, OGEc has not updated its manual since 2015, though state law requires it to be updated every four years. Additionally, OGEc's communication and outreach efforts could be enhanced to help improve the public's understanding of Oregon's ethics laws and the role the ethics commission plays in upholding and promoting ethics at all levels of government.

OGEc could better utilize data to analyze ethics trends and risks

In 2017, OGEc began using CMS to track and store the complaints it receives, preliminary reviews and investigations conducted, and any correspondence, evidence, or other documentation that results from an investigation. CMS also contains advice and opinions issued by the commission or its staff. Final case dispositions and advisory opinions are published to the commission's web site through CMS.

In addition to case evidence and correspondence, data captured in CMS includes important tracking information. This includes the date on which a complaint was received, types of alleged violations included in a complaint, the case disposition, and any sanctions or penalties imposed. However, OGEc does not appear to utilize this information in a strategic way.

OGEc staff indicated that they track high-level case file statistics by jurisdiction and general type of violation. They do not normally review case statistics based on more specific data in CMS. For example, OGEc does not run statistics on complaints by specific types of violations, such as conflicts of interest, use of public office for private gain, and nepotism, among others. Looking at the trends on these types of violations could help OGEc identify areas of the ethics law that should be emphasized in trainings as well as identifying possible improvements for the state's ethic legal framework.

Relatedly, OGEc does not have a formal process for reviewing the accuracy of data captured in CMS. Key case documents like preliminary review and investigation reports are reviewed by the executive director and OGEc's assigned AAG before going to the commission, which helps provide assurance that case information presented to the commission is accurate. However, OGEc has not established a policy or procedure for regularly reviewing the accuracy and completeness of the data entered in CMS.

In reviewing the complaint data, auditors found several cases in CMS for which information was missing or incorrect. For example, auditors identified 28 settled cases in which the commission had found a violation, but no sanction or penalty was noted in CMS (though at least in some cases, that information was contained in the actual settlement agreements). Also, in responding to the auditors' data questions, OGEc staff found that some controls were not working, allowing illogical dates to be entered, such as a case closure date that is earlier than the case open date. While these errors were relatively minor, having an established process for regularly reviewing

the CMS data would help ensure that any future analysis of complaint trends is based on accurate data.

OGEc maintains an ethics training program for public officials but could do more to educate government employees and improve public understanding of state ethics laws

Under the state's ethics statutes, OGEc is responsible for providing a program of continuing education for public officials. Prior to the COVID-19 pandemic, the commission primarily met this requirement by providing in-person trainings, often by presenting at meetings and conferences geared toward public officials. OGEc also works directly with individual state agencies and local governments to set up trainings specifically for their employees. OGEc staff noted that these customized trainings can be tailored to the areas of the ethics laws most relevant to organizations and their employees. For example, a presentation at an association of lobbyists can be customized to focus on the state's lobbying laws and reporting requirements. OGEc reports training about 2,000 individuals a year.

With the onset of the COVID-19 pandemic, the commission pivoted to providing most of its training through online meeting platforms. OGEc offers several monthly hour-long webinars on specific topics, such as accepting gifts and conflicts of interest, as well as a monthly session for new public officials. OGEc also utilizes this technology to provide the customized trainings for specific governments and organizations it previously offered in person.

OGEc management indicated the organization is looking to increase its technology infrastructure to support more online training. The commission has also hired a new trainer with more experience in providing virtual trainings. Though it has enhanced its virtual training offerings, OGEc management indicated the organization does not have a lot of experience with these technologies, so it will be reaching out to other state agencies to learn from their experiences.

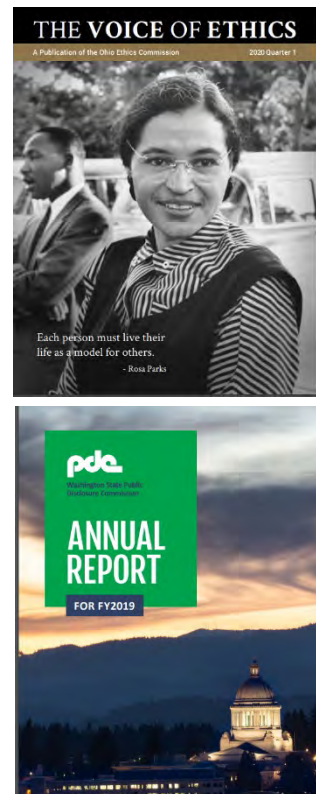
In addition to in-person and online trainings, OGEc's website also offers several resources on the ethics laws. These include links to short introductory presentations that users can access on demand, a variety of flowcharts to help officials navigate specific ethics laws, and an overview of the state's ethics requirements.

According to OGEc, legal responsibility for following the ethics laws falls on public employees, not state agencies and local governments. Because of this, the commission's influence to persuade governments and agencies to provide their employees with ethics training is limited. However, unethical conduct by public employees can still cost governments money and harm their reputations. For example, a former prison food manager for the Oregon Department of Corrections was charged with taking kickbacks and bribes of \$1.3 million for purchasing food from a particular vendor.

OGEc could also do more to inform public employees of the ethics laws and the resources OGEc makes available. The other states we spoke with all issue quarterly newsletters or annual reports that provide an overview of their commissions' activities during that time period. These reports often include information such as:

- significant changes to the ethics laws;
- suggested improvements to the ethics laws;

Figure 8: Examples of a newsletter from the Ohio Ethics Commission and an annual report from the Washington Public Disclosure Commission



- notable complaint investigations or violations found;
- key ethics advice and opinions; and,
- statistics on complaints received, trainings conducted, and opinions issued.

As an example, the Ohio Ethics Commission publishes a quarterly newsletter that often includes a discussion of a specific ethics question; an update on available training courses; and recent advisory opinions issued, among other topics. Other state ethics organizations we spoke with that publish annual reports include those from Colorado, Nevada, Connecticut, Massachusetts, California, and Washington. However, OGEc does not publish a similar report or newsletter.

Similarly, the commission does not proactively reach out to the public to inform them of OGEc's activities. For example, the commission does not take advantage of social media or other methods to directly communicate OGEc's mission, goals, key ethics cases or opinions, or other important information to the public. OGEc management indicated that in the past, news outlets often covered commission meetings, so the organization traditionally relied upon media outlets to communicate the commission's activities. However, management acknowledged fewer reporters now attend the meetings. Utilizing social media and other direct communication strategies could help OGEc convey how its education and enforcement efforts help foster an ethical culture in Oregon government.

OGEc's ethics guidance for public officials should be updated, in accordance with statutes

As a part of the statutes establishing the state's ethics laws, OGEc was tasked with creating a manual on government ethics to explain the ethics requirements to legislators, other public officials, and the general public. The manual also sets forth the reporting requirements for lobbyists and public officials required to file SEIs. Statutes prohibit OGEc from imposing any penalties on a public official for any "good faith action" taken while relying upon the manual or any updates to the manual.

Statutes require OGEc to update the manual as often as it deems necessary, but not less than every four years. However, auditors found this has not been happening. The current manual was last updated in 2015; based on the statute, OGEc should have issued an updated manual in 2019. As of January 2021, it had not yet done so. According to OGEc, managers and staff were focused on their main work priorities and overlooked this requirement. OGEc is aware of this lapse and has indicated it will be releasing an updated manual in early 2021.

Other Pertinent Information

This section covers information not addressed in the audit's findings, but which is relevant to the audit topic and should be considered by the Legislature.

Oregon legislators are required to vote on legislation even when they have a potential or actual conflict of interest

Oregon's conflict of interest laws contain an exception for legislators which allows them to participate in votes and decisions that present an actual conflict of interest. This exception exists even though virtually all other public officials must abstain from voting and recuse themselves from participating in such decisions.¹⁴ This legislative loophole undermines the idea that public officials should not be involved in decisions that would benefit them, their family, or close associates.

According to the Center for Public Integrity,¹⁵ Oregon and Utah are the only states that require legislators to vote on a matter regardless of whether it presents a potential or actual conflict of interest. Under both House and Senate rules, Oregon legislators cannot abstain from a vote for any reason, though legislators can be excused for medical appointments or necessary non-legislative meetings. Legislative leaders can penalize lawmakers who are absent without prior approval.

State law also requires legislators to announce their potential or actual conflicts in accordance with the legislative rules. However, under Article IV, Section 11 of Oregon's Constitution, the Legislature establishes its own rules governing operations and setting standards of conduct for legislators. These rules are voted upon by members of the respective chambers — and can also be changed by them.

