PUBLIC PACKET

OREGON BOARD OF DENTISTRY

BOARD MEETING
FEBRUARY 28, 2025

Oregon
Tina Kotek, Governor

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

NOTICE OF REGULAR MEETING

PLACE: **BOARD OFFICE & VIRTUAL VIA ZOOM**
DATE: **February 28, 2025**
TIME: **8:00 a.m. – 1:30 p.m.**

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

OPEN SESSION (Zoom option available)
https://us02web.zoom.us/j/87032593556?pwd=6gLsRj8ubHEJqGt8DAzs8kVbc1bmo7.1
Phone # 1-253 205 0468 Meeting ID: 870 3259 3556 Passcode: 394674

Review Agenda
1. Approval of Minutes
   - December 13, 2024 Board Meeting Minutes
   - February 7, 2025 Board Meeting Minutes

NEW BUSINESS
2. Association Reports
   - Oregon Dental Association
     - ODA Letter regarding workforce shortage
   - Oregon Dental Hygienists' Association
     - Policy Statement regarding Dental Hygiene Education
     - Policy Statement regarding Workforce Issues
     - ODHA Letter to ALEC re OPA
     - ADHA Letter – Opposing adoption of Dental Access Model Act
     - ADEA Issue Brief re OPA
     - OHDA Letter – Support DAWSAC recommendation
   - Oregon Dental Assistants Association

3. Committee and Liaison Reports
   - DAWSAC Meeting 2.14.2025 – Chair Dr. Clark
     - Draft meeting minutes
     - DAWSAC Meeting Packet
   - Committee & Liaison Assignments

4 Executive Director's Report
   - Board Member & Staff Updates
   - OBD Budget Report
   - OBD 2025-2027 Budget Presentation & ODA Testimony
   - Customer Service Survey
   - OBD New Customer Service Policy
   - 2025 Dental License Renewal
   - Staff Speaking Engagements
   - LEDS/NCIC Triennial System Audit
   - December 2024 Report – Governor's Expectations
   - Memo - Board Consider Periodic Surveys
   - 2025 Legislative Session

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

- AADB Mid-Year Meeting

5. Unfinished Business and Rules
   - CRDTS Membership Agreement – Board consider approving
   - Request from Kristen Moses, RDH, to be a CRDTS Examiner
   - A proposal to change Cultural Competency and add Substance Abuse CE Requirement

6. Correspondence
   - Pacific University DH Students - Request to Board to amend OAR 818-012-0006 regarding vaccines
   - Lane Community College Request for Board Approval of LAFC Course
   - Dr. John Summer Letter regarding scope of practice

7. Other
   - Memo – Board should discuss HB 2676, PT Compact overview & CSG License Compact
     - HB 2676 & House Committee Agenda
     - Testimony Submitted on HB 2676
     - Physical Therapy Compact Overview
     - Summary of CSG Scope of Work
     - CSG Compact Rulemaking
     - CSG Compact Bylaws
     - DDH Compact Commission January 21, 2025 Meeting Packet
   - Oregon Wellness Program Annual Report
     - OBD Annual Report 2024
     - 2024-2025 OWP Client Testimonials
     - TFME OWP Financials December 2024
     - TFME Financials December 2024
   - Agency Rulemaking Governor's Letter February 19, 2025
   - Tribes – Open Comment Period
   - Open Public Comment Period – Public comment is limited to matters on the public meeting agenda or otherwise relevant to matters that may come before the OBD. Comments will not be allowed that are longer than the time allotted by the President or are disruptive to the OBD's conduct of its business.

8. Articles & Newsletters (No Action Necessary)
   - CODA Annual Report 2024
   - ADA Wellness Resources Flyer 2025
   - ADA Article – Application/Renewal License Questions Updated

EXECUTIVE SESSION **10:00 a.m.**

The Board will meet in Executive Session pursuant to ORS 192.345(4); ORS 192.660(2)(f)(h) and (l); ORS 676.165, ORS 676.175(1) and ORS 679.320 to review records exempt from public disclosure, to review confidential materials and investigatory information, and to consult with counsel. 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

OPEN SESSION (Zoom option available) **1:00 p.m.**

https://us02web.zoom.us/j/87032593556?pwd=6gLsRj8ubHEJqGt8DAzs8kVbc1bmo7.1

Phone # 1-253 205 0468 Meeting ID: 870 3259 3556 Passcode: 394674

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Enforcement Actions (vote on cases reviewed in Executive Session)
LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues
    - Request for reinstatement of a retired license – Daniel J. Ries, DMD
    - Request for reinstatement of an expired license – Carrie A. Penselin, RDH
    - Request for reinstatement of an expired license – Chloe Mai Adams, DMD
    - Request for approval of Soft Reline Course for Jenna Johnson, EFDA
    - Memo - Request for ratification of reinstatement of expired license for Jason Yoon, DMD

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

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.
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APPROVAL OF MINUTES

DRAFT

OREGON BOARD OF DENTISTRY
MINUTES
DECEMBER 13, 2024

MEMBERS PRESENT:	Reza Sharifi, D.M.D., President Aarati Kalluri, D.D.S., Vice President Sheena Kansal, D.D.S. Terrence Clark, D.M.D Michelle Aldrich, D.M.D. Olesya Salathe, D.M.D. Kristen Simmons, R.D.H., E.P.P. Sharity Ludwig, R.D.H., E.P.P. Ginny Jorgensen Chip Dunn (joined the meeting at 9:25 a.m.)
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Director/ Chief Investigator Winthrop "Bernie" Carter, D.D.S., Dental Investigator Kathleen McNeal, Licensing Manager Shane Rubio, Investigator Gabriel Kubik, Investigator Dawn Dreasher, Office Specialist
ALSO PRESENT:	Joanna Tucker-Davis, Sr. Assistant Attorney General
VISITORS ALSO PRESENT: VIA ZOOM*:	Mary Harrison, Oregon Dental Assistants Association (ODAA); Barry Taylor, D.M.D., Oregon Dental Association (ODA); Brett Hamilton, (ODA); Lisa Rowley, Oregon Dental Hygienist Association (ODHA); Hannah Rich (ODHA); Felicia Bloom (ADA); Jenna Shanks; Amanda Nash (OAGD); Caroline Zeller; Jeannie Bopp; Alicia Riedman, R.D.H.; Carmen Mons; Rama Vadi; Jen Hawley Price (DANB); Dr. Julie Spaniel; Monica Sarmiento (Pacific University); Steve Bush; Brittany Nguyen; Daniel Martinez Tovar, E.P.D.H.; Kari Hiatt; Stacey Kimsey; Matt Sinnott; Amy Coplen, Tina Clarke; Aaron Hague; Heidi Klobes (ODHA); Heather Ramos

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

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

President Reza Sharifi welcomed everyone to the meeting, took roll call, and announced that the Board had a quorum. President Sharifi then read the Mission Statement as follows:

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

regulating healthcare individuals.

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

NEW BUSINESS

Approval of October 25, 2024 Minutes

Dr. Kansal moved and Ms. Jorgensen seconded that the Board approve the minutes from the October 25, 2024 Board Meeting as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Brett Hamilton, Director of Government and Regulatory Affairs for ODA, shared that the Oregon Dental Conference will be held on April 3-5, 2025 and that registration opens on January 9th. Mr. Hamilton reported that ODA has been busy preparing for the 2025 legislative session, which begins on January 21st. Mr. Hamilton shared that ODA continues to work closely with dental stakeholders to align, collaborate and support each other to achieve each other's goals.

Mr. Hamilton recounted Dr. Taylor's report at the October 25, 2024 Board meeting in which Dr. Taylor shared that at the recent ADA House of Delegates several resolutions were passed addressing the dental workforce shortage. Mr. Hamilton elaborated that three resolutions passed supporting policies that would encourage pathways for internationally trained dentists, dental students, and residents to practice hygiene after meeting competency requirements; one policy regarding faculty student ratio in hygiene programs also passed. Mr. Hamilton stated that these ADA policies had not been discussed at the state level at that time and ODA does not have a legislative plan addressing these topics. Mr. Hamilton then quoted ADA President, Brett Kessler: "The goal is to find practical and responsible solutions to fill critical staffing gaps with qualified, well-trained individuals without compromising on the standards our patients deserve." Mr. Hamilton reported that ODA has been meeting with representatives from both the Oregon Dental Hygiene Association and the Oregon Dental Assistants Association to find solutions for the workforce shortage and stated that ODA will continue to be transparent with all interested parties.

On behalf of ODA, Mr. Hamilton asked the Board to adopt revised license and relicense applications that are congruent with the Oregon Medical Board's approach and eliminate intrusive mental health and substance abuse questions.

Mr. Hamilton, on behalf of ODA, wished everyone a happy holiday season.

Oregon Dental Hygienists' Association (ODHA)

Lisa Rowley, Advocacy Director of ODHA, announced ODHA's new president, Kim Perlot. Ms. Rowley noted that Ms. Perlot is an expanded practice dental hygienist and dental therapist who works with Capital Dental and provides dental services in a mobile dental unit that travels throughout central Oregon.

Ms. Rowley stated that ODHA strongly encourages state board members, particularly dentists, to

participate in accreditation site visits for dental hygiene education programs as it is a great way to learn about dental hygiene education and the accreditation process. Ms. Rowley offered season's greetings to all from the ODHA.

Oregon Dental Assistants Association (ODAA)

Mary Harrison, representative of ODAA, offered holiday greetings. Ms. Harrison reported that ODAA has been meeting with ODA and ODHA. Ms. Harrison reported that ODAA has prepared flyers and postcards for doctors to put in their offices and distribute in high schools or anywhere possible to increase interest in dental assisting and any part of dentistry. Ms. Harrison expressed hope that ODA members have those flyers in their offices and are discussing it with their patients regarding any part of dentistry.

Ms. Harrison offered that ODAA agrees with ODHA regarding the issue of student-teacher relationships, issues of concern regarding dental assisting and scaling, and issues regarding probing for dental assistants.

Ms. Harrison stated that ODAA is looking forward to hearing from the Board about House Bill 3223, pointing out that the Board received information from Jill Lomax, when she served on the DAWSAC Committee, regarding more of ODAA's concerns. Ms. Harrison thanked the Board in advance for working on the issues, offering ODAA's assistance if needed.

COMMITTEE AND LIAISON REPORTS

Ms. Jorgensen presented a summary of the November 13, 2024 DAWSAC Committee meeting. Ms. Jorgensen stated that issues regarding how to interpret House Bill 3223 came up multiple times. Ms. Jorgensen clarified that the job of the DAWSAC Committee is to provide the Board with recommendations on how to increase dental assisting, which has resulted in productive conversations. Ms. Jorgensen announced three new committee members: Carmen Mons, director of the Rogue Community College dental program; Cassie Gilbert, who is a full-time expanded function dental assistant and part-time teacher at Chemeketa and Megan Barone, who is an expanded function dental assistant in Dr. Clark's practice. Ms. Jorgensen announced that the next DAWSAC Committee meeting is scheduled for Friday, February 14, 2025 at 12:00 p.m. via Zoom.

Mr. Prisby presented the Oregon Government Ethics Commission advice to the Board regarding communication between Board members outside of Board meetings.

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

EXECUTIVE DIRECTOR'S REPORT

Board & Staff Updates

Mr. Prisby announced that the OBD will be closed for the holidays on Wednesday, Dec. 25, 2024 and Wednesday, Jan. 1, 2025. Most OBD Staff will be taking time off throughout December, but emails and calls will still be responded to promptly when the OBD is open during regular business hours.

Mr. Prisby reported that he attended a Small Agency, Board and Commission Open House event on Tuesday, December 10, 2024 at the Oregon State Capitol in Salem. **Attachment #1**

OBD Budget Report

Mr. Prisby presented the most recent budget report for the 2023 – 2025 Biennium. Mr. Prisby explained that this report, which is from July 1, 2023 through, October 31, 2024 shows revenue of $2,824,165.14 and expenditures of $2,480,539.86. **Attachment #2**

Snapshot of reporting requirements

Mr. Prisby shared that the Governor and DAS have required a number of reports to hold agency leaders accountable for its work. Mr. Prisby reported that the OBD has done an acceptable job meeting the deadlines and requirements for 2024.