In a 2007 report, the Oregon Law Commission recommended lawmakers be restricted from taking any action on matters that represent an actual conflict of interest, with the possible exception of being allowed to participate in floor votes.¹⁶ Santa Clara University's Markkula Center for Applied Ethics goes a step further, recommending lawmakers not be allowed to take part in any issues that could present even the appearance of a conflict of interest. The center explains that while a public official may feel their interest in an issue gives them a particular insight into the matter, it is impossible for a legislator to be impartial when their self-interest is involved. The center further notes that a conflict of interest is not resolved by being transparent about it; lawmakers must completely remove themselves from the decision-making process.

Each of the seven other states we reviewed for this audit either require or allow legislators to recuse themselves from participating in issues when they have a conflict of interest, though rules vary across those states. For example, the state constitutions of Colorado and Washington require legislators to both disclose and not vote on any bill or measure in which they have a personal or private interest. In contrast, Nevada legislative rules allow — but do not require — lawmakers to abstain from voting on a matter in which they have a conflict of interest. In California, the Legislature's joint rules prohibit a lawmaker from participating in any legislation in which they have a personal interest, with one exception: legislators are allowed to vote on

¹⁴ Under limited circumstances, public officials who are members of a governing body may vote on an issue that represents a potential or actual conflict of interest if their vote is necessary to maintain a quorum of that body.

¹⁵ Q&A: *What We Learned From Digging Into State Legislators' Disclosure Forms*, Center for Public Integrity (2017), <https://publicintegrity.org/politics/state-politics/qa-what-we-learned-from-digging-into-state-legislators-disclosure-forms/>.

¹⁶ In 2003, Governor Kulongoski tasked the Oregon Law Commission with reviewing and proposing comprehensive changes to Oregon's ethics laws. The Legislature funded this effort in 2005 and directed the commission to provide recommendations and draft legislation for its consideration during the 2007 legislative session.

final passage of such a bill if they submit a statement declaring their personal interest and that they are able to cast a fair and objective vote on the legislation.

Allowing legislators to participate in matters on which they have a conflict of interest risks weakening the public's trust in government and the notion of public office as a public trust, in which officials exercise their authority for the benefit of all rather than themselves. In addition to current requirements that legislators publicly disclose potential and actual conflicts of interest, the Oregon Legislature should consider changing statutes and chamber rules to require lawmakers to recuse themselves from any discussions, debates, or votes on such measures.

Recommendations

To strengthen the state's government ethics framework, OGEc should work with the Governor's Office and Legislature to:

1. Establish statutory protections for commissioners to prevent removal without just cause before a commissioner's term has ended.
2. Establish more specific limitations on commissioners' political activities.
3. Allow members to serve more than one term or increase commission terms to more than four years.
4. Explore legislation allowing the commission to hire or contract for an internal general counsel position, to increase its independence.
5. Amend statutes to allow OGEc to accept anonymous complaints or keep complainant names confidential, either at its discretion or when a complainant fears retaliation.
6. Require public employees to receive regular ethics training or require public employees to document their acknowledgement and understanding of the state's ethics laws upon hiring and regularly thereafter.
7. Establish additional policies aimed at creating and maintaining an ethical culture in Oregon government, such as requiring ethical codes of conduct.
8. Require school board members to file Statements of Economic Interest.
9. Increase the time allowed for preliminary reviews.

To improve its operations and better inform the public and public employees, OGEc should:

10. Establish procedures for reviewing the accuracy of CMS data and regularly analyzing CMS and other data to look for trends.
11. Continue to expand training options to provide more virtual and online trainings, which may require additional budget resources.
12. Create and distribute a quarterly newsletter or annual report that includes information and updates on OGEc operations, complaints, adjudications, important advisory opinions, legislative changes, and proposals for strengthening the state's ethics laws.
13. Consider utilizing social media and other avenues of communication to regularly inform the public of commission decisions, how to file a complaint, advisory opinions, information related to Statements of Economic Interest, and lobbying disclosures.
14. Update the ethics manual for public officials, in accordance with statute.

Objective, Scope, and Methodology

Objective

The objective of this audit was twofold: One, to determine whether there are ways in which Oregon can improve its government ethics framework, particularly in the following areas:

- a. Strength of ethics laws;
- b. Commission structure, independence, and qualifications;
- c. Training requirements for public officials and employees;
- d. Promoting an ethical culture.

Two, to determine whether there are ways in which OGEc can improve its processes for receiving, investigating, and adjudicating ethics complaints and training government employees on ethics laws.

Scope

The audit focused on Oregon's government ethics statutes, primarily captured in ORS Chapter 244, including those that set out the ethics requirements, OGEc's structure and responsibilities, and ethics training requirements, as well OGEc policies, procedures, and processes for receiving and investigating ethics complaints, including all complaint data captured in OGEc's CMS system through July 2020.

Methodology

To address our objectives, we used a methodology that included, but was not limited to, conducting interviews, reviewing documentation, and reviewing complaint data. To gain an understanding of the program and to learn the views, opinions, and perspectives of stakeholders, we conducted:

- Interviews with OGEc commissioners, management, and staff;
- Interviews with OGEc stakeholders, including legislative leaders, attorneys who have represented public officials before the commission, and managers or staff from the Governor's Office, Oregon Department of Justice, Legislative Fiscal Office, League of Oregon Cities, and other state agencies;
- Interviews with managers and reviews of documentation from the ethics regulatory bodies for Washington, California, Nevada, Colorado, Ohio, Connecticut, and Massachusetts;
- Reviews of relevant ethics laws and administrative rules;
- Reviews of OGEc's key performance measures; and
- Interviews and reviews of best practice information from ethics watchdog organizations, such as the Campaign Legal Center and Coalition for Integrity.

To gain an understanding of internal controls for OGEc's complaint process, we reviewed OGEc's written policies, procedures, and processes and interviewed key managers and staff about them. We also reviewed data from OGEc's CMS to determine whether the data would be reliable enough for our objectives. Though most of the CMS data appeared to be reliable enough for our purposes, the data around sanctions and penalties was inconsistent and thus not reliable enough for our purposes, so we did not end up using those data to support our findings or conclusions. However, we made recommendations for improving the reliability of OGEc's data.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We sincerely appreciate the courtesies and cooperation extended by officials and employees of OGEC during the course of this audit.

Appendix A: Comparison of State Ethics Organizations

	Commission Members	Coverage	Public Employees Covered (Approx.)	Comm. Staff	Budget for FY/CY 2019 or 2020 (Approx.)	Complaints Received in 2019	Allow Anonymous/Confidential Complaints?	Members Protected from Removal?	Internal General Counsel Allowed?
California Fair Political Practices Commission	5	State and Local	>1,000,000	80	\$13,500,000	2,344 ¹⁷	Yes	Yes	Yes
Colorado Independent Ethics Commission	5	State and Local	Unknown	1	\$205,000	26	No	No	Yes ¹⁸
Connecticut Office of State Ethics	9	State	60,000	14	\$1,520,000	52	Yes	No	Yes
Massachusetts State Ethics Commission	5	State and Local	400,000	26	\$2,206,000	875	Yes	Yes	Yes
Nevada Commission on Ethics	8	State and Local	145,000	6	\$893,000	123	Yes	Yes	Yes
Ohio Ethics Commission	6	State and Local ¹⁹	600,000	19	\$2,600,000	174	Yes	No	Yes
Oregon Government Ethics Commission	9	State and Local	260,000	9	\$1,450,000	227 ²⁰	No	No	No
Washington Executive Ethics Board	5	State - Executive	65,000	4	\$481,000	110	Yes	No	No
Washington Legislative Ethics Board	9	State - Legislative	800	1	\$259,000	13	No	No	Yes
Washington Public Disclosure Commission	5	State and Local	7,000	31	\$5,000,000	414	No	Yes	Yes

¹⁷ Includes both complaints and referrals.

¹⁸ The Colorado Independent Ethics Commission is allowed to have its own general counsel but has chosen to receive general counsel services from the Colorado Attorney General's Office.

¹⁹ The Ohio Ethics Commission does not cover state legislators.

²⁰ Complaints received, out of which 111 cases were opened.



Oregon

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April 19, 2021

Kip Memmott, Director
Secretary of State, Audits Division
255 Capitol St. NE, Suite 500
Salem, OR 97310

Dear Mr. Memmott,

This letter provides a written response to the Audits Division's final draft audit report titled: ***Oregon's Ethics Commission and Framework Could Be Better Leveraged to Improve Ethical Culture and Trust in Government.***

As Executive Director of the Oregon Government Ethics Commission, I would like to express my appreciation for the many volunteer hours put in by the current and former Commissioners who unfailingly perform their duties with grace and purpose. The staff of the Commission provides exemplary service to Oregon's citizens by educating public officials on their duties as holders of the public trust and holding them accountable when they fail to honor that trust.

The Secretary of State's performance audit of the Commission began in the summer of 2019. The Commission appreciates the work of the auditors and we are always eager to make improvements that could more efficiently accomplish the Commission's twin missions of education and enforcement.

The audit report describes the Commission's duties to include five core functions:

- 1) enforcing the ethics laws
- 2) providing advice and opinions on the application of those laws
- 3) conducting training for public officials on compliance
- 4) administering the filing requirements for lobbyists, their clients/employers, and certain public officials who must annually disclose their financial interests
- 5) enforcing the executive session provisions of Oregon Public Meetings law.

Of the 14 recommendations by auditors, 9 are for new legislation to address what the auditors consider deficiencies in the current ethics laws in ORS Chapter 244, the largest of three bodies of law within the Commission's jurisdiction. Thus, the majority of the post-audit recommendations would not necessarily improve the Commission's performance of their current core functions, but would enlarge the scope of those functions or change the requirements for Commissioners and legal counsel.

As noted below, the Commission may not unilaterally introduce proposed legislation, they may only propose legislative concepts to the Governor's Office. The Governor may choose to introduce proposed legislation based on a Commission concept, but until that point, the Commissioners and Commission staff must remain neutral on any proposed legislation. It is the Commission's hope that if the Governor introduces a bill in the 2023 legislative session based on a recommendation made in this audit report, the Secretary of State will provide legislative testimony as to the basis for their recommendation.

The Commission agrees with legislative recommendations #3 and #9. Bills are currently pending in the 2021 Legislative session to address the issues of expanding the preliminary review period from 30 to 60 days (SB 60) and allowing Commissioners to serve more than one term (SB 63). The bills have currently passed the Senate and are awaiting action by the House. Both of these bills would improve the performance of the Commission in meeting its mission of education and compliance.

Legislative recommendations #5 (taking anonymous complaints), #6 (mandated training for all public officials), and #8 (add a large group to the financial disclosure filers) would each expand the work of the Commission and require additional expenditures and new staff. The reasons for these recommendations, however, are explained in the audit report.

It is difficult to discern the rationale for some of the other recommended legislation. For example, recommendation #1 seeks to legislatively protect Commissioners from unjust removal by the Governor and recommendation #2 seeks to prohibit Commissioners from participating in political activities, both of which appear to be solutions to problems for which the audit report provides no evidence. Similarly, recommendation #4 proposes legislation requiring that the Commission be represented by in-house or private legal counsel as opposed to representation by the Attorney General's office. The audit report states that representation by the AG's office *could* lead to a *perception* of a conflict of interest and mistakenly states that the Commission is prohibited from obtaining outside counsel without the AG's approval. The Commission is permitted by law to retain or appoint qualified legal counsel who is responsible to the commission when the commission finds it is inappropriate and contrary to the public interest for the office of the Attorney General to represent concurrently more than one public official or agency in any matter before the commission because the representation: (a) would create or tend to create a conflict of interest; and (b) is not subject to ORS 180.230 or 180.235. [ORS 244.250(7)]

Although the reason given for all recommendations #1, 2, and 4 is to make the Commission more independent, there is no evidence in the audit findings indicating that bias, outside interference, or political pressure, has existed or currently exists as to the Commissioners, the Commission staff, or the legal counsel.

The Commission agrees with recommendations #10 through #14, which would improve the performance of the Commission and are within the sole ability of the Commission to achieve. In fact, the Commission has already implemented three of these recommendations and the other two are ongoing endeavors (extending training and implementing a social media presence). Recommendation #7 suggests legislation to require an “ethical code of conduct.” As an alternative, a code of conduct could be adopted as an aspirational goal by the Commission and disseminated statewide. All six of these recommendations either have been or could be implemented on or before July 31, 2021.

Below is our detailed response to each recommendation in the audit.

RECOMMENDATION 1		
Work with the Governor’s Office and Legislature to establish statutory protections for commissioners to prevent removal without just cause before a commissioner’s term has ended.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Neither; must remain neutral on any legislative proposal	2023 Legislative Session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 1

Executive Director proposes legislative concepts prior to each legislative session to the Governor’s Office. If the Governor’s Office agrees on the merits of the concept, a bill is introduced in the legislative session by the Governor. Only at that point may the Commission interact with the Legislature to advocate for adoption of the Governor’s bill.

RECOMMENDATION 2		
Work with the Governor’s Office and Legislature to establish more specific limitations on commissioners’ political activities.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Neither; must remain neutral on any legislative proposal	2023 Legislative Session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 2

Executive Director proposes legislative concepts prior to each legislative session to the Governor’s Office. If the Governor’s Office agrees on the merits of the concept, a bill is introduced in the legislative session by the Governor. Only at that point may the Commission interact with the Legislature to advocate for adoption of the Governor’s bill.

RECOMMENDATION 3		
Work with the Governor's Office and Legislature to allow members to serve more than one term or increase commission terms to more than four years.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Introduced as SB 63; Target date sine die 2021 session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 3

The Commission proposed this action as a legislative concept in April 2020 to the Governor's Office. The Governor agreed on the merits of the concept and the bill has been introduced in the 2021 Legislative Session as SB 63. On April 12, 2021, it was passed by the full Senate by a vote of 28-0 and has moved to the House.

RECOMMENDATION 4		
Work with the Governor's Office and Legislature to explore legislation allowing the commission to hire or contract for an internal general counsel position, to increase its independence.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Neither; must remain neutral on any legislative proposal	2023 Legislative Session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 4

Executive Director proposes legislative concepts prior to each legislative session to the Governor's Office. If the Governor's Office agrees on the merits of the concept, a bill is introduced in the legislative session by the Governor. Only at that point may the Commission interact with the Legislature to advocate for adoption of the Governor's bill.

RECOMMENDATION 5		
Work with the Governor's Office and Legislature to amend statutes to allow OGEC to accept anonymous complaints or keep complainant names confidential, either at its discretion or when a complainant fears retaliation.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Neither; must remain neutral on any legislative proposal	2023 Legislative Session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 5

Executive Director proposes legislative concepts prior to each legislative session to the Governor's Office. If the Governor's Office agrees on the merits of the concept, a bill is introduced in the legislative session by the Governor. Only at that point may the Commission interact with the Legislature to advocate for adoption of the Governor's bill.

RECOMMENDATION 6		
Work with the Governor's Office and Legislature to require public employees to receive regular ethics training or require public employees to document their acknowledgement and understanding of the state's ethics laws upon hiring and regularly thereafter.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Neither; must remain neutral on any legislative proposal	2023 Legislative Session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 6

Executive Director proposes legislative concepts prior to each legislative session to the Governor's Office. If the Governor's Office agrees on the merits of the concept, a bill is introduced in the legislative session by the Governor. Only at that point may the Commission interact with the Legislature to advocate for adoption of the Governor's bill.

RECOMMENDATION 7		
Work with the Governor's Office and Legislature to establish additional policies aimed at creating and maintaining an ethical culture in Oregon government, such as requiring ethical codes of conduct.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree as to the Commission creating and disseminating an "ethical code of conduct," but must remain neutral on any such legislative proposal	July 31, 2021 for internal creation of a "code of conduct"; 2023 Legislative Session for legislation on the subject	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 7

In lieu of a legislative proposal, the Commission staff could draft an "ethical code of conduct" for Oregon public officials as an aspirational policy statement, have it approved by the Commissioners, posted to the website, disseminated through social media, and included in future trainings.

RECOMMENDATION 8		
Work with the Governor's Office and Legislature to require school board members to file Statements of Economic Interest.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Neither; must remain neutral on any legislative proposal	2023 Legislative Session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 8

Executive Director proposes legislative concepts prior to each legislative session to the Governor's Office. If the Governor's Office agrees on the merits of the concept, a bill is introduced in the legislative session by the Governor. Only at that point may the Commission interact with the Legislature to advocate for adoption of the Governor's bill.