	Complete	In Progress	Not Applicable	notes
Executive Director Performance 360 Review	X			March 2024
Strategic Planning	X			2022-2025 plan
Managing IT Processes			X	For agencies over 50 FTE
Performance Feedback for Employees	X			Quarterly Check Ins
Measuring Employee Satisfaction	X			October 2024
Diversity, Equity and Inclusion Plan	X			
Agency Emergency Preparedness	X			
Agency Hiring Practices	X			
Audit Accountability			X	No Audits to address
New Employee Orientation Updates		X		DAS
Uplift Oregon Benefits Workshop	X			
Intro Manager Training			X	No new managers
Customer Service Training		X		DAS
Data Governance Plan	X			
Succession Planning Update	X			
Tribal Relations Report	X			
Rules Report	X			
Customer Service Policy		X		Due March 2025

Customer Service Survey

Mr. Prisby reported that customer service surveys received from July 1, 2024 – November 30, 2024 were attached and a majority rate their experience with the OBD positively. **Attachment #3**

CDCA-WREB-CITA Letter

Mr. Prisby reported that a recap of the annual meeting was submitted to the OBD on 10/22/24 memorializing important work and actions from that September meeting. **Attachment #4**

2025 Calendars

Mr. Prisby presented the OBD calendar and noted the first board meeting in 2025 will be on Friday, February 7 and will be held virtually for about one hour to review the upcoming legislative session and other timely updates. Mr. Prisby confirmed with the Board that the 1-hour Board meetings will not have any executive sessions or bring other business to the Board, but will address budget updates, the budget bill and items regarding the legislative session. Mr. Prisby also presented the 2025 Legislative session calendar. **Attachment #5**

The Board agreed that the short virtual meetings would be for the Director to bring forth information about the legislative session and the OBD's budget bill. The short virtual meetings will not be utilized to conduct regular board business, review requests, resolve cases or other issues. Those issues would remain on regular board meeting agendas.

UNFINISHED BUSINESS AND RULES

Dr. Sharifi reported on the Secretary of State filing, announcing that the Board is amending 17 rules, adopting 1 rule and repealing 1 rule. Dr. Sharifi noted that rule changes will be effective on January 1, 2025. Mr. Prisby referred to a note regarding missing language in the OAR 818-042-0110 rule change and announced that this rule language will move on the next time the Board makes rule changes to correct that omission. Mr. Prisby explained that the new local anesthesia function certificate will be available by DANB for anyone to apply for that certificate beginning on February 3, 2025.

Mr. Prisby offered an update on whether the Board would join CRDTS as a member state. Mr. Prisby announced that DOJ is reviewing the membership agreement and that the Board will discuss joining CRDTS at the February 28, 2025 Board meeting.

Dr. Sharifi recalled that the ODA had asked the Board to revisit the application and renewal questions at the December Board meeting. The Board discussed the issue. Mr. Prisby presented the updated OBD application and renewal questions.

Dr. Salathe moved and Ms. Simmons seconded that the Board approve the updated application and renewal questions as presented. The motion passed by roll call vote with RS, AK, OS, KS, SL, and GJ voting Aye and TC, MA, and SK voting Nay.

Ms. Rowley presented an email from ODHA stating its opposition to the training of "scaling assistants." The Board discussed the issue.

Ms. Jorgensen moved and Ms. Simmons seconded that the Board refer the issue of scaling assistant training to the Licensing, Standards and Competency Committee. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

CORRESPONDENCE

- November 25, 2024 ODAA email raising concerns regarding implementation of HB 3223. Dr. Sharifi stated that the Board will address this issue at the February 28, 2025 meeting.
- November 26, 2024 ODHA email and 4 documents regarding ADA Resolutions.
- November 20, 2024 email from Jenna Shanks, R.D.H. requesting the Board allow dental hygienist to administer Botox in Oregon. The Board discussed the issue.

Dr. Sharifi moved and Dr. Aldrich seconded that the Board refer the issue of allowing dental

hygienists to administer Botox to the Licensing, Standards and Competency Committee. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

- November 7, 2024 Tina Clarke request for Board approval of Local Anesthesia Dental Assistant Course.

The Board discussed standards for local anesthesia dental assistant courses. Monica Sarmiento reported on Pacific University's proposed local anesthesia dental assistant course. The Board briefly discussed requirements for liability insurance for dental assistants. Tina Clarke presented details of her proposed local anesthesia dental assistant course. OAGD clarified its local anesthesia course proposal.

Dr. Clark moved and Ms. Jorgensen seconded that the Board only approve local anesthesia dental assistant courses that include at least 50 hours of instruction. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

Dr. Kansal moved and Dr. Aldrich seconded that the Board approve Tina Clarke Local Anesthesia Dental Assistant Course as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

- November 30, 2024 Pacific University request for approval of Local Anesthesia Dental Assistant Course.

Ms. Jorgensen moved and Dr. Clark seconded that the Board approve Pacific University Local Anesthesia Dental Assistant Course as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

In answer to a question from the public, the Board clarified that the approved local anesthesia dental assistant courses may move forward. Mr. Prisby explained that the rule change is not effective until January 1, 2025 and that DANB will not be able to receive applications for the local anesthesia certificate until February 3, 2025.

- OAGD request for Board approval of Local Anesthesia Dental Assistant Course. The Board discussed OAGD's request but decided not to vote on approval of OAGD's local anesthesia dental assistant course because it did not reflect the minimum 50 hours of instruction.

- December 2, 2024 OAGD request for Board approval of Oregon Anesthesia Assistant AnA Certificate Course.

Dr. Sharifi moved and Dr. Kalluri seconded that the Board approve OAGD Oregon Anesthesia Assistant AnA Certificate Course as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

The Board discussed increasing access to phlebotomy training for dental assistants.

Dr. Sharifi moved and Dr. Kansal seconded that the Board delegate to Board staff approval of IV phlebotomy courses that meet minimum training requirements. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, and GJ voting Aye.

- September 25, 2024 Dr. Donald Woods request for approval of Local Anesthesia Dental Hygienist Course.

Dr. Clark moved and Ms. Simmons seconded that the Board deny Dr. Donald Woods request for approval of Local Anesthesia Dental Hygienist Course. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

OTHER

Items were in the Board meeting packet for informational purposes.

- October 2024 OHP Evaluation of Dental Provider Enrollment Report FINAL.
- November 5, 2024 discussion of Division 42 Implementation of 6-month window to obtain certification after training programs for Dental Assistants. The Board discussed the issue and approved directing Board staff to interpret the 6-month timeframe with the ORCR Pathway using the direct versus indirect supervision penalty.
- November 7, 2024 CODA invitation to participate in 2025 accreditation site visits. Mr. Prisby announced that Ms. Simmons, Ms. Jorgensen, and Dr. Kalluri volunteered for different site visits and that he submitted the information to CODA.
- Tribes (no comments)
- Other Public Comment (no comments)

ARTICLES AND NEWS

- CRDTS – Summer 2024 Report
- November 1, 2024 KFF Health News – Dental Implant Article. The Board briefly discussed the article.

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 12:15 a.m. President Sharifi took roll call and announced the Board had a quorum.

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

CONSENT AGENDA

2025-0082, 2025-0078, 2025-0087, 2025-0054, 2025-0083, 2025-0074, 2025-0068, 2025-0067, 2025-0069, 2025-0066, 2025-0085, 2025-0086, 2025-0081, 2025-0075

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

COMPLETED CASES

2025-0028, 2025-0027, 2024-0220, 2024-0121, 2025-0038, 2025-0020, 2025-0043, 2024-0088, 2024-0009, 2025-0015

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

ALBINA P. BURUNOVA, R.D.H.; 2025-0056
Dr. Clark moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $1,000 civil penalty be paid within 30 days of the effective date of the order. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2025-0038
Dr. Aldrich moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2025-0055
Dr. Salathe moved and Ms. Ludwig seconded that the Board close the matter with a Letter of Concern. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2024-0174
Ms. Ludwig moved and Ms. Jorgensen seconded that the Board close the matter with a Letter of Concern. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2024-0139
Dr. Kansal moved and Ms. Simmons seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $2,125.00 patient refund to be paid within 90 days of the effective date of the order. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2024-0041
Ms. Simmons moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2024-0085
Ms. Jorgensen moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2025-0058
Mr. Dunn moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

PREVIOUS CASES REQUIRING BOARD ACTION

GABRIELA ARANDA, D.D.S.; 2024-0158
Dr. Clark moved and Dr. Aldrich seconded that the Board accept the Licensee's request and offer the Licensee a Consent Order incorporating a reprimand. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

SCOTT B. BODYFELT, D.M.D.; 2024-0153
Dr. Aldrich moved and Ms. Simmons seconded that the Board deny the Licensee's request and affirm the 10/25/24 Board decision. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

2021-0160
Dr. Salathe moved and Dr. Kalluri seconded that the Board accept the Licensee's request and dismiss the Interim Consent Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

RATIFICATION OF LICENSES
Ms. Ludwig moved and Mr. Dunn seconded that the Board ratify the licenses presented in Tab 16. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

LICENSE, PERMIT & CERTIFICATION
Nothing to report.

ADJOURNMENT
Dr. Sharifi announced that the next Board Meeting would be 1 hour in duration and take place via Zoom on February 7, 2025 at 3:00 p.m. The meeting was adjourned at 12:25 p.m.

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

DRAFT

OREGON BOARD OF DENTISTRY
MINUTES
FEBRUARY 7, 2025

MEMBERS PRESENT:	Reza Sharifi, D.M.D., President Aarati Kalluri, D.D.S., Vice President Sheena Kansal, D.D.S. Terrence Clark, D.M.D Michelle Aldrich, D.M.D. Olesya Salathe, D.M.D. Kristen Simmons, R.D.H., E.P.P. Sharity Ludwig, R.D.H., E.P.P. Ginny Jorgensen Charles "Chip" Dunn
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Director/ Chief Investigator Winthrop "Bernie" Carter, D.D.S., Dental Investigator Kathleen McNeal, Licensing Manager Dawn Dreasher, Office Specialist
ALSO PRESENT:	Joanna Tucker-Davis, Sr. Assistant Attorney General
VISITORS PRESENT VIA ZOOM*	*It was not possible to verify all participants on the Zoom.

Call to Order: The meeting was called to order by the President at 3:00 p.m.

President Reza Sharifi welcomed everyone to the meeting, took roll call, and announced that the Board had a quorum. President Sharifi then read the Mission Statement as follows:

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

Dr. Sharifi had the Board Members, Joanna Tucker-Davis, and Stephen Prisby introduce themselves. Dr. Sharifi briefly reviewed the meeting agenda and declared a quorum of the Board was assembled.

2025 LEGISLATIVE SESSION

Mr. Prisby provided updates and information regarding the 2025 Legislative Session, which began on January 21, 2025. Mr. Prisby noted that the 2025 Legislative Session Calendar was included in the Meeting Packet.

Mr. Prisby provided an overview of the Oregon Legislative Process.

Mr. Prisby presented the Bill Tracker Report which listed details and links to the bills he is tracking that may intersect with the OBD's work in some way or may be of interest to the Board members.

OBD BUDGET UPDATES

Mr. Prisby provided updates on the OBD budget and related issues. Mr. Prisby announced that the presentation of the OBD Budget Bill (SB 5512) is scheduled for February 18, 2025. Mr. Prisby presented the Budget Document – POP and background information that was used to shape the budget. The Board discussed issues relevant to the Budget and briefly discussed the HPSP. Mr. Prisby stated he would work with the OBD's DOJ attorney on options to assist the current people in the HPSP and for options after June 30, 2025 when the OBD is no longer participating in it.

OTHER BOARD UPDATES

Mr. Prisby announced that the new Public Board Member is scheduled to attend the February 10, 2025 Senate Subcommittee meeting regarding appointment to the Board. Mr. Prisby added that, if confirmed, their service would begin April 1, 2025.

Mr. Prisby presented the OBD 2025 Calendar.

ADJOURNMENT

President Sharifi announced that the next Board Meeting is scheduled for February 28, 2025 at 8:00 a.m. and will be held in person with a virtual option available as well. The meeting was adjourned at 3:25 p.m.

_____

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

ASSOCIATION REPORTS

February 4, 2025

Members of the Board of Dentistry,

Coming out of the pandemic and over the last few years, Oregon has faced significant dental workforce challenges that are negatively impacting access to dental care across the state.

These workforce challenges are impacting dental offices across the country. Data from the American Dental Association's (ADA) Health Policy Institute (HPI) indicates that in this most recent quarter, 40% of dentists surveyed reported that they were actively recruiting an assistant or had done so in the last three months. Thirty-four percent reported the same for a hygienist. Of those dentists actively recruiting, 95% reported they found those efforts to be either "very" or "extremely challenging." Eighty-seven percent reported the same for a dental assistant.[1]

The Oregon Dental Association (ODA) is committed to exploring and analyzing all possible options to address the current workforce challenges, including working closely with the Oregon Dental Hygiene Association and the Oregon Dental Assistant Association to find local solutions to this shortage. At the same time, the ODA is also exploring ideas, tools and practices already being used in other states that provide new, innovative strategies to do more within the existing workforce.

This inability to recruit new members of the dental team means that a key priority must be ensuring that every member of the dental care team is utilizing their full scope of practice and skills.

One example of this is through the American Dental Association (ADA)-crafted Dental Access Model Act, which is a model bill that supports the expansion of access to dental care by more efficiently utilizing existing members of the dental team and establishing teledentistry standards. This model bill was adopted in December by the Health and Human Services Task Force of the American Legislative Exchange Council (ALEC) and could be introduced in state legislatures. The Dental Access Model Act[2] is model legislation that would only go into effect if Oregon legislators chose to introduce and pass it. ODA is not currently pursuing such legislation.

Patient safety is the ODA's number one priority, and we evaluate all proposals and ideas through that lens. We recognize the delicate balance between increasing the delivery of services and providing quality care, and respect for all members of the dental team. In the ODA's initial analysis of this new model, we have not yet identified patient safety issues, but we continue to gather information.

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[1] ADA Health Policy Institute in collaboration with American Dental Assistants Association, American Dental Hygienists' Association, Dental Assisting National Board, and IgniteDA. Dental workforce shortages: Data to navigate today's labor market. October 2022. Available from: https://www.ada.org/-/media/project/ada□organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pd

[2] https://alec.org/model-policy/dental-access-model-act/

ODA is committed to addressing workforce challenges that affect dentists' ability to deliver critical oral health care to Oregonians and will continue to partner with other members of the dental team to collaboratively seek solutions.

Sincerely,

Caroline Zeller, DDS

President, Oregon Dental Association

8699 SW Sun Place • Wilsonville, Oregon 97070-3710 • 503.218.2010 / 800.452.5628 • fax 503.218.2009 • www.oregondental.org

From: Lisa Rowley <lisajrowley.rdh@outlook.com>
Sent: Wednesday, December 4, 2024 4:32 PM
To: Barry Taylor, DMD <btaylor@oregondental.org>; Brett Hamilton <bhamilton@oregondental.org>; PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Karan Bershaw <karanrdh@gmail.com>; Kimberly Perlot <perlotk@interdent.com>; Stephen Quimby <quimby.rdh@gmail.com>
Subject: ADHA Adopts New Policy Statements on Education & Workforce Issues

I am writing to let you know that the ADHA has adopted two new policy statements, one on dental hygiene education and one on addressing workforce issues.

You can view these policy statements at https://www.adha.org/advocacy/adha_positions_papers/.

The ODHA continues to value the positive relationship that we have with the Oregon Dental Association and the Oregon Board of Dentistry.

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

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

POSITION STATEMENT
Dental Hygiene Education

The American Dental Hygienists' Association (ADHA®) opposes policies for alternative dental hygiene licensure pathways for non-hygienists.

The ADHA opposes any policies supporting dental students, residents, and foreign-trained dentists with an alternative pathway to obtain dental hygiene licensure and practice dental hygiene in the United States and increasing the faculty-to-student ratios in dental hygiene education programs.

Allowing those in roles that are complementary to dental hygiene to practice the profession without the same extensive dental hygiene education and practical training is harmful to patients and damaging to the standards of the dental hygiene profession.

U.S. dental hygiene education at programs accredited by the Commission on Dental Accreditation (CODA) is deeply comprehensive and includes significant faculty supervision for upholding the highest standards of dental hygiene practice. The curriculum for dentists dedicated to dental hygiene is not comparable.

The ADHA firmly believes that any individual seeking to practice dental hygiene in the U.S. must complete a CODA-accredited dental hygiene education program, and meet the clinical training, examination and practice requirements necessary to earn a dental hygiene license, without exception.

POSITION STATEMENT
Dental Hygiene Workforce Shortage

The American Dental Hygienists' Association (ADHA®) recognizes the dental hygiene workforce shortage and supports appropriate strategies to retain and build the workforce.

As the largest organization advocating for the dental hygiene profession, the ADHA recognizes the workforce shortage of dental hygienists, dentists and other allied oral healthcare workers. An increase in the recruitment and retention of trained, educated, licensed professionals to restore and grow the oral healthcare workforce is needed.

In order to fully address the dental hygiene workforce shortage, it is critical to rely on data that have been collected from dental hygienists regarding their current and future needs. The 2022 research report, "Dental Workforce Shortages: Data to Navigate Today's Labor Market", produced through a collaboration between the ADHA, the American Dental Association (ADA) Health Policy Institute and other oral healthcare organizations, identified several chronic factors, beyond pandemic-related and retirement reasons, driving dental hygienists to leave the profession. The report revealed staff retention challenges citing inadequate benefits, non-responsive compensation, poor communication, lack of professional fulfillment and negative workplace culture as key contributing factors to workforce attrition.

While the ADHA does not support the resolutions adopted in October 2024 by the American Dental Association (ADA) concerning dental workforce shortages, we look forward to addressing the identified workforce-related issues in partnership with the ADA and other related dental professional organizations.

The ADHA supports addressing the issues that underlie workforce departures and enhancing recruitment into the profession as more appropriate strategies to retain and build the dental hygiene workforce. The ADHA is leading efforts to resolve dental hygiene workforce shortages through constructive measures. These include supporting and advising on the creation of additional entry-level dental hygiene programs and on the increase in capacity of current entry-level dental hygiene programs, where appropriate. The ADHA offers webinars and workshops on addressing workplace culture, leadership, professional empowerment and autonomy. Additionally, the ADHA is developing a new chairside recruitment program aimed at expanding the dental hygiene workforce. We encourage other dental professional organizations to address their specific workforce issues.

The ADHA recognizes the complexity of the situation and supports collaborating with other dental-related groups on fostering professional autonomy and empowering dental hygienists to work to their full scope of practice, which will lead to better health outcomes for the public and improve workplace culture.

adha™ Oregon DENTAL HYGIENISTS' ASSOCIATION

January 3, 2025

Dear Board of Directors of the American Legislative Exchange Council,

On behalf of the **Oregon Dental Hygienists' Association**, I am writing to express our concerns regarding the Dental Access Model Act recently adopted by the Health and Human Services Task Force of the ALEC. We urge the board to oppose this Act, that risks patient safety, compromises quality of care, places profits over access to care, lacks evidence, undermines the dental hygiene profession, and disregards input of key stakeholders.

Risks Patient Safety and Quality of Care
Any model that seeks to modify the dental workforce must prioritize patient safety and quality of care above convenience and profit. The Act and its introduction are controversial because there are no available data or reported outcomes of the pilot program demonstrating safety, appropriateness, or efficacy of allowing dental assistants to perform scaling procedures. Prematurely expanding this model without supporting evidence endangers patient safety, compromises quality of care, and undermines the established standards of dental hygiene practice. Further, the minimal training of an oral preventive assistant is not comparable to the extensive didactic and clinical education required for dental hygienists to competently perform these services. Education and clinical training requirements for dental assisting vary greatly across the country. Dental assistants lack the formal accredited dental hygiene education and ongoing licensure that is required for dental hygienists. When dentists authorize inadequately trained personnel to perform scaling, the public is at risk of receiving substandard care.

Prioritizes Profits Over Access
While the new model Act may increase productivity, it primarily increases profits for private fee-for-service dental practices, rather than making dental care more accessible to all those in need, including the underserved.

Undermines the Dental Hygiene Profession
Dental hygienists provide high quality preventive and therapeutic oral health care, which involves far more than scaling alone. Their expertise encompasses thorough general and oral health assessments, including oral pathology screenings, periodontal staging and grading, performing breathing and airway assessments, identifying caries, providing preventive care, performing complete scaling therapy for patients with gingivitis, carrying out scaling and debridement for those with periodontitis, facilitating behavior change, assisting with tobacco cessation and nutritional counseling, and offering evidence-based individualized recommendations for self-care.

Instead of adopting policies that undermine the dental hygiene profession, we urge policymakers to support workforce models that empower dental hygienists. Expanded collaborative practice opportunities and direct reimbursement models allow dental

hygienists to work autonomously in settings where they can make the greatest impact on the health of the public.

Creates Contradictions and Concerns
It is contradictory that while the American Dental Association (ADA) claims this model will solve dental workforce shortages, they are creating another group that also requires supervision. Additionally, data from the ADA Health Policy Institute indicates it is challenging to recruit dental assistants for the roles they are currently filling. Further, the ADA opposed your endorsement of dental therapists – proven licensed providers who have safely delivered quality care to underserved populations for over 15 years in the United States. Dental therapy will increase access to care and is not tied to a private fee-for-service model.

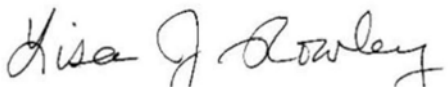
Through the development of this Act, the ADA incorrectly assumes that there are many healthy patients that need only limited care. In fact, most Americans suffer from either gingivitis or periodontitis, making comprehensive dental hygiene care essential. Scaling alone, without other preventive and therapeutic services, poses risks including long-term implications for oral and overall health. Even seemingly healthy individuals require the comprehensive preventive care provided on a visit with a dental hygienist, which goes far beyond what a scaling assistant can offer.

Another concern with this model is ADA's failure to engage ADHA in discussion during its development and continuing to disregard existing workforce shortage data that suggests straightforward solutions. The joint ADA and ADHA workforce survey reveals critical data on why dental hygienists are leaving the workforce, yet this information continues to be overlooked, hindering efforts to address the root causes of workforce issues.

Additionally, the Health and Human Services Task Force of the ALEC neglected to perform due diligence by failing to obtain testimony from ADHA and other key stakeholders before adopting this Act.

Oppose the Act
We respectfully urge the ALEC board to oppose the Dental Access Model Act. Our national leadership has already invited ADA leadership to collaborate on workforce solutions based on the research conducted together with the ADA Health Policy Institute. The future of oral healthcare depends on thoughtful, evidence-based decisions that honor the trust placed in us by the communities we serve.

Sincerely,



Lisa J. Rowley, MS, RDH, CDA, FADHA
Advocacy & Membership Director
Oregon Dental Hygienists' Association
advocacy@odha.org

POSITION STATEMENT
Dental Access Model Act

The American Dental Hygienists' Association (ADHA®) opposes the adoption of the Dental Access Model Act, crafted by the American Dental Association (ADA) and supported by the American Legislative Exchange Council (ALEC).

This proposed model advocates for dental assistants to perform scaling — a critical, preventive and therapeutic procedure that falls within the scope of dental hygiene practice that requires specialized education and clinical training.