RECOMMENDATION 9		
Work with the Governor's Office and Legislature to increase the time allowed for preliminary reviews.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Introduced as SB 60; Target date sine die 2021 session	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 9

The Commission proposed this action as a legislative concept in April 2020 to the Governor's Office. The Governor agreed on the merits of the concept and the bill was introduced in the 2021 Legislative Session as SB 60. On April 12, 2021, it was passed by the full Senate by a vote of 21-7 and has moved to the House.

RECOMMENDATION 10		
Establish procedures for reviewing the accuracy of CMS data and regularly analyzing CMS and other data to look for trends.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Completed - March 31, 2021.	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 10

Agree with the recommendation.

The Commission has already implemented a procedure whereby the Compliance and Education Coordinator, in consultation with the Executive Director, will review the data accuracy of the Case Management System (CMS) on a quarterly basis and make corrections as necessary. Each staff member would receive notice of inaccuracies and instruction manuals would be updated if necessary on a quarterly basis. If CMS system changes need to be made by the software developer, they would be notified of necessary changes on an ongoing basis through the current ticket system.

Annually, on July 31, a report will be prepared for the Executive Director which analyzes and synthesizes data in CMS and other information for the prior 4 quarters as to any trends that would help guide the education and enforcement missions of the commission. This report would coincide with the annual gathering of the Commission's KPMs (key performance measures). For example, if a larger than usual number of complaints are

filed, phone calls received, and advice requested, on executive session compliance, the Commission could take some or all of the following actions: increase trainings on that topic, do a quarterly newsletter devoted to that topic, or propose that the Oregon State Bar approve a Continuing Legal Education (CLE) class on executive session compliance to reach Oregon attorneys who advise public bodies.

RECOMMENDATION 11		
Continue to expand training options to provide more virtual and online trainings, which may require additional budget resources.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Ongoing - July 31, 2021	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 11

Agree with the recommendation and have already expanded online and virtual trainings during COVID, and will continue to do so.

The trainers prefer to use Adobe Connect for the virtual training because it allows them to measure training efficacy through a “polling” function that assesses each trainee’s baseline knowledge at the beginning of the course and again at the end of the course to ascertain “knowledge added” by the training session. The Commission trainers are very flexible, however, and have used Zoom, Webex, GoToMeeting, MS Teams, and various other platforms to deliver trainings when the audience prefers that mode. We will continue to expand these offerings going forward. Very soon, the training platform for state employees is migrating from I-Learn to Workday. The trainers are converting current I-Learn training modules to Workday and adding new ones.

In addition to formal trainings that are offered or requested by public bodies, a large amount of training takes place over the phone and through email. The Commission staff is available by phone during business hours and the trainers and other staff field many phone calls and emails throughout the day and provide one-on-one training as to how the laws apply to specific circumstances. Not uncommonly, a trainer will receive a call from a member of a governing body at 4pm who is about to go into a 5pm public meeting and needs to know whether they have a conflict of interest concerning a specific agenda item, and if so, how to handle that conflict to comply with the law.

RECOMMENDATION 12		
Create and distribute a quarterly newsletter or annual report that includes information and updates on OGE operations, complaints, adjudications, important advisory opinions, legislative changes, and proposals for strengthening the state's ethics laws.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Completed – March 1, 2021	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 12

The Commission has completed this recommendation and has issued its first two quarterly newsletters entitled "Ethics Matters" in Winter 2020 and Spring 2021. In addition to posting to our website, these newsletters were distributed widely, using the Commission's electronic filing system database to reach all SEI filers, lobbyists and client/employers of lobbyists, the Commission's notice list for administrative rules, and other interested parties.

The inaugural Winter 2020 issue covered timely information concerning the preparations necessary at the local level for the upcoming filing of annual Statements of Economic Interest (SEIs). The newsletter highlighted trainings available for jurisdictional contacts who act as liaisons between the Commission and required SEI filers in their jurisdiction. Also included was a flowchart to determine who is a lobbyist and if so, whether they must register with the Commission and file quarterly reports. The Spring 2021 issue was published in April and focused on SEI filers (approximately 5,000 public officials) who must electronically file their reports with the Commission by April 15. This issue covered frequently asked questions about what information needs to be included in the SEI, and advertised available trainings offered online.

RECOMMENDATION 13		
Consider utilizing social media and other avenues of communication to regularly inform the public of commission decisions, how to file a complaint, advisory opinions, information related to Statements of Economic Interest, and lobbying disclosures.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	July 31, 2021	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 13

Agree with this recommendation. The trainers will explore the Commission's use of social media and other avenues of communication to better inform the public of the work of the Commission. The Commission could have one or more social media accounts established on or before July 31, 2021.

RECOMMENDATION 14		
Update the ethics manual for public officials, in accordance with statute.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Completed – Adoption of the GUIDE FOR PUBLIC OFFICIALS by Commissioners as a formal Commission Advisory Opinion on April 30, 2021	Ronald A. Bersin, Executive Director 503-378-5105

Narrative for Recommendation 14

The Guide for Public Officials (GUIDE) has been extensively revised to update statutory references, to include better and more numerous examples of common situations, and to correct some inaccurate or outdated information.

The GUIDE has been approved by the Commission's counsel for legal sufficiency and it is on the agenda for the Commissioners to adopt as a Commission Advisory Opinion at their April 30, 2021 meeting. Once approved, the GUIDE will be posted to our website and disseminated to public officials in our EFS and CMS databases and to stakeholder groups such as the Association of Oregon Counties, the League of Oregon Cities, the Special Districts Association of Oregon, and the Oregon School Board Association.

In closing, I wish to again thank the auditors, the Commissioners, and the staff for their assistance in making improvements to the services offered by the Commission. Please contact Ronald Bersin at 503-378-5105 with any questions.

Sincerely,



Ronald A. Bersin
Executive Director

cc: Andrew M. Love, Auditor
Stephen W. Winn, Auditor



Audit Team

Andrew Love, CFE, Audit Manager

Stephen Winn, MPP, Principal Auditor

Bill Newell, Staff Auditor

About the Secretary of State Audits Division

The Oregon Constitution provides that the Secretary of State shall be, by virtue of the office, Auditor of Public Accounts. The Audits Division performs this duty. The division reports to the elected Secretary of State and is independent of other agencies within the Executive, Legislative, and Judicial branches of Oregon government. The division has constitutional authority to audit all state officers, agencies, boards and commissions as well as administer municipal audit law.

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Oregon

Kate Brown, Governor

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

TO: Oregon OSHA

FROM: Stephen Prisby, OBD Executive Director

DATE: May 14, 2021

SUBJECT: Oregon Board of Dentistry – Respirator Medical Evaluation

Background:

At the February 19, 2021 Oregon Board of Dentistry regularly scheduled Board meeting, the Board reviewed your request as to if dentists in Oregon are qualified to perform medical evaluations for respirator use as required by 29 CFR 1910.134 (respiratory protection standard) and whether that was within the scope of practice for dentists licensed in Oregon.

The Board determined that the medical evaluation questionnaire and interpretation of the answers (or similar evaluation) for respirator use is within the scope of dentistry in Oregon.

Attached - Appendix C to §1910.134 – OSHA Respirator Medical Evaluation Questionnaire

Applicable Statute:

The scope of practice for dentistry in Oregon is comprised of ORS 679.010(7) which describes dentistry as:

(7)(a) "Dentistry" means the healing art concerned with:

(A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tissues and structures; and

(B) The prescribing, dispensing and administering of prescription drugs for purposes related to the activities described in subparagraph (A) of this paragraph.

(b) "Dentistry" includes, but is not limited to:

(A) The cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of:

(i) Dental schools accredited by the Commission on Dental Accreditation of the American Dental Association;

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

At their meeting, the Board reviewed information provided by OR OSHA; Division 2/1 29 CFR 1910.134, specifically paragraph (e) and Appendix C. The Board determined that dentists licensed in Oregon are qualified to perform the medical evaluation for respirator use required by 29 CFR 1910.134.

This determination by the Board is effective from February 19, 2021 into the future, pending further Order of the Board.

[Access to Employee Exposure & Medical Records](#)

Dentists, as employers, need to be aware that Oregon OSHA, under OAR 437, Division 2 Z 29 CFR 1910.1020 for employees who have been medically evaluated, this rule requires certain medical record preservation and access for at least the duration of employment plus 30 years except for certain records listed in the attached requirements.