The Dental Access Model Act is based on a recently initiated pilot program supported by the Missouri Dental Association and legislation enacted in Wisconsin. The Act and its adoption are controversial because there are no available data or reported outcomes of the pilot program demonstrating safety, appropriateness, or efficacy of allowing dental assistants to perform scaling procedures. Prematurely expanding this model without supporting evidence endangers patient safety, compromises quality of care, and undermines the established standards of dental hygiene practice. Further, the minimal training of an oral preventive assistant is not comparable to the extensive didactic and clinical education required for dental hygienists to competently perform these services.

While the new model Act may increase productivity, it primarily increases profits for private fee-for-service dental practices, rather than making dental care more accessible to all those in need, including the underserved. This model demonstrates dentists' prioritization of self-interest rather than the interest of the public.

Dental hygienists provide high quality preventive and therapeutic oral health care, which involves far more procedures than scaling. Their expertise encompasses thorough general and oral health assessments, including oral pathology screenings, periodontal staging and grading, performing breathing and airway assessment, identifying caries, providing preventive care, performing complete scaling therapy for patients with gingivitis, carrying out scaling and debridement for those with periodontitis, facilitating behavior, assisting with tobacco cessation and nutritional counseling and offering evidence-based individualized recommendations for self-care. When dentists authorize inadequately trained personnel to perform scaling, the public should be advised that they are at risk of receiving substandard care.

In addition, the ADA incorrectly assumes that there are many healthy patients that need only limited care. In fact, most Americans suffer from either gingivitis or periodontitis, making comprehensive dental hygiene care essential. Scaling alone, without other preventive and therapeutic services, poses risks including long-term implications for oral and overall health. Even seemingly healthy individuals require the comprehensive preventive care provided in a visit with a dental hygienist, which goes far beyond what a scaling assistant can offer.

POSITION STATEMENT
Dental Access Model Act

It is contradictory that while the ADA claims their model will solve dental workforce shortages, they are creating another group that also requires supervision. Further, the ADA opposed ALEC's endorsement of dental therapists – proven licensed providers who have safely delivered quality care to underserved populations for over 15 years in the United States. Dental therapy will increase access to care and is not tied to a private fee-for-service model.

Another concern with adopting this model is ADA's failure to engage ADHA in discussion during its development and continuing to disregard existing workforce shortage data that suggests straightforward solutions. Additionally, ALEC neglected to perform due diligence by failing to obtain testimony from ADHA and other key stakeholders before endorsing this Act. The adoption of this Act requires further study while simultaneously acknowledging dental therapy legislation that ALEC supported in the past.

For these reasons, the ADHA firmly opposes the adoption of the Dental Access Model Act and urges stakeholders to pursue evidence-based solutions that prioritize patient safety and improved access to oral healthcare.

The ADHA encourages individuals and state groups to express their opposition to the Dental Access Model Act by contacting their state legislators, members of the ALEC Board of Directors, or ALEC's CEO Lisa Nelson at lisanelson@alec.org.

To learn more about ADHA's positions on workforce shortages and dental hygiene education, and the policy related to scaling visit adha.org/positions.

Issue Brief

Background and Concern

In recent weeks ADA has worked with the American Legislative Exchange Council (ALEC) to craft model legislation that would create a new oral health professional called an Oral Preventive Assistant (OPA). Under the model, OPAs are dental assistants who have received additional training that would allow them to record periodontal probe readings, document areas of periodontal concern, and perform supragingival scaling and polishing. The OPA is modeled after a pilot program in Missouri where dental assistants complete a brief course and pass an exam to demonstrate competence.

Scaling assistants are also allowed to perform supragingival scaling in Kansas and on pediatric patients in Illinois. Neither state allows for periodontal probe readings nor document areas of periodontal concern.

Members of ADEA's allied community have expressed their concern that allowing OPAs to perform periodontal readings and document areas of concern is unsafe as the training provided does not adequately allow for repetitive practice and evaluation. Additionally, they have pointed out that supragingival scaling, with the retention of residual calculus/tarter subgingivally could lead to the development of periodontal abscesses. The American Academy of Periodontology defines a periodontal abscess as a localized collection of pus in the gingival wall of a periodontal pocket or sulcus. It can cause significant tissue breakdown and is characterized by the following symptoms: bleeding on probing, pain, pus, deepening periodontal pocket and increased tooth mobility. Leaving subgingival calculus/tarter, while only scaling supragingivally is considered patient neglect.

OPAs are also being put forth as potential providers of basic preventive services to rural patients who are periodontally healthy, especially in health care shortage areas. Patients in these locations are almost never "periodontally healthy" due to previous lack of access to care. The American Academy of Periodontology defines Periodontal Health as: a state free from inflammation and characterized by shallow pockets and the absence of gingival bleeding. There is no evidence of periodontal inflammation, such as bleeding on probing, redness, swelling, or pus. These patients are not appropriate for care by an OPA given their limited education and ability to treat or even recognized or document oral health concerns. It is important to note that the term "periodontally healthy" is misleading in that patients most always have one or more locations of periodontal disease, even though the rest of the oral tissue is healthy. Furthermore, supragingival scaling separately or alone has shown no clinical significance unless followed by

subgingival scaling.[1] If the intent is to provide therapeutic care to improve oral health, supragingival scaling alone is not the solution.

It should be noted that the model legislation also creates a scope of practice for expanded function dental auxiliaries (EFDA) and standard practices for teledentistry. AGR has not heard concerns about the EFDA section of the model. The legislation is not clear if it would allow OPAs to practice via teledentistry. There is concern about that section of the model if OPAs would be allowed to practice via teledentistry. A minimally trained OPA would be alone in a remote location without a dentist to provide medical or dental emergency care.

American Legislative Exchange Council

ALEC is a trade association that generally represents conservative state legislators and businesses interested in policy. They describe themselves as "dedicated to the principles of limited government, free markets and federalism". They are very influential among conservative legislators and their model legislation is frequently introduced by their members. If the model is endorsed by ALEC, ADEA should expect the model to be introduced as legislation in multiple states.

ADA's Purpose in Proposing Policy

In July, ALEC passed model legislation on dental therapy in response to the lack of access to dental care for rural Americans. The fact that Republicans were now embracing dental therapy led ADA to realize they were falling behind on this issue and not taking the lack of access to care in rural America seriously enough. This model legislation was crafted by ADA as a response.

ADA views the policy proposed by this model legislation as an opportunity to address workforce shortages among dental hygienists and also believes this will provide them with an alternative to dental therapists. They believe this legislation will put them in a position to play offense in regard to access to care issues and dental therapy and is a viable alternative to dental therapy.

ALEC Endorsement Procession

This model was recommended for endorsement by ALEC's Health and Human Services Task Force on Wednesday Dec. 4. The policy still needs to be approved by ALEC's board before it can be officially endorsed by the organization. ADA believes board approval is a formality at this point and they stated that it's virtually unheard of for the board to oppose something passed by a task force. The board is expected to vote on the model within a month of the Task Force's recommendation.

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[1] Oliveira LM, de Oliveira CA, Angst PDM, Antoniazzi RP, Zanatta FB. Should supragingival scaling be performed separately prior to subgingival scaling and root planning in nonsurgical periodontal therapy? A systematic review of randomized trials. Int J Dent Hyg. 2024 Feb;22(1):35-44. doi: 10.1111/idh.12731. Epub 2023 Sep 3. PMID: 37661290.

February 14, 2025

Stephen Prisby, Executive Director
Oregon Board of Dentistry

The Oregon Dental Hygienists' Association (ODHA) supports the proposal from the DAWSAC Committee to create **mandatory registration for dental assistants** in Oregon.

We believe that if this proposal is implemented, we will see a number of benefits for both the dental profession and the public. Registration of dental assistant help ensure that dental assistants will expand their knowledge and skills, stay in their jobs longer and contribute to patient safety. The Oregon Board of Dentistry will have the ability to communicate with dental assistants and conduct surveys to assess workforce issues.

We urge the Oregon Board of Dentistry to implement this proposal.

Sincerely,

Lisa J. Rowley, MS, RDH, CDA, FADH
Advocacy & Membership Director
Oregon Dental Hygienists' Association
lisajrowley.rdh@outlook.com

COMMITTEE REPORTS

DRAFT

OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING MINUTES (DAWSAC)
February 14, 2025

MEMBERS PRESENT:	Terrence Clark, DMD, Co-Chair Ginny Jorgensen, Co-Chair Amberena Fairlee, DMD – ODA Rep. Laura Vanderwerf, RDH – ODHA Rep. Kari Hiatt – ODAA Rep. Kari Ann Kuntzelman, DT – DT Rep. Lynn Murray Alexandria Case Jessica Andrews Alyssa Kobylinsky Amanda Nash Carmen Mons Cassie Gilbert Megan Barron
STAFF PRESENT:	Haley Robinson, Office Manager Kathleen McNeal, Licensing Manager Stephen Prisby, Executive Director (joined at end of meeting)
ALSO PRESENT:	Heather Vogelsong, Assistant Attorney General
VISITORS PRESENT: IN PERSON & VIA TELECONFERENCE*	Jen Hawley Price, DANB; Mary Harrison, ODAA; Lisa Rowley, ODHA

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

Call to Order: The meeting was called to order by Chair Dr. Terrence Clark at 12:07 p.m. via Zoom.

Chair Clark welcomed everyone to the meeting and had the DAWSAC Members, OBD staff and Assistant Attorney General introduce themselves.

Self-Introductions of Committee Members
Committee members introduced themselves and shared information about their current positions in the dental assisting field.

Approval of November 13, 2024 Minutes
Ms. Hiatt moved and Ms. Case seconded that the Committee approve the minutes from the November 13, 2024 DAWSAC Committee Meeting as presented. The motion passed with TC, GJ, AF, LV, KK, LM, JA, AK, AN, CM, CG, and MB voting Aye.

DAWSAC Packet Introduced

A copy of the attached HB 3223 was reviewed, and information regarding the formation of this Committee was shared.

ODA Letter to DAWSAC & Board
The Committee reviewed and discussed the attached February 4, 2025 ODA Letter. Dr. Clark raised issues regarding certified Oral Preventative Assistants (OPA) and teledentistry, and the Committee briefly discussed the topic.

DAWSAC Proposal
The Committee reviewed and discussed the attached July 2, 2024 DAWSAC Proposal.

HB 3223
The Committee reviewed and discussed the attached Points and Questions to OBD regarding HB 3223. Ms. Kuntzelman moved and Ms. Hiatt seconded that the Committee recommend that the Board review the Points and Questions regarding HB 3223. The motion passed with TC, GJ, AF, LV, LM, AC, JA, AK, AN, CM, CG, and MB voting Aye.

Alex Case July 2024 Proposal – Enhancing Dental Care Through Mandatory Registration of Dental Assistants
Ms. Case presented her attached July 2024 proposal regarding registration of dental assistants. The Committee reviewed and discussed the Proposal and related issues, including infection control, reliable workforce data, and costs. Ms. Case moved and Ms. Vanderwerf seconded that the Committee recommend that the Board consider creating a dental assistant registry. The motion passed with TC, GJ, AF, KH, KK, LM, JA, AK, AN, CM, CG, and MB voting Aye.

Dental Assistant Registration
Ms. Jorgensen presented the attached Points and Recommendations to OBD regarding Dental Assistant Registration.

DANB Article
The Committee reviewed and discussed the attached DANB Article regarding 2024 Trends. The Committee discussed issues related to workforce retention.

Open Comment
Ms. Kobylinsky pointed out that the DANB website has useful information regarding dental assistant salaries and other topics, and the Committee discussed how that information could be shared with dentists, perhaps through the Oregon Dental Association (ODA).

Ms. Jorgensen shared how the ODAA and ODA have been working together to address recruitment and retention issues.

Ms. Murray moved and Ms. Hiatt seconded that the Committee recommend that the Board submit a letter to ODAA and ODHA encouraging recruitment efforts in high schools from those organizations. The motion passed with TC, GJ, AF, LV, KK, AC, JA, AK, AN, CM, CG, and MB voting Aye.

ADJOURNMENT
The meeting was adjourned at 1:27 p.m. Chair Clark stated that the next DAWSAC meeting will be scheduled at a later date.