First In Proactive Dental Care

6950 NE Campus Way, Hillsboro, OR 97124
Tel 503.952.2000 Fax 503.952.2200
www.willamettedental.com

«ProviderDemographics.CurrentDate»

Oregon Board of Dentistry
Attn: Ingrid Nye
Licensing/Examinations
1500 SW 1st #770
Portland, OR 97201-5451

RE: Request for Non-Resident Permit

Dear Ms. Nye:

Willamette Dental is seeking temporary instruction for a non-resident dentist. An out-of-state dentist will participate in a two week "New Employee Orientation Training". The dentist will require the permit to practice dentistry under the direct supervision of an Oregon licensed dentist for five (5) days of the ten (10) day work week. See the following information.

Non-Resident's Name: «ProviderDemographics.ProviderFullName_FN», «ProviderDemographics.Title»

Current Active License: «Licenses.State» «Licenses.Type» license # «Licenses.Number»

Training Location: Beaverton Office
4925 SW Griffith Drive
Beaverton, OR 97005

Training Dates: August 1- 14, 2021

Please find the attached dental license copy and Non-resident application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shannon Jones', is written over a light grey circular background.

Shannon Jones, SPHR, CPCSM
Credentialing Manager



First In Proactive Dental Care

6950 NE Campus Way, Hillsboro, OR 97124
Tel 503.952.2000 Fax 503.952.2200
www.willamettedental.com

Attachment: Copy of Dental License and Non-Resident Application

679.050 Nonresident dentists giving or receiving instruction; hospital permits.

(1) If a reputable and duly licensed practitioner in dentistry of another state or country is asked to appear and demonstrate, receive or give instruction in the practice of dentistry before any qualified dental college or dental organization or dental study group recognized by the Oregon Board of Dentistry, the secretary of the board shall issue on written request of an authorized officer of such college or dental organization or dental study group, without fee, a permit for such purpose. A permit shall be issued upon such terms as the board shall prescribe.

(2) If a reputable and duly licensed practitioner in dentistry of another state has been granted staff privileges, either limited, special or general, by any duly licensed hospital in this state, the secretary of the board shall issue on written request and verification of an authorized officer of such hospital, a permit for such nonresident practitioner to practice dentistry in said hospital. [Amended by 1963 c.284 §4; 196

NEWSLETTERS
&
ARTICLES OF
INTEREST

SUMMARY REPORT

ADEA Policy Research Series
Issue 3, May 2021

Resilient Dental Schools, Better Oral Health Care for the Underserved

The Impact of the
COVID-19 Pandemic
on U.S. Dental Schools

Dental schools are critical to oral health care across the country. Dental school clinics serve as a safety net by providing affordable, high-quality dental care to vulnerable and underserved communities—they registered more than 2.8 million patient visits in the 2019–20 academic year.¹ Dental school clinics are a major source of oral health care, student education and training and employment in their local communities.

More than 200,000 dentists are practicing in the United States, and every one of them began their clinical training in a dental school clinic.² With the help of 10,400 full-time and part-time faculty,³ the 67 accredited U.S. dental schools provide curricular and clinical education to 25,800 dental students⁴ annually. In contrast to medical schools and their affiliated hospitals, dental schools run their own “hospitals” to ensure clinical training and education for their students.

Due to COVID-19 pandemic-related regulations on the provision of health care and federal designations regarding essential health care workers, dental school clinics were fully or partially closed for extended periods of time. The impact of these measures resulted in reduced access to care for patients, immediate conversion to online didactic courses, reduction in faculty and staff and increased measures to ensure the safe provision of care and reduction of virus transmission.

ADEA conducted a survey to determine the impact of the COVID-19 pandemic on U.S. dental schools between November 2020 and January 2021. Following are the results of the survey analysis.

FOR MORE INFORMATION:
Omar A. Escontrías, Dr.P.H., M.P.H.
ADEA Senior Director of Policy Research
policy@adea.org

1. American Dental Association, Health Policy Institute. Survey of Dental Education Series, 2019–2020. Table 23: Patient Care Provided by CODA-accredited and Canadian Dental School Students During the Recent Year, 2019–20. At: ada.org/en/science-research/health-policy-institute/data-center/dental-education. Accessed: March 15, 2021.
2. American Dental Association, Health Policy Institute. Supply of Dentists in the U.S. 2001–2020. Table 1: Supply of Dentists in the U.S. by State-Dentists Working in Dentistry. At: ada.org/en/science-research/health-policy-institute/dental-statistics/workforce. Accessed: March 15, 2021.
3. American Dental Education Association, Survey of Dental School Faculty, 2018–19, Full-Time and Part-Time Non-Administrative Dental School Faculty by Academic Rank, 2018–2019 Academic Year. Available at: www.adea.org/data/Faculty/2018-2019-Survey. Accessed: March 15, 2021.
4. American Dental Association, Health Policy Institute. Survey of Dental Education Series, 2019–2020. Table 15a: Total United States Dental School Enrollment by Gender, 2009–10 to 2019–20. At: ada.org/en/science-research/health-policy-institute/data-center/dental-education. Accessed: March 15, 2021.

-50%

Decline in the number of patient visits to dental school clinics during the first eight months of the COVID-19 pandemic.

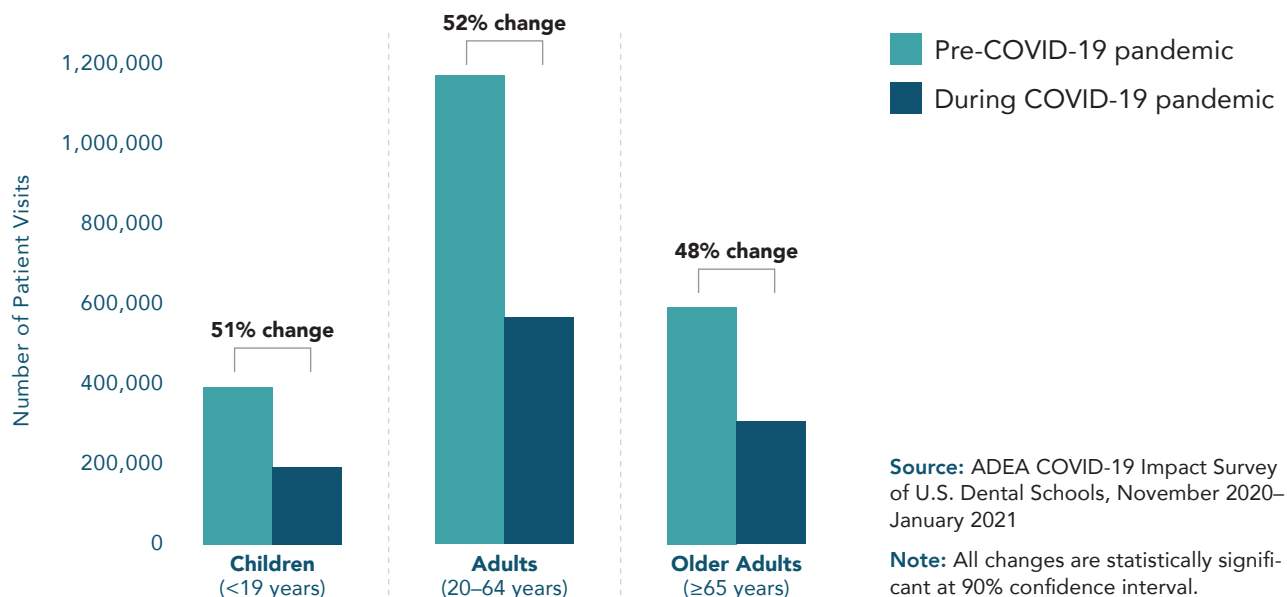
1 DENTAL SCHOOLS EXPERIENCED DRAMATIC DECLINES IN THE NUMBER OF PATIENT VISITS TO THEIR DENTAL CLINICS.

In the first eight months of the COVID-19 pandemic, patient visits at dental school clinics plummeted by 50%, relative to the same period in 2019. This decline occurred across most age groups, with the largest drop (52%) among working-age adults (20–64 years) (Figure 1). Independent of age, the number of patient visits among special needs patients dropped by almost two-thirds. Dental school clinics in the Midwest recorded the largest decline in patient visits compared with other clinics across the country (56%). Although almost all community-based patient care experiences for students were suspended for the 2020–21 academic year, dental schools continued to provide emergency oral health care services during the majority of the pandemic period, under strained capacity.

Dental school clinics in the Midwest recorded the largest decline in patient visits compared with other clinics across the country.