Oregon
Tina Kotek, Governor

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

MEETING NOTICE

DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING (DAWSAC)

Oregon Board of Dentistry

ZOOM MEETING INFORMATION (not an in person meeting)
https://us02web.zoom.us/j/82151840011?pwd=XNlid4XqyZaK9Bsibn9iYuS2IgIzyx.1
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 829 0812 3440 ●Passcode: 509175

February 14, 2025
12 pm – 1:30 pm

Committee Members:
Co-Chair, Terrence Clark, DMD
Co-Chair, Ginny Jorgensen
Amberena Fairlee, DMD - ODA Rep.
Laura Vanderwerf, RDH - ODHA Rep.
Kari Hiatt - ODAA Rep.
Kari Ann Kuntzelman, DT – DT Rep
Lynn Murray
Alexandria Case
Jessica Andrews
Alyssa Kobylinsky
Amanda Nash
Carmen Mons
Cassie Gilbert
Megan Barron

AGENDA
Call to Order: Dr. Terrence Clark, Chair

1. Review & Approve Minutes of November 13, 2024 DAWSAC Meeting
Meeting Minutes – **Attachment #1**

2. Review HB 3223 and information regarding formation of this Committee.
Information & HB 3223 – **Attachment #2**

The Statute has been updated incorporating HB 3223 into statute.
ORS 679.330 Advisory committee on dental assistant workforce shortage. (1) The Oregon Board of Dentistry shall convene an advisory committee of at least seven members to study the dental assistant workforce shortage and to review the requirements for dental assistant certification in other states. The committee shall provide advice to the board on a quarterly basis on how to address the dental assistant workforce shortage in this state.

3. Review and Discuss: ODA Letter to DAWSAC & Board - **Attachment #3**

4. Review and Discuss: DAWSAC Proposal 7.2.24 – **Attachment #4**

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

5. Review and Discuss: Points and Questions to OBD regarding HB 3223 – **Attachment #5**

6. Review and Discuss: Alex Case July 2024 Proposal - Enhancing Dental Care Through Mandatory Registration of Dental Assistants – **Attachment #6**

7. Review and Discuss: Points and Recommendations to OBD regarding DA Registration – **Attachment #7**

8. Review and Discuss: DANB Article regarding 2024 Trends – **Attachment #8**

Open Comment - may be limited by the Chair due to time constraints as this meeting ends at 1:30 pm.

The date for next DAWSAC Meeting will be scheduled in approximately 2 - 3 months.

Adjourn

DRAFT

OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING MINUTES (DAWSAC)
November 13, 2024

MEMBERS PRESENT:	Ginny Jorgensen, Co-Chair Amberena Fairlee, DMD - ODA Rep. Kari Hiatt - ODAA Rep. Lynn Murray Alexandria 'Alex' Case Jessica 'Jessie' Andrews Alyssa Kobylinsky joined the meeting at 6:20 pm Amanda Nash
STAFF PRESENT:	Dr. Angela Smorra, Dental Director/Chief Investigator Kathleen McNeal, Licensing Manager
VISITORS PRESENT: IN PERSON & VIA TELECONFERENCE*	Jen Hawley Price, DANB; Mary Harrison, ODAA; Joanna Tucker Davis, Senior Assistant Attorney General

Call to Order: The meeting was called to order by the Chair at 6:00 p.m. via Zoom.

Co-Chair Ginny Jorgensen welcomed everyone to the meeting and had the DAWSAC Members, OBD staff and Senior Assistant Attorney General introduce themselves.

Self-Introductions of Committee Members
Committee members introduced themselves and shared information about their current positions in the dental assisting field.

Approval of July 17, 2024 Minutes
Co-Chair Ginny Jorgensen moved, and Alexandria Case seconded that the Committee approve the minutes from the July 17, 2024 DAWSAC Committee Meeting as presented. The motion passed unanimously.

DAWSAC Packet Introduced
HB 3223 goals for the DAWSAC were reviewed.

DAWSAC Request to Change Effective Date of HB 3223
Ms. Jorgensen announced that OBD Executive Director, Stephen Prisby reported at the August 23, 2024 Board Meeting, about the DAWSAC request was for the OBD to ask the Governor if she would intercede and ask the Legislative body if the effective date of HB 3223 could be extended one year from July 1, 2025 to July 1, 2026. Director Prisby reported that he had discussed it with one of the Governor's Policy Advisors, but that no new information was available at that time. Ms. Jorgensen reminded the committee that it is not the Board's decision to meet this request, as any changes to the bill must go through the legislature.

New Dental Assistants Local Anesthesia Rule

Ms. Jorgensen reported that at the October 25, 2024 Board Meeting, the Board approved 19 proposed rule changes, which included adopting a new rule to issue Local Anesthesia Functions Certificates to EFDAs, Rule 818-042-0096. Ms. Jorgensen announced the effective date is January 1, 2025. Ms. Jorgensen added that there are several items about the bill which must be put into place, such as having Board approved courses and decisions on the fees, certificates and wording structure of the bill.

Dr. Smorra reported that new course requests must be submitted to OBD staff by December 1, 2024 to be added to the agenda for the December 13, 2024 Board Meeting.

Ms. Jorgensen stated that the rule as written was clear and concise but suggested changing the name of the certificate to *Local Anesthesia Functions Dental Assistant* (LAFDA) in keeping with the certificate names of other functions Oregon dental assistants are allowed to perform.

Ms. Jorgensen stated that the Board must also decide on a certification fee that DANB will charge. Ms. Jorgensen offered that $50.00 is the fee for other DANB certificates. Ms. Jorgensen mentioned that on the LAFDA Certificate there will need to be an area for the applicant to indicate the approved OBD course name or number. Ms. Jorgensen added that a copy of a course completion certificate or an approved instructor's signature should be required.

CODA Talking Points on ADA Resolutions
A copy of the CODA Talking Points on Resolutions 401 and 411 were attached for informational purposes. The ODA will be addressing these in at the December 13 Board Meeting.

Amberena Fairlee, DMD reported as a delegate from the CODA meeting that Resolution 411 did not pass.

Local Anesthesia for Dental Assistant Course
Ms. Jorgensen provided for informational purposes an example of a 45-hour training program at the University of Minnesota School of Dentistry to train dental assistants to administer local anesthesia under the direct supervision of a dentist. Ms. Jorgensen stated that the Board must review and decide on courses that Oregon will approve.

Jen Hawley Price shared DANB updates. DANB is making progress on translating the dental assistant exams into Spanish and Vietnamese. DANB is introducing a Workforce Coalition in January 2025 and will publish a free, online resource toolkit in mid-January 2025.

Jessie Andrews presented an update about the services of the Willamette Career Academy's work with high school students. Ms. Andrews invited attendees to contact her for an opportunity to be a guest speaker at Willamette Career Academy. Dr. Smorra reported that the OBD staff provides lists of licensees upon request, in case that would be of help in her contacting dentists to help with the Willamette Career Academy's programs.

ADJOURNMENT
The meeting was adjourned at 6:47p.m. Chair Jorgensen stated that the next DAWSAC meeting via Zoom would be set in early 2025.

Enrolled
House Bill 3223

Sponsored by Representatives PHAM H, JAVADI, Senators GELSER BLOUIN, MANNING JR; Representative LEVY E, Senator CAMPOS

CHAPTER .....

AN ACT

Relating to dental assistants; and prescribing an effective date.

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

SECTION 1. Section 2 of this 2023 Act is added to and made a part of ORS chapter 679.

SECTION 2. (1) In adopting rules related to the requirements for certification as a dental assistant, including any type of expanded function dental assistant, the Oregon Board of Dentistry may require an applicant for certification to pass a written examination. If passage of a written examination is required for certification as a dental assistant, including any type of expanded function dental assistant, the board may accept the results of any examination that is:

(a)(A) Administered by a dental education program in this state that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the board by rule;

(B) Administered by a dental education program in this state that is approved by the Commission for Continuing Education Provider Recognition of the American Dental Association, or its successor organization, and approved by the board by rule; or

(C) An examination comparable to an examination described in subparagraph (A) or (B) of this paragraph that is administered by a testing agency approved by the board by rule; and

(b) Offered in plain language in English, Spanish and Vietnamese.

(2) The board may not require an applicant for certification as a dental assistant, including any type of expanded function dental assistant, to complete more than one written examination for certification as that type of dental assistant.

SECTION 3. Section 2 of this 2023 Act applies to applications for certification as a dental assistant, including any type of expanded function dental assistant, submitted on or after the operative date specified in section 4 of this 2023 Act.

SECTION 4. (1) Section 2 of this 2023 Act becomes operative on July 1, 2025.

(2) The Oregon Board of Dentistry may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by section 2 of this 2023 Act.

SECTION 5. (1) The Oregon Board of Dentistry shall convene an advisory committee of at least seven members to study the dental assistant workforce shortage and to review the requirements for dental assistant certification in other states. The committee shall provide

advice to the board on a quarterly basis on how to address the dental assistant workforce shortage in this state.

(2)(a) In appointing members to the advisory committee, the board shall prioritize diversity of geographic representation, background, culture and experience.

(b) A majority of the members appointed to the committee must have experience working as dental assistants.

SECTION 6. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.

Passed by House March 16, 2023

Repassed by House June 24, 2023

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Dan Rayfield, Speaker of House

Passed by Senate June 24, 2023

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2023

Approved:

.....M.,....., 2023

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2023

.....
Secretary of State

February 4, 2025

Members of the Board of Dentistry,

Coming out of the pandemic and over the last few years, Oregon has faced significant dental workforce challenges that are negatively impacting access to dental care across the state.

These workforce challenges are impacting dental offices across the country. Data from the American Dental Association's (ADA) Health Policy Institute (HPI) indicates that in this most recent quarter, 40% of dentists surveyed reported that they were actively recruiting an assistant or had done so in the last three months. Thirty-four percent reported the same for a hygienist. Of those dentists actively recruiting, 95% reported they found those efforts to be either "very" or "extremely challenging." Eighty-seven percent reported the same for a dental assistant.[1]

The Oregon Dental Association (ODA) is committed to exploring and analyzing all possible options to address the current workforce challenges, including working closely with the Oregon Dental Hygiene Association and the Oregon Dental Assistant Association to find local solutions to this shortage. At the same time, the ODA is also exploring ideas, tools and practices already being used in other states that provide new, innovative strategies to do more within the existing workforce.

This inability to recruit new members of the dental team means that a key priority must be ensuring that every member of the dental care team is utilizing their full scope of practice and skills.

One example of this is through the American Dental Association (ADA)-crafted Dental Access Model Act, which is a model bill that supports the expansion of access to dental care by more efficiently utilizing existing members of the dental team and establishing teledentistry standards. This model bill was adopted in December by the Health and Human Services Task Force of the American Legislative Exchange Council (ALEC) and could be introduced in state legislatures. The Dental Access Model Act[2] is model legislation that would only go into effect if Oregon legislators chose to introduce and pass it. ODA is not currently pursuing such legislation.

Patient safety is the ODA's number one priority, and we evaluate all proposals and ideas through that lens. We recognize the delicate balance between increasing the delivery of services and providing quality care, and respect for all members of the dental team. In the ODA's initial analysis of this new model, we have not yet identified patient safety issues, but we continue to gather information.

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[1] ADA Health Policy Institute in collaboration with American Dental Assistants Association, American Dental Hygienists' Association, Dental Assisting National Board, and IgniteDA. Dental workforce shortages: Data to navigate today's labor market. October 2022. Available from: https://www.ada.org/-/media/project/ada□organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pd

[2] https://alec.org/model-policy/dental-access-model-act/

ODA is committed to addressing workforce challenges that affect dentists' ability to deliver critical oral health care to Oregonians and will continue to partner with other members of the dental team to collaboratively seek solutions.

Sincerely,

Caroline Zeller, DDS

President, Oregon Dental Association

8699 SW Sun Place • Wilsonville, Oregon 97070-3710 • 503.218.2010 / 800.452.5628 • fax 503.218.2009 • www.oregondental.org

Reverse HB 3223: A Proposal Presented to the Oregon Board of Dentistry Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)

Submitted by: Jill Lomax, EdM, CDA, EFDA-RF

Background: Dental assistants in Oregon are governed by rules and not statutes. HB 3223 is a statute that bypasses and removes the Oregon Board of Dentistry's authority and expertise over dental assistants in Oregon. Although HB 3223 was approved by lawmakers, many concerns have been brought forward regarding the logistics of HB 3223 by those in the dental profession. Per HB 3223 Section 4-2, "The Oregon Board of Dentistry may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by section 2 of this 2023 Act.**"**

Proposal: I propose that the DAWSAC recommend to the Oregon Board of Dentistry (OBD) to reverse HB 3223

Points to consider:

- **Workforce Issue.** As the DAWSAC committee has discussed, the workforce is not an exam issue, it is a pipeline and retention issue. Lowering the exam standard will not fix the problem, thus, HB 3223 should be reversed.
- **Dental Assistants can currently assist without taking an exam.** Non-EFDA dental assistants in Oregon do not need to take an exam to assist a dentist, thus, changing the exam process will not increase the number of dental assistants or access-to-care. An exam is required to take radiographs and/or perform the nine (9) EFDA duties as outline in Division 42.
- **Oregon candidates' RHS exam pass rate is high.** Per DANB, Oregon candidates consistently pass the RHS exam at a higher rate than the national average. For the period from January 2019 through October 2022, the percentage of Oregon candidates who passed the exam on the first or second attempt was 82%.
- **Exams are accessible and available remotely.** Candidates may take DANB's exams at any one of more than 250 computerized testing sites nationwide (including six locations in Oregon) six days per week during regular business hours. As of January 2021, candidates may also take the exam at home or another remote location of their choice through online remote proctoring, with appointments available 24 hours a day, seven days a week.
- **Future Division 42 changes.** Any changes to the dental assisting rules should go through the Oregon Board of Dentistry, not legislation.

Additional Rationale:

Reason #1: HB 3223 lowers the exam standard for dental assistants by allowing exams to be created by entities who are ADA CERP recognized continuing education providers. ADA CERP recognition status does not validate an organization's expertise of creating psychometrically valid examinations.

Currently, 37 states and D.C. require or recognize DANB exams at some level to ensure that applicants meet a *minimum* national standard for knowledge-based competency critical to the health and safety of patients and dental healthcare personnel. All DANB questions are reviewed and updated regularly by a range of subject matter experts and are reviewed for validity and reliability. Lowering the standard has the potential to make the workforce crises worse, among other factors. The 13 states who do not require DANB exams still have a dental assisting workforce crisis.

Questions for the board to consider:

1. How will the OBD determine the validity of dental assisting exams and exam questions submitted for approval?
2. Will the OBD hire subject matter experts and a psychometrician to handle this analysis?

Reason #2: HB 3223 requires exams to be "offered in plain language in English, Spanish, and Vietnamese". At the time HB 3223 was introduced, DANB was already progressively working on offering certification exams in Spanish. In comparison, dental hygiene and dental school exams are only available in English.

Questions for the board to consider:

1. How will the OBD verify the translation of exams in Spanish and Vietnamese?
2. Will there be a cost involved to OBD related to the translation of exams into Spanish or Vietnamese?
3. Will there be enough Vietnamese exam takers to ensure exam validity and reliability?
4. How is "plain" language being assessed?

Reason #3: HB 3223 allows an exam to be "Administered by a dental education program in this state that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization".

Questions for the board to consider:

1. Since this is not specific to dental assisting programs, does this mean a dental hygiene or dental school could administer ODB dental assisting exams?
2. What is the definition of "successor organization" and how would OBD ensure that the successor organization maintains CODA Accreditation?
3. How will the OBD prevent instructors from CODA Accredited programs from informing their students what is on the exam that they themselves created?
4. How will CODA Accredited programs inform the OBD that the applicant has passed the exam?
5. Will there be a cost to OBD to process applications from a non-DANB exam provider?

Reason #4: HB 3223 allows any dental education program that is an ADA CERP recognized continuing education provider to administer an exam. The CERP recognition process does not evaluate for expertise in exam creation, management, or psychometrics. According to the ADA, to be eligible for ADA CERP recognition, a provider must:

- Develop and present CE on a regular basis, and have planned, implemented and evaluated at least one CE activity in the last 12 months;
- Operate under the oversight of an independent CE advisory committee;
- Offer courses that are based in accepted science;
- Not be a commercial interest, as defined by ADA CERP.

This could potentially allow non-accredited dental assisting programs to test their own students. A dental educator in a non-accredited program is not required to have test creation or educational methodology.

Questions for the board to consider:

1. How will the OBD prevent instructors from ADA CERP recognized organizations from informing their students what is on the exam that they themselves created?
2. How will ADA CERP recognized providers inform the OBD that the applicant has passed the exam?
3. Will there be a cost to OBD to process applications from a non-DANB exam provider?

Reason #5: HB 3223 states that "The board may not require an applicant for certification as a dental assistant, including any type of expanded function dental assistant, to complete more than one written examination for certification as that type of dental assistant."

Questions for the board to consider:

1. What does this mean for an applicant who wants to get certified in multiple disciplines? For an example, will the board need to approve of individual exams for each of the following?
    a. If an applicant wants to become radiology and EFDA certified
    b. If an applicant wants to become radiology and EFODA certified
    c. If an applicant wants to become radiology, EFDA, and EFODA certified
    d. And so on…

Thank you for your consideration,

Jill Lomax, EdM, CDA, EFDA-RF

Proposal to DAWSAC to consider sending to OBD:
Excerpts from 7/2/24 **"Reverse HB 3223: A Proposal Presented to the Oregon Board of Dentistry Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)"**
Submitted by: Jill Lomax, EdM, CDA, EFDA-RF

Points for OBD to consider:

- The DAWSAC committee has discussed the workforce is not an exam issue. The issues and recommendations are included in: *Workforce Shortages; Data to Navigate Today's Labor Market.*
- HB 3223 lowers the exam standard for dental assistants by allowing exams to be created by entities who are ADA CERP recognized **continuing education** providers. ADA CERP recognition status does not validate an organization's expertise of creating psychometrically valid examinations.
- Currently, 37 states and D.C. require or recognize DANB exams at some level to ensure that applicants meet a *minimum* national standard for knowledge-based competency critical to the health and safety of patients and dental healthcare personnel. All DANB questions are reviewed and updated regularly by a range of subject matter experts and are reviewed for validity and reliability.

Questions for OBD to consider:

1. What methods for recruitment and retention can be implemented and supported by OBD?
2. Will lowering the exam standard fix the shortage problem? Is there data to suggest this is true?
3. How will the OBD determine the validity of dental assisting exams and exam questions submitted for approval?
4. Will the OBD hire subject matter experts and a psychometrician to handle this analysis?

Points for OBD to consider:

- HB 3223 allows an exam to be "Administered by a dental education program in this state that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization".

Questions for OBD to consider:

1. Since this is not specific to dental assisting programs, does this mean a dental hygiene or dental school could administer OBD dental assisting exams?
2. What is the definition of "successor organization" ?
3. How will the OBD prevent instructors from CODA Accredited programs from informing their students what is on the exam that they themselves created?
4. How will CODA Accredited programs inform the OBD that the applicant has passed the exam?
5. Who will record and keep track of this information? How will employers access this information?
6. Will there be a cost to OBD to process applications from a non-DANB exam provider?

Points for OBD to consider:

- HB 3223 requires exams to be "offered in plain language in English, Spanish, and Vietnamese". At the time HB 3223 was introduced, DANB is already progressively working on offering certification exams in Spanish and now Vietnamese. In comparison, dental hygiene and dental school exams are only available in English.

Questions for OBD to consider:

1. Currently DANB is the only testing agency to have committed to providing the exams in all 3 languages. Does this mean DANB will be the only testing agency OBD approves? Or…
2. How will the OBD verify the translation of exams in Spanish and Vietnamese?
3. Will there be a cost involved to OBD related to the translation of exams into Spanish or Vietnamese?
4. Will there be enough Vietnamese exam takers to ensure exam validity and reliability?
5. How is "plain" language being assessed?

Points for OBD to consider:

HB 3223 allows any dental education program that is an ADA CERP recognized continuing education provider to administer an exam. The CERP recognition process does not evaluate for expertise in exam creation, management, or psychometrics. According to the ADA, to be eligible for ADA CERP recognition, a provider must:

- Develop and present CE on a regular basis, and have planned, implemented and evaluated at least one CE activity in the last 12 months;
- Operate under the oversight of an independent CE advisory committee;
- Offer courses that are based in accepted science;
- Not be a commercial interest, as defined by ADA CERP.

This could potentially allow non-accredited dental assisting programs to test their own students. A dental educator in a non-accredited program is <u>not</u> required to have test creation or educational methodology.

Questions for OBD to consider:

1. How will the OBD prevent instructors from ADA CERP recognized organizations from informing their students what is on the exam that they themselves created?
2. How will ADA CERP recognized providers inform the OBD that the applicant has passed the exam?
3. Will there be a cost to OBD to process applications from a non-DANB exam provider?

Points for OBD to consider:

- HB 3223 states that "The board may not require an applicant for certification as a dental assistant, including any type of expanded function dental assistant, to complete more than one written examination for certification as that type of dental assistant."

Questions for OBD to consider:

1. What does this mean for an applicant who wants to get certified in multiple disciplines? For an example, will the board need to approve of individual exams for each of the following?
    a. If an applicant wants to become radiology and EFDA certified
    b. If an applicant wants to become radiology and EFODA certified
    c. If an applicant wants to become radiology, EFDA, and EFODA certified
    d. Will OBD create an answer sheet to answer these questions?

ENHANCING DENTAL CARE THROUGH MANDATORY REGISTRATION OF DENTAL ASSISTANTS

A PROPOSAL PRESENTED TO THE OREGON BOARD OF DENTISTRY DAWSAC COMMITTEE

PRESENTED BY ALEXANDRIA CASE

JULY 2024

INTRODUCTION

Objective:

To improve retention rates for dental assistants and make it a more attractive career path by implementing mandatory state registration and continuing education.

FACTORS THAT INFLUENCE CAREER SPAN

Job satisfaction and work environment

- Higher pay and better working conditions lead to longer career spans.

Certification and Continuing Education

- Ongoing professional development leads to longer careers due to a higher level of responsibility and job satisfaction.

Physical Demands

- States with fewer regulations to protect and regulate DAs have been shown to have more health issues and burnout.

CURRENT LANDSCAPE

- Dental assistants in Oregon are **not required** to be registered with the state dental board or any other entity.
- Dental assistants who obtain their DANB RHS and EFDA have a one-time requirement to show the Oregon Board of Dentistry; no CE is needed to continue.
- If an assistant in Oregon has their CDA or higher through DANB, they must be registered with DANB and keep up with continuing education credits yearly.
- OTJ trained or those who graduated from a non-accredited program do not require an continuing education hours. It is only required if a DA has their CDA, which Oregon does not require. **This is 2/3 of the current Oregon's current DA workforce**.