FIGURE 1

Number of Patient Visits in Dental School Clinics, April to December 2020, Relative to April to December 2019



-42%

Decline in dental
school clinics
revenue during the
first eight months
of the COVID-19
pandemic.

2 TWO-THIRDS OF DENTAL SCHOOLS HAVE SEEN THEIR BUDGETS CUT IN THE FIRST EIGHT MONTHS OF THE COVID-19 PANDEMIC, RELATIVE TO 2019.

The typical decline in budget was 7%, while dental school clinic revenue dropped 42%. A variety of factors contributed to the budget cuts, from reduction of the university budget (for 57% of dental schools) and state impacts, such as budget withholds from the state government (17%) and reallocation of state funds (8%). Fewer patient visits resulted in lower clinic revenue, which led to budget cuts for a fifth of the dental schools. While dental schools reported considering a number of options to address budget shortfalls, including increasing fees and decreasing costs, cutting costs was the most frequently cited approach. More than two-thirds of dental schools plan to cut costs to cope with the budget decline.

Dental schools employ health care professionals as faculty and administrators as well as support staff for clinical operations. Budget reductions were consequential in personnel changes at dental schools (Table 1). Dental schools limited job losses by focusing on less drastic measures, such as suspending hiring for clinical faculty and staff (55% of dental schools) and nonclinical faculty and staff (61%) and reducing spending on professional development for clinical and nonclinical faculty and staff (68%) during the first eight months of the pandemic.

Some of the drastic measures undertaken to limit the financial impact of the pandemic included furloughs, postponement of the tenure process and pay cuts. Twenty-one percent and 33% of the schools postponed the tenure process and implemented furloughs for clinical faculty and staff, respectively, while 29% implemented furloughs for nonclinical faculty and staff. As a last resort measure, a small proportion of dental schools implemented pay cuts for clinical faculty and staff (23%) and nonclinical faculty and staff (15%) as well as layoffs among clinical faculty and staff (27%) and nonclinical faculty and staff (21%). Dental schools also experienced a significant number of resignations.

27%

of dental schools
had to lay off
clinical faculty
and staff during
the first eight
months of the
COVID-19
pandemic.

All vacant funded
faculty and
staff positions
were frozen or
unfunded.

Table
1

Consequential Impacts of COVID-19 on Dental School Faculty and Staff, Percent of Dental Schools, as of December 2020

	Clinical faculty and staff	Nonclinical faculty and staff
Layoffs	27%	21%
Furloughs	33%	29%
Resignations	56%	38%
Pay cuts	23%	15%
Hiring suspension	55%	61%
Retirement	31%	22%
Delayed tenure process	21%	23%
Professional development	68%	68%

Source: ADEA COVID-19 Impact Survey of U.S. Dental Schools, November 2020–January 2021.

18%
Increase in
patient care
clinic expenses
for dental school
clinics in the first
eight months of
the COVID-19
pandemic.

3 DENTAL SCHOOLS MADE INFRASTRUCTURE INVESTMENTS RELATED TO THE COVID-19 PANDEMIC FOR BOTH CLASSROOMS AND THEIR HOSPITAL-LIKE CLINICAL OPERATIONS.

While the number of patient visits plummeted, investments increased to ensure patients, students, faculty and staff stayed safe.

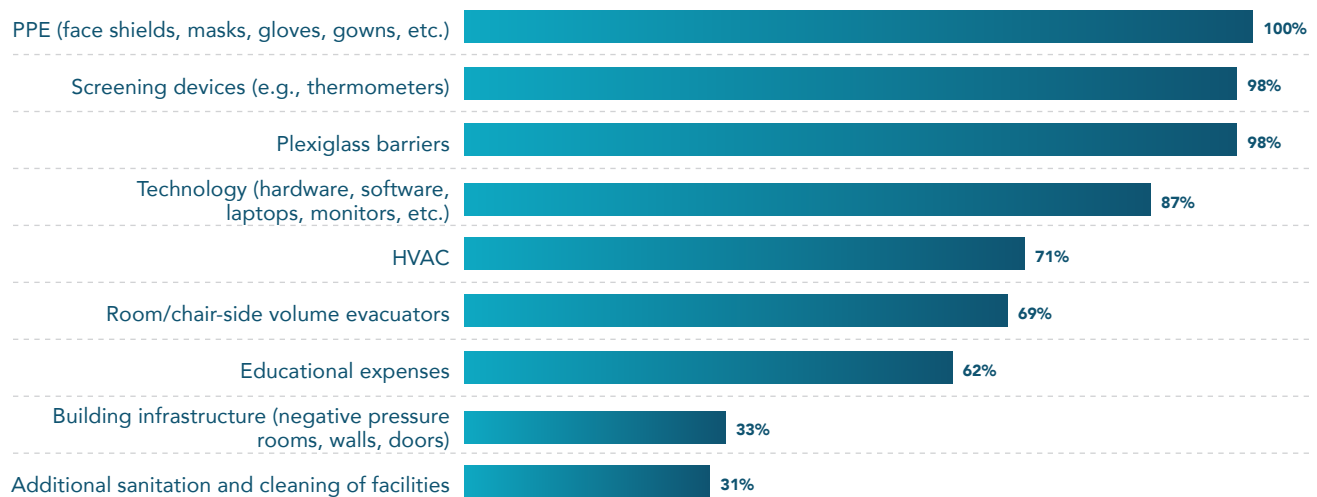
Dental schools are constrained by the capital-intensive nature of their facilities. In contrast with medical schools, dental schools run their own “hospitals”—the dental school clinics. Students receive the majority of their clinical training in the dental school clinic, given that most hospitals do not have oral health care facilities in which dental students can provide comprehensive oral health care. In comparison, medical students rotate through ongoing service areas in hospitals for their clinical experiences. Dental school graduates must be practice “ready and able” to obtain a license upon graduation, whereas medical students must be residency ready upon graduation to continue with more clinical training, after which they can seek licensure to practice.

During the first eight months of the COVID-19 pandemic, dental schools reported that patient care clinic expenses rose by 18% relative to the same period in 2019. Further, dental schools invested in a variety of infrastructure modifications to prevent the spread of COVID-19 or to continue didactic and simulation courses (Figure 2). Investments ranged from personal protective equipment (PPE), such as masks, gloves and gowns (100% of dental schools implemented this measure), and plexiglass barriers for protection while providing emergency dental procedures (98% of schools). Dental procedures can produce aerosolized particles that may contain saliva, blood, bacteria and other viral pathogens. Therefore, 69% of dental schools invested in chair-side evacuators for aerosol mitigation. To comply with the Occupational Safety and Health Administration COVID-19 guidance on sanitation protocols and ventilation in the workplace, 71% of dental schools also invested in infrastructure modifications to heating, ventilation and air condition (HVAC) systems, and 31% invested in additional sanitation and cleaning of facilities.

71%
of dental schools invested in infrastructure
modifications to heating, ventilation and air
conditioning (HVAC) systems.

FIGURE
2

Dental Schools' Additional Investments Related to COVID-19 Pandemic, Percent of Dental Schools as of December 2020



Source: ADEA COVID-19 Impact Survey of U.S. Dental Schools, November 2020–January 2021

Conclusion

During these difficult times, dental schools remained steady in their mission to educate and train the next generation of oral health care practitioners and provide oral health care to their local communities. While the number of patient visits fell precipitously in the first eight months due to COVID-19 restrictions, dental school expenses increased significantly. From technology investments to hard infrastructure investments in HVAC systems, chair-side evacuators for aerosol mitigation and building changes, dental schools invested in infrastructure to keep their patients, students, faculty and staff safe. Although these investments have allowed dental schools to remain operational for emergency oral health care services with limited capacity, they may not be enough to recover from the financial impact of the COVID-19 pandemic in the years to come. Dental schools need the federal government to partner with them and support needed infrastructure investments so they can continue to educate and train oral health care providers and care for underserved populations.

Methodology Appendix

This research analyzes the results of an American Dental Education Association (ADEA) survey of the 67 accredited U.S. dental schools to assess the COVID-19 pandemic's impact on dental school operations and finances. The survey was conducted between November 2020 and January 2021. While U.S. dental schools implemented various policies and actions related to the pandemic at different times, the ADEA survey considered March 2020 as the start of the COVID-19 pandemic in the United States. This starting point was determined by the U.S. declaration of a national emergency concerning the COVID-19 pandemic on March 13, 2020.⁵ The ADEA survey identifies two time periods:

- During the COVID-19 pandemic: eight months since the pandemic's start (April 2020–December 2020).
- Before the COVID-19 pandemic: comparison period, same time period one year earlier (April 2019–December 2019).