BENEFITS OF STATE REGISTRATION

- **Improved Patient Safety:** States with registration requirements saw a 25% reduction in procedural errors and a 30% increase in adherence to safety protocols and infection control procedures. (ADA News)
- **Enhanced Professional Development:** Data from CODA shows that 85% of DAs in registered states pursued continuing education opportunities, compared to 60% without registration requirements. (CODA Survey)
- **Skill Advancement:** Skill Advancement: Registered DAs were more likely to advance their skills and take on expanded functions within dental practices, leading to a more skilled workforce. (CODA Survey)
- **Practice Efficiency:** Highlight Data from CODA showed a 20% improvement in appointment scheduling and time management, along with a 10% increase in practice revenue with registration requirements. (ADA News)\
- **Quality of Care & Professional Standards:** Required registration for all Das will help guarantee that DAs operate within their designated scope of practice, enhancing patient safety and the overall effectiveness of dental care services.
- **Reporting & Communication:** To accurately represent the current dental assistants (DAs) in the workforce and maintain effective communication, the board should ensure that all DAs are registered with the state. This will facilitate the board's ability to contact them for announcements, updates, questions, surveys, and any necessary remediation efforts.
- **Access to Care:** States with required registration saw a 15% increase in dental assistants working in underserved and rural areas. There was a 25% rise in community dental health programs involving registered DAs. (Report Pew Charitable Trusts)

CASE STUDIES

California

- **Required mandatory DA certification and maintain CE**
- Improved pt safety: 25% reduction in procedural errors
- Higher Quality of Care: 20% improvement in patient satisfaction scores
- (California Dental Association Journal, 2018)

Minnesota

- **Mandated DA complete accredited program or pass state or national exam**
- Safety standards: 40% higher compliance rate
- Improved pt outcomes: 20% improvement in patient satisfaction scores
- (Minnesota Dental Association Journal, 2019)

New York

- **Required DA to be registered and maintain CE**
- Enhanced Preventative care: 30% more preventative care services (fluoride, sealants)
- Decreased Radiographic Errors: 20% reduction in radiographic errors, resulting in more accurate diagnoses and tx.
- (New York State Dental Journal, 2020)

Oregon

- **Required DA to pass DANB RHS to take radiographs.**
- 30% decrease in infection rates in dental clinics
- 15% increase in clinical efficiency, allowing more pts to be seen without compromising the quality of care.
- (OHA, 2017, Oregon Dental Association Journal, 2017)

COMPARISON	Nail Techs	Dental Assistants
Public Health and Safety: Exposure Risks	Close proximity with clients skin and nails	Close proximity to pt oral cavities, handling instruments, direct contact with bodily fluids. High risk of transmitting infections if proper procedures aren't followed
Public Health and Safety: Standardize Sanitation Practices	Adhere to rigorous sanitation practices to prevent fungal and bacterial infections	Adhere to rigorous sanitation practices and regulations to prevent more serious infections like hepatitis or HIV
Professional Training and Competence: Structured training Programs	States require proof of professional training and passing a licensing exam. This ensures that only qualified individuals practice, which safeguards public welfare.	Currently, no state-required form or forms of training are required with the exception of the RHS exam
Professional Training and Competence: Continuous Education	Ongoing education is required to maintain registration	Currently, only if someone is certified through DANB as a CDA or higher are they required to maintain a specific number of hours per year of CE.
Consumer Confidence and Trust: Public Assurance	Current registration signals to the public that a professional meets certain standards. Showing the individuals are registered and compliant with state regulations	Currently, none in place for DA's unless they have their RHS DANB through via State of Oregon
Consumer Confidence and Trust: Transparency and Accountability	Registered professionals typically listed in a public database, allowing consumers to verify credentials and file complaints if standards are not met.	Currently, none in place
Regulatory Consistency:	Required to register in nearly every state to create a consistent standard	Currently, none in place
Legal and Ethical Implications: Professional Liability	State boards define what services can be legally provided, helping delineate clear scopes of practice, reducing the risk of malpractice.	Currently, OBD does delineate which DA functions are within the scope of practice, but no regulations on these in place or remediation.

RECOMMENDATIONS TO THE BOARD

- **All dental assistants in Oregon must be registered with the Oregon Board of Dentistry.**
  - **No matter if they learned "on the job" or through an accredited or unaccredited program. No matter what certifications they hold or if they are already registered with DANB or any other entity.**
- **Each renewal cycle is required to be every two years.**
  - **Charge $20-$40 per renewal cycle**
- **Require updated BLS card plus 20 CE hours every two years, with some of those credits being Infection Control, BLS/CPR, Cultural Competence**

IMPLEMENTATION STRATEGY

Implementation Planning

- Work with the Oregon Board of Dentistry to develop the regulations and administrative procedures
- Oregon Board of Dentistry to additional position to take on this role (paid for through yearly fees)

Education and Communication

- Collaborate with DA programs with new registration requirements
- Launch an information campaign to educate DA and their employers about the new requirements, deadlines, and processes
- Provide detailed guides and FAQs to assist in the transition

Evaluation and Adjustment

- After implementation, continuously monitor the outcomes to ensure objectives are being met
- Create mechanisms for ongoing feedback to address any issues or unintended consequences

Review and Continuous Improvement

- Regularly review the registration process and standards to ensure they remain relevant and effective
- Prepare to make adjustments in response to new developments in dental practices or in response to stakeholder feedback.

CONCLUSION

WHY SHOULD DENTAL ASSISTANTS BE ANY DIFFERENT?

Proposal to DAWSAC to consider sending to OBD:
Original Proposal from July 17, 2024 **Enhancing Dental Care Through Mandatory Registration of Dental Assistants, Alexandria Case (See attached PP Presentation)**

Points that negatively impact the Oregon Dental Assistant Profession:

- Oregon dental assistants are not required to be registered with the state or any other entity.
- Only one-time requirement to demonstrate knowledge through examination and skill demonstration to achieve certification for RHS, EFDA, etc..
- Physical Demands: States with fewer regulations to protect and regulate DA's have been shown to have more health issues and burnout.

Points for OBD to consider of the Benefits of State Registration to address workforce shortage:

- Job satisfaction and work environment: Higher pay and better working conditions lead to longer career spans.
- Certification and Continuing Education: Ongoing professional development leads to longer careers due to higher level of responsibility and job satisfaction. Enhances Professional Development.
- By implementing mandatory state registration and continuing education requirements, the dental assistant career path will become more attractive and improve retention.
- There are 665 CDA's in Oregon which requires 12 hours of CE per year to maintain certification. These CDA's tend to stay in the career longer than non CDA's.
- Improved Patient Safety from CE requirement especially in infection control and safety procedures.
- Reporting & communication to accurately represent current dental assistants in Oregon and facilitate OBD's ability to contact them for announcements, updates, questions, surveys and any necessary remediation efforts.
- Access to care has been shown to increase, especially in rural and underserved areas of states where registration was required.

Suggested Recommendations:

- All clinical dental assistants in Oregon must be registered with the OBD.
- Each renewal cycle to match dentist/dental hygienist; every two years, $20 to $40 per renewal
- Require CPR plus 20 hours of CE credit in Clinical Procedures, Infection Prevention & Control, Mental Health/Substance Abuse, Medical Emergencies.

Dental assisting trends and insights we saw in 2024

December 11, 2024

Dental assisting is an ever-changing field, and with another new year approaching, it's a good time to take stock of the profession. Some challenges have persisted over the last several years, including dental staffing shortages, prompting new research into the profession as well as opportunities for positive change. Here are some of the trends and insights we saw in 2024 to keep an eye on in the new year and beyond.

Pay is up, but gaps remain.

Because dental assistants perform numerous duties — more than 200, according to DANB's 20 Job Analysis Report — many feel they should receive higher pay. Insufficient pay is the top rea dental assistants change jobs. Some practices have responded by offering raises to their denta assistants. DANB's 2024 Dental Assistants Salary and Satisfaction Survey showed that Certified Dental Assistants (CDAs) are earning $26 per hour and non-certified assistants make $22.50 an hour, with both figures up since the 2022 report. Additionally, 48% of dental assistants have received a raise within the last year, and nearly 80% have seen a pay increase within the last two years. The majority of raises (59%) were between 1-3%, though about one-quarter of dental assistants received a raise between 4-6%. Another 14% received a raise of 7% or higher.

There is still room for improvement, however, as there are gaps in what dental assistants feel they should earn and their actual wages. The median wage for CDAs who are satisfied with their pay is $29 per hour, while those who are dissatisfied earn $25 per hour. The overall median wage for CDAs is $26 per hour. Non-certified dental assistants who feel compensated fairly earn $25 per hour, and those who don't get $21 per hour. The overall median wage for non-certified dental assistants is $22.50 per hour.

Dental assistant turnover is costly for practices.

High turnover remains a concern in the dental assisting profession. Per DANB's Salary and Satisfaction Survey, 14% of CDAs and 24% of non-CDAs changed jobs within the last year. As of September 2024, 40% of private dental practices were actively recruiting dental assistants and three-quarters described their hiring efforts as "very" or "moderately" challenging, according to the American Dental Association's Health Policy Institute. And these struggles can be costly for practices.

DANB's Financial Impact of Dental Assistants on the Dental Practice report shows not only the monetary value dental assistants bring to their practices — but also the significant impact of turnover. The research found that the average at-risk revenue of an open dental assistant position is more than $21,000 over the course of the role's vacancy. These are costs related to lost productivity, recruiting, hiring, and training. If the position stayed open for a full year, a practice could potentially lose out on nearly $110,000 in revenue. The solution: offering raises to dental assistants. The report found that offering a 15% wage increase can help retain dental assistants and offset the costs of turnover.

National model gains support.

Each U.S. state has its own dental assisting regulations, which has led to inconsistent job requirements, a lack of public understanding about what dental assistants do, and limited career paths. This has contributed to difficulty attracting and retaining dental assistants. One potential solution is creating a professional model for dental assistants that provides a national agreement on the scope of their work and levels for advancement. DANB published the Perspectives on Dental Assisting Professional Requirements report in March 2024, which indicated that 83% of dentists and dental assistants support states adopting similar dental assisting laws, regulations, and scopes of practice to create more uniformity for the profession.

To move these efforts forward, DANB created the Dental Assisting Professional Model Workgr which consists of professionals from more than 10 leading dental organizations across the cou such as the American Dental Assistants Association, American Dental Association, American Association of Dental Boards, and American Dental Hygienists' Association. The group has met every month since February to develop a recommended framework for dental assisting requirements that states can consider. The framework will contain definitions of dental assisting levels, scope of duties,

pathways for education and training, sample legislation and regulations, and guidance and resources for implementation. The group will publish a draft of the framework in early 2025 and ask for feedback from the dental community.

Read the latest updates on the Dental Assisting Professional Model Workgroup.

Appreciation for dental assistants remains a top concern.

Dental assistants are invaluable to their practices and deserve to be valued and appreciated for it. However, that isn't always the case. In addition to insufficient pay, lack of appreciation is another top reason cited by dental assistants for changing jobs. Among dental assistants who changed jobs in the previous year, 40% cited feeling underappreciated as a motivating factor, according to the Dental Assistants Salary and Satisfaction Survey. The report also showed that less than half of dental assistants (49%) feel valued by their employers, down from 54% in the 2022 survey.

When dental assistants are recognized and rewarded for their hard work and dedication, it improves job satisfaction and morale, builds loyalty to their practices, and improves retention. This can, in turn, improve patient care and boost a practice's bottom line. The Financial Impact of Dental Assistants on the Dental Practice report showed that 94% of dental leaders believe dental assistants help improve patient retention, which directly impacts revenue.

Patients value educated and credentialed dental assistants.

Education never stops for dental assistants. They regularly seek out continuing education to improve their skills and knowledge, as well as keep up on the latest research, techniques, and technology in the field. As a result, they can provide safe, high-quality dental care — which is, of course, exactly what patients are seeking!

The Perspectives on Dental Assisting Professional Requirements report found that 70% of patients expect their dental assistant to hold a state license or registration, and 44% expect them to hold an industry certification. Additionally, 73% of patients said it was very important to them that their dental assistant passed some type of exam to demonstrate their knowledge.

Read more dental assisting research and analysis here:

- Top 5 dental assistant salary and satisfaction trends in 2024
- The cost of dental assistant turnover
- The comprehensive guide to growing your dental assistant salary

Have questions or need assistance?

Give us a call or send us an email to let us know how we can help.

Need a form? View all forms.

CONTACT US

Support

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Representatives are available M-F,

8:00 a.m. to 4:30 p.m. CT.