The ADEA survey had a 67% percent response rate. The response sample is representative of the population of U.S. dental schools based on the distribution of U.S. dental schools by Census region (see Table A-1). The authors conducted a one-sample chi-square test to investigate whether the proportions in the sample are equal to the proportions in the population of U.S. dental schools, based on Census region. The authors employed sample weights to rebalance the data to reflect the results for the population of U.S. dental schools. All the percentage differences discussed in this study are statistically significant at 90% confidence interval, unless noted otherwise.

Table
A-1

ADEA Survey Response Sample and the Population of U.S. Dental Schools, by Census Region, as of December 2020

	Response Sample		Population	
	Count	Percentage	Count	Percentage
West	12	27%	14	21%
Midwest	11	24%	15	22%
South	14	31%	24	36%
Northeast	8	18%	14	21%
U.S. Dental Schools—Total	45	100%	67	100%

5. Centers for Disease Control and Prevention. New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19), April 1, 2020. At: www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf. Accessed: November 2020.

ADEA

THE VOICE OF DENTAL EDUCATION

ABOUT ADEA: The American Dental Education Association (ADEA) is The Voice of Dental Education. Our mission is to lead and support the health professions community in preparing future-ready oral health professionals. Our members include all 78 U.S. and Canadian dental schools, more than 800 allied and advanced dental education programs, 50 corporations and approximately 18,000 individuals. Our activities encompass a wide range of research, advocacy, faculty development, meetings and communications, including the esteemed *Journal of Dental Education*®, as well as the dental school application services ADEA AADSAS®, ADEA PASS®, ADEA DHCAS® and ADEA CAAPID®.

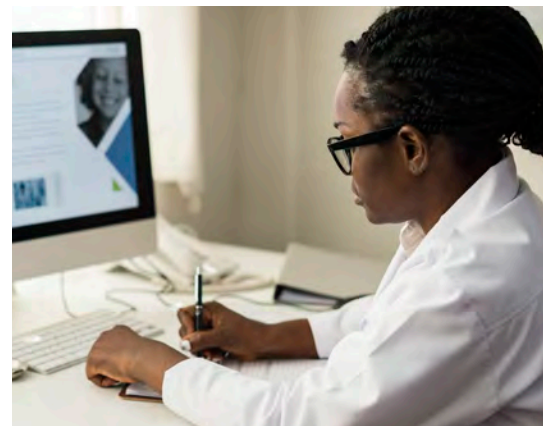
For more information, visit adea.org.

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May 2021

HealthProChoices

A newsletter for participants in the Health Professionals' Services Program (HPSP)



Memorial Day

Monday, May 31, 2021, is a test exemption day. As a reminder you do NOT need to check in to see if a test is required on this day. Please be aware that HPSP's main office will also be closed on May 31st. Our answering service will be available and/or you can reach us through our after-hours emergency number at (503) 802-9818. Leave a message if there is no answer and your call will be returned quickly.

New Resource! Workplace Monitor Orientation Guide

HPSP is pleased to provide all new and existing Workplace Monitors with an orientation guide. This is intended as a resource for our Workplace Monitors to learn more about HPSP as a whole, as well as more specific information about the role and responsibilities of a Workplace Monitor. Agreement Monitors are in the process of sending the guide out to all current Workplace Monitors. It can also be found on portal (www.hpspmonitoring.com).



Guideline Update

At the April meeting of the HPSP Advisory Committee, changes were approved to the Toxicology Testing Exemption guideline. New language was added stating that "The Policy Advisory Committee (PAC) must approve all requests for toxicology testing exemptions within the two weeks prior to the licensee's estimated date of completion, as the licensee must be available to participate in required program completion activities during that time." Please speak with your Agreement Monitor if you have questions about this change.

You can review this updated document on portal (www.hpspmonitoring.com), under Resources, then Guidelines.

CEUs!!!

The APhA Institute on Substance Use Disorders is being held “virtually” June 1st - 4th. The program offers a total of 8 CEUs. Financial Assistance is available for pharmacist licensees through the Professional Recovery Network (<http://www.prnoforegon.org/>). For more information, visit <https://aphainstitute.pharmacist.com/>



A Frontline Provider Credits The Physician Health Program For Teaching Him That Good Self-Care Is A Key To Surviving The Pandemic

This story is being reprinted from the FSPHP 2021 Spring Issue of Physician Health News: <https://www.fsphp.org/newsletters>

I am a frontline provider at a busy hospital at the epicenter of the COVID pandemic. Most days, I get home from work completely overwhelmed and exhausted. I collapse on the floor and can barely summon the energy to speak. When I do, it is often unintelligible. My family looks at me in horror. My back aches from long shifts spent hunched over critically ill COVID patients. My face is raw and sore and chafed. There were many shifts when I had to wear inadequate PPE and there was the constant awareness of putting my own health and that of my family in jeopardy. Many patients are on ventilators and have a grim prognosis. For those who are lucky to be awake, there is never quite enough time for compassion or connection. There are always more patients to see, the hospital quite literally overflowing with patients. The final indignity is that we were forced to take a pay cut, which was even more demoralizing. But throughout this pandemic, even in the worst of times, I have always felt that I will be okay and that I can get through this with grace. A number of years ago, I experienced a devastating personal and mental health crisis and was introduced to the Physician Health Program. Through their guidance and support, I was able to get the necessary treatment and therapy to get my life and career back on track. The enduring lesson from that experience is that I cannot rely on willpower and self-reliance alone to overcome anxiety, substance abuse, or PTSD. That was an extremely difficult and uncomfortable lesson to learn because willpower and self-reliance are the very traits that helped me excel at every level of my education and medical career. It took time, but I ultimately learned to embrace vulnerability and fallibility not as weaknesses but as signs of my humanity. As I moved forward with my life, it was with a commitment to always put personal health, wellness, and family first over career and ambition. As we start the new year and the pandemic rages unabated, I made the difficult decision to cut back on my work hours. This has paid immediate dividends on my overall mood and energy level. I reconnected with a therapist I used to see, which has been incredibly helpful. Also important has been making sure to get plenty of sleep. I used to take pride in being able to get by on only four to six hours of sleep, but now I aim for at least eight hours each night. I eat a healthy diet and get regular exercise. I meditate and practice yoga daily. I am reading more and watching more TV. As I write this, I have an awareness that these may come across as indulgences in the midst of a national and global health crisis. But I assure you that these are not indulgences; these are critical things that I need to do to be at my best as a provider and serve the public. When I wake up in the morning to get ready for another difficult day at work, I feel well rested. My head is clear and my heart is open. I listen to inspirational music as I drive in to work and I feel incredible gratitude—gratitude for my own health and also for the privilege to be able to help others in this time of need.

Would you like to share YOUR success story? We'd love to hear it and to share it. Contact your agreement monitor or Kate Manelis, Program Manager, at kate.manelis@ibhsolutions.com.

Common Stress Reactions

Behavioral

- Increase or decrease in activity level
- Substance use or abuse (alcohol or drugs)
- Difficulty communicating or listening
- Irritability, outbursts of anger, frequent arguments
- Inability to rest or relax
- Decline in job performance; absenteeism
- Frequent crying
- Hyper-vigilance or excessive worry
- Avoidance of activities or places that trigger memories
- Becoming accident prone

Physical

- Gastrointestinal problems
- Headaches, other aches and pains
- Visual disturbances
- Weight loss or gain
- Sweating or chills
- Tremors or muscle twitching
- Being easily startled
- Chronic fatigue or sleep disturbances
- Immune system disorders

Psychological/Emotional

- Feeling heroic, euphoric, or invulnerable
- Denial
- Anxiety or fear
- Depression
- Guilt
- Apathy
- Grief

Thinking

- Memory problems
- Disorientation and confusion
- Slow thought processes; lack of concentration
- Difficulty setting priorities or making decisions
- Loss of objectivity

Social

- Isolation
- Blaming
- Difficulty in giving/accepting support or help
- Inability to experience pleasure or have fun

(Adapted from CMHS, 2004)

Self-Care After a Crisis

Most professionals are finally experiencing some relief from the crisis-mode of the COVID pandemic. As a crisis resolves, is it not unusual to experience a delayed stress response. Stress responses can vary widely from person to person, and between situations. (See listing of common stress responses.) You may find yourself in a state of physical and emotional fatigue, and you may feel some ambivalence about giving up your disaster role. Be aware that you may experience some 'letdown' when the disaster operation is over (CMHS, 1994). It is important to give yourself time to stop and reflect on the experience and how it changed you. Following are some action steps that may be helpful to get closure in the weeks after the crisis.

- Consider participating in an organized debriefing or critique.
- Reconnect with your family.
- Have a physical checkup.
- Continue normal leisure activities. Stay involved with your hobbies and interests.
- Consider stress management techniques such as meditation, acupuncture, and massage therapy.
- Draw upon your spirituality and personal beliefs. Take advantage of faith-based counselors and workplace counseling units.
- Avoid using alcohol, tobacco, or drugs to cope with stress. [Speak to your Agreement Monitor or Treatment team for support and alternate coping method suggestions.]
- Use Employee Assistance Programs.
- Make sure to take care of YOU!



Source: U.S. Department of Health and Human Services. A Guide to Managing Stress in Crisis Response Professions. DHHS Pub. No. SMA 4113. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

<https://store.samhsa.gov/sites/default/files/d7/priv/sma05-4113.pdf>



CODA Request Nominees for Review Committees

CODA seeks the nomination of Public Members for its Review Committees and Board of Commissioners as follows:

- Five (5) Public Review Committee Members (DLT, Anesthesiology, Oral Medicine, Orofacial Pain and Periodontics)
- Two (2) Public Members for the Commission (includes training year 2021-2022, term 2022-2026)

The Commission needs the support of the public community in order to conduct its review of educational programs. If you know someone who might be interested and eligible, please forward this email to them. All nominations will be considered if they meet the criteria for appointment.

The four-year terms will begin in October 2021 and expire October 2025. Meetings of the Review Committee occur twice per year (early January and early July); meetings of the Commission occur twice per year (early February and early August).

Public Member nominee criteria:

A commitment to bring the public/consumer perspective to Review Committee deliberations. The nominee should not have any formal or informal connection to the profession of dentistry; also, the nominee should have an interest in, or knowledge of, health-related and accreditation issues. In order to serve, the nominee must not be a:

- a. Dentist or member of an allied dental discipline;
- b. Member of a predoctoral, advanced, or allied dental education program faculty;
- c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a predoctoral, advanced, or allied dental education program that is accredited by the Commission on Dental Accreditation, has applied for initial accreditation or is not-accredited;
- d. Member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission, dental

education or dentistry; and

e. Spouse, parent, child or sibling of an individual identified above (a through d).

Review Committee Nomination form is available at the Nominations Webpage at the link below. Nominations must be submitted by June 21, 2021 to hooperm@ada.org.

[Call for Nominations Webpage](#)

[Accessibility](#) | [Privacy Notice](#) | [Terms of Use](#) | [Contact Us](#)

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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

H8195	EMILY VAHSHOLTZ , R.D.H.	4/13/2021
H8196	CINDI M WANG , R.D.H.	4/13/2021
H8197	KELSEY M LAGERQUIST , R.D.H.	4/13/2021
H8198	PAIGE L BROWN , R.D.H.	4/13/2021
H8199	LAUREN M STEPHENS , R.D.H.	4/13/2021
H8200	HANNAH FOWLER , R.D.H.	4/13/2021
H8201	BAYLEY ALLEN , R.D.H.	4/13/2021
H8202	ANDREY Y LUNGU , R.D.H.	4/13/2021
H8203	KATE MARTINEZ , R.D.H.	4/13/2021
H8204	SKYLER SHERRILL , R.D.H.	4/13/2021
H8205	DARLEEN M VIELMA , R.D.H.	4/20/2021
H8206	MY THUY TRAN , R.D.H.	4/20/2021
H8207	IRIS A CARDENAS , R.D.H.	4/20/2021
H8208	JENNY M JUDD , R.D.H.	4/20/2021
H8209	CATHERINE REYNOLDS , R.D.H.	4/20/2021
H8210	RACHEL VILLEGAS , R.D.H.	4/20/2021
H8211	GINA KABAO MOUA , R.D.H.	4/20/2021
H8212	JAIME D SUDYKA , R.D.H.	4/20/2021
H8213	LAUREL RILEIGH DAWSON , R.D.H.	4/20/2021
H8214	ADRIANNE ELIZABETH ACCUARDI , R.D.H.	4/20/2021
H8215	DESIREE DIANE SINN , R.D.H.	4/22/2021
H8216	TINA NGUYEN , R.D.H.	4/22/2021
H8217	LISA ANN BALINT , R.D.H.	4/22/2021
H8218	APRIL LEANNE HESTER , R.D.H.	5/6/2021
H8219	BROOKE LEE KEFFER , R.D.H.	5/6/2021
H8220	YULIA HALEY , R.D.H.	5/6/2021
H8221	ANFIA KULIKOV , R.D.H.	5/6/2021
H8222	KYLEE NICOLE REINWALD , R.D.H.	5/6/2021
H8223	GRISELDA INIGUEZ , R.D.H.	5/6/2021
H8224	KYLEY JOLENE SHELTON , R.D.H.	5/6/2021
H8225	MORGAN GREANEY , R.D.H.	5/13/2021
H8226	ANNA LAM CO , R.D.H.	4/13/2021
H8227	TORI R SCOTT , R.D.H.	5/13/2021
H8228	MARIA JESSICA CORONA QUEVEDO , R.D.H.	5/13/2021
H8229	TAYLOR BENNETT , R.D.H.	5/13/2021
H8230	MATTHEW ROSENFELD , R.D.H.	5/20/2021
H8231	MARINA TREJO RAMOS , R.D.H.	5/20/2021
H8232	KELSEY LEAGUE , R.D.H.	5/20/2021
H8233	TALYA KEIGHLEY , R.D.H.	5/20/2021
H8234	VICTORIA SELBY , R.D.H.	5/20/2021
H8235	SAMANTHA ANN SINN , R.D.H.	5/20/2021
H8236	ERINA RAJNISH AMELIA JOSHI , R.D.H.	6/4/2021
H8237	LISA O'BRIEN , R.D.H.	6/4/2021
H8238	JENELLE CASTELLI , R.D.H.	6/4/2021

DENTISTS

D11415	SALMA FARAZ , D.M.D.	4/13/2021
D11416	QUAN TRAN , D.M.D.	4/13/2021
D11417	WHITNEY KITCHELL SMITH , D.D.S.	4/13/2021
D11418	JEFFREY GUELINAS , D.D.S.	4/13/2021
D11419	LEROY D HORTON , D.D.S.	4/13/2021
D11420	BENJAMIN ALMA HULBERT , D.M.D.	4/22/2021
D11421	THOMAS CARLETON BORDIERI , D.M.D.	4/22/2021
D11422	JORGE LUIS GARAICOA PAZMINO ,	4/27/2021
D11423	ADAM NATHANIEL PARKER , D.D.S.	5/6/2021
D11424	BLAKE KEVIN ANDERSON , D.M.D.	5/6/2021
D11425	BRYAN SCHOFIELD , D.M.D.	5/6/2021
D11426	EVAN MICHAEL HARPSTER , D.D.S.	5/13/2021
D11427	CHARLES ROY BUIST , D.M.D.	5/13/2021
D11428	LINDSEY NICOLE THEDA , D.D.S.	5/13/2021
D11429	MITCHELL NATHAN MOYLE BEINLICH , D.D.S.	5/13/2021
D11430	NICOLE SARAH TASOOJI , D.M.D.	5/13/2021
D11431	RICHARD WESLEY FRENCH , D.D.S.	5/13/2021
D11432	ANDREW D RINGLE , D.D.S.	5/13/2021
D11433	MIJIN CHOI , D.M.D.	5/13/2021
D11434	HYUN J YOON , D.M.D.	5/20/2021
D11435	ABASIN SAFI , D.M.D.	5/20/2021
D11436	JUSTIN LARRY JONES , D.D.S.	5/26/2021
D11437	ELLORY ABBOTT BUSCH , D.D.S.	6/4/2021
D11438	STEPHANIE LYNN CAMPBELL , D.D.S.	6/4/2021
D11439	MICHAEL DAVID CARLEY , D.D.S.	6/4/2021
D11440	ZAID B QARYAQOS , D.M.D.	6/4/2021
D11441	TYLER JAMES FOX , D.D.S.	6/4/2021
D11442	MICHAEL CLAYTON REYNOLDS , D.M.D.	6/4/2021

LICENSE, PERMIT & CERTIFICATION

Nothing to report under this tab