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800-367-3262

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Verify Credentials

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CHAT

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

Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)

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

Committee:

Terrence Clark, D.M.D., Co-Chair
Ginny Jorgensen, Co-Chair
Amberena Fairlee, D.M.D., ODA Rep
Laura Vanderwerf R.D.H., ODHA Rep
Kari Hiatt, ODAA Rep.
Kari Kuntzelman, DT, DT Rep
Alyssa Kobylinsky
Lynn Murray
Alexandria Case
Jessica Andrews
Amanda Nash
Carmen Mons
Cassie Gilbert
Megan Barron

Licensing, Standards and Competency

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

Committee:

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

Rules Oversight

Purpose: To review and refine OBD rules.

Committee:

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

Dental Therapy Rules Oversight

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

Committee:

Sheena Kansal, D.D.S., Chair
Kristen Simmons, R.D.H.
Ginny Jorgensen
Sarah Kowalski, R.D.H., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.
Amy Coplen, R.D.H., ODHA Rep.
Bonnie Marshall, ODAA Rep.

Wilbur Rodriguez, DT Rep.
Kari Kuntzelman, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications

Purpose: To enhance communications to all constituencies.

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

Dental Hygiene

Purpose: To review issues related to Dental Hygiene.

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

Enforcement and Discipline

Purpose: To improve the discipline process.

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

Anesthesia

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

Committee:
Reza Sharifi, D.M.D., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D.
Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.
Normund Auzins, D.M.D.
Ryan Allred, D.M.D.
Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S
Jeffrey Kobernik, D.M.D.

LIAISONS

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

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
February 28, 2025

Board Member & Staff Updates

On behalf of the OBD, I would like to sincerely thank Charles "Chip" Dunn for his 8 years of service as a Board Member. Mr. Dunn's second term of service as a public member is ending on March 31, 2025. He previously served as the OBD President and contributed with a consumer's point of view on many important matters this Board navigated since he joined the Board back in May 2017.

Mr. Dunn's replacement on the Board will be introduced at the next board meeting.

Dr. Kalluri's & Dr. Kansal's names were recommended by the Governor and submitted to the Senate to serve another term on the OBD, and I will have an update on that as well.

We celebrated and recognized Dr. Bernie Carter for six years of service with the OBD on February 1st.

The OBD said farewell to Investigator Shane Rubio on January 31, 2025. He returned to the OBD for his second stint on January 14, 2024. Previously he left the OBD in June 2023 to pursue another opportunity. We wish him all the best at this latest opportunity with another state agency.

Board Member interest brochure which outlines desired attributes & responsibilities of board members. The annual Workday Trainings are also listed. **Attachment #1**

OBD Budget Status Report

Attached is the latest budget report for the 2023 - 2025 Biennium. This report, which is from July 1, 2023 through, December 31, 2024 shows revenue of $2,873,776.54 and expenditures of $2,736,677.51. **Attachment #2**

OBD 2025 - 2027 Budget Presentation

The OBD was scheduled to present to the Joint Committee On Ways and Means Subcommittee On Education February 18, 2025 as part of the regular process to move an agency's budget through the legislative session. The required reference document is also part of the budget process. The ODA submitted testimony in support of the OBD's budget, which was appreciated. **Attachment #3**

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2024 – January 31, 2025. 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**

OBD New Customer Service Policy

DAS directed all agencies to develop an internal customer service policy to align with the Governor's expectations of all agencies to focus on customer service. Originally the due date was Dec. 31, 2024. DAS moved the deadline to March 31, 2025. A draft OBD customer service policy is attached for review and approval. It has been approved by DAS.
Attachment #5 BOARD ACTION REQUESTED

2025 Dental License Renewal

The 2025 dental license renewal began the first week of February and will conclude on March 31 for those Oregon dentists whose licenses expire in 2025. A super friendly reminder that the OBD will audit a select number after the renewal period closes. The OBD has audited Licensees for compliance with CE since 1999. The OBD audits all licensed board members and dental investigators as well.

Staff Speaking Engagements

OBD Licensing Manager, Kathleen McNeal gave a License Application in person presentation to the graduating Dental Hygiene Students at OIT in Salem on Monday, January 27, 2025.

LEDS/NCIC Triennial System Audit

The Department of State Police is designated as Oregon's CJIS Systems Agency (CSA). As such, the department is responsible to administer the Law Enforcement Data System (LEDS) and manage access to information within the National Crime Information Center (NCIC). The LEDS Audit section is tasked with ensuring each agency with access to these systems is in compliance with LEDS and NCIC policy as well as the CJIS Security Policy, which provides Criminal Justice Agencies (CJA) and Noncriminal Justice Agencies (NCJA) with a minimum set of security requirements for access to Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Division systems and information and to protect and safeguard Criminal Justice Information (CJI). On July 31st, 2024, they conducted its regular/routine audit of our agency's compliance with LEDS and NCIC requirements. The audit also included reviewing our agency's policy and procedures in the areas of administration, training, security, quality control, record maintenance and access to and use of criminal history information. The Oregon Board of Dentistry was found to be in compliance. **Attachment #6**

December 2024 Report – Governor's Expectations

In January 2023, Oregon Governor Kotek outlined 11 expectations for state government agency operations. This report aims to update on progress made in meeting expectations July – September 2024 (It was released in Dec 2024). It is the seventh quarterly progress report with updates on five of the 11 measures. It details the actions agencies have taken to meet expectations and report performance data. **Attachment #7**

Board Consider Periodic Surveys

Memo to the Board to consider conducting periodic surveys. **Attachment #8**

2025 Legislative Session

The 2025 Legislative Session began on January 21, 2025. Thousands of bills were introduced, and I am tracking the ones that might impact the OBD in some meaningful way.
Attachment #9

American Association of Dental Boards (AADB)Mid-Year Meeting

The AADB 2025 Mid-Year Meeting is scheduled for April 11-12, 2025 at the Double Tree by Hilton Hotel, Chicago O'Hare Airport - Rosemont. The program will feature an array of sessions to keep up-to-date with state board concerns and navigate today's regulatory challenges.
Attachment #10

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

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

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

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

Requirements:

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

- Understanding the roles and duties each Board member plays and the executive director: respecting these boundaries and roles.
- Ability to utilize board assigned laptops and technology.

Some next steps may include:

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

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

Board Members typically attend 6 regular board meetings and 2 - 4 committee meetings per year. The Board also undergoes strategic planning every three to four years. All Board Members are required to complete mandatory training which is completed through the state's Workday system. All this work roughly translates to about 120 - 160 hours of work per year. This time commitment may vary for individuals especially at start of service as a new Board Member. Board Meeting packets can sometimes total over 1000 pages for a board meeting.

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

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

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

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

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

Sincerely,
Stephen Prisby
Executive Director

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

DAS - CHRO - 2025 Annual Board/Commission Member Required Training

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

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

- DAS - EIS - 2025 Information Security Training: Foundations
- DAS - CHRO - 2025 Preventing Discrimination & Harassment (*currently unavailable. Will be posted at a later date)*

Hide All

Program Length	Delivery Mode
1 item	**Self-Directed**

Oregon Board of Dentistry

Date run: 1/19/2025

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

3400 BOARD OF DENTISTRY *REVENUE*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
0205	OTHER BUSINESS LICENSES	16,196.00	2,557,128.00	3,495,149.00
0210	OTHER NONBUSINESS LICENSES AND FEES	750.00	14,900.00	14,900.00
0410	CHARGES FOR SERVICES	38.50	21,278.50	148,355.00
0505	FINES AND FORFEITS	1,000.00	182,741.00	240,000.00
0605	INTEREST AND INVESTMENTS	5,124.73	94,483.06	60,000.00
0975	OTHER REVENUE	0.00	3,245.98	14,001.00
Grand Total		**23,109.23**	**2,873,776.54**	**3,972,405.00**

3400 BOARD OF DENTISTRY *TRANSFER OUT*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	2,025.00	103,076.75	267,000.00
Grand Total		**2,025.00**	**103,076.75**	**267,000.00**

3400 BOARD OF DENTISTRY *PERSONAL SERVICES*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
3110	CLASS/UNCLASS SALARY & PER DIEM	55,835.90	1,029,879.41	1,548,096.00
3115	BOARD MEMBER STIPENDS	4,272.00	43,431.00	46,900.00
3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,585.00
3170	OVERTIME PAYMENTS	0.00	1,149.93	6,669.00
3180	SHIFT DIFFERENTIAL	0.00	1.00	0.00
3190	ALL OTHER DIFFERENTIAL	979.71	15,154.29	41,510.00
3210	ERB ASSESSMENT	13.14	240.90	404.00
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	9,835.63	190,710.54	288,767.00
3221	PENSION BOND CONTRIBUTION	2,518.96	50,182.66	72,030.00
3230	SOCIAL SECURITY TAX	4,616.14	82,583.84	130,994.00
3241	PAID FAMILY MEDICAL LEAVE INSURANCE	241.36	4,115.51	5,391.00
3250	WORKERS' COMPENSATION ASSESSMENT	9.10	183.24	351.00
3260	MASS TRANSIT	340.87	6,285.71	10,681.00
3270	FLEXIBLE BENEFITS	14,307.52	203,533.57	301,948.00
Grand Total		**92,970.33**	**1,627,451.60**	**2,458,326.00**

3400 BOARD OF DENTISTRY *SERVICES AND SUPPLIES*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
4100	INSTATE TRAVEL	228.96	9,460.21	55,194.00
4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,220.00
4150	EMPLOYEE TRAINING	0.00	15,737.58	58,929.00
4175	OFFICE EXPENSES	(192.21)	16,608.19	99,149.00
4200	TELECOMM/TECH SVC AND SUPPLIES	941.11	13,754.64	27,088.00
4225	STATE GOVERNMENT SERVICE CHARGES	33.20	91,537.91	94,114.00
4250	DATA PROCESSING	8,526.89	106,963.11	163,405.00
4275	PUBLICITY & PUBLICATIONS	0.00	1,726.44	16,145.00
4300	PROFESSIONAL SERVICES	10,649.00	280,456.33	458,367.00
4315	IT PROFESSIONAL SERVICES	83.00	2,080.00	161,038.00
4325	ATTORNEY GENERAL LEGAL FEES	4,497.95	171,617.33	338,907.00
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	120.00	766.00

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
4400	DUES AND SUBSCRIPTIONS	0.00	1,546.80	11,331.00
4425	LEASE PAYMENTS & TAXES	7,085.50	142,544.42	206,576.00
4475	FACILITIES MAINTENANCE	0.00	0.00	634.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	668.76	31,757.27	142,660.00
4650	OTHER SERVICES AND SUPPLIES	2,804.19	91,982.70	94,383.00
4700	EXPENDABLE PROPERTY $250-$5000	0.00	0.00	6,343.00
4715	IT EXPENDABLE PROPERTY	0.00	28,256.23	25,521.00
Grand Total		**35,326.35**	**1,006,149.16**	**1,968,770.00**

				Current Month	Bien_To_Date	Rpt Mm Bal Ytd Avg
3400	**BOARD OF DENTISTRY**	Revenue	***REVENUE***	23,109.23	2,873,776.54	818,010.42
		Revenue Total		**23,109.23**	**2,873,776.54**	**818,010.42**
		Expenditures	***PERSONAL SERVICES***	92,970.33	1,627,451.60	502,765.64
			SERVICES AND SUPPLIES	35,326.35	1,006,149.16	375,265.76
			TRANSFER OUT	2,025.00	103,076.75	46,742.50
		Expenditures Total		**130,321.68**	**2,736,677.51**	**924,773.90**

OREGON BOARD OF DENTISTRY

2025-2027 BUDGET PRESENTATION

Joint Ways and Means Subcommittee On Education

February 18, 2025

Presented by:

OBD Executive Director
Stephen Prisby
&
OBD Office Manager
Haley Robinson

OREGON BOARD OF DENTISTRY
2025-2027 Budget Presentation

AGENCY OVERVIEW

The Board of Dentistry was established by an Act of the Legislature in 1887 to regulate the practice of Dentistry. It is the oldest health regulatory licensing board in the state. In 1946, Dental Hygiene was established as a licensed profession in Oregon and added to the purview of the Board. In 2022, Dental Therapy was established as a licensed profession in Oregon and added to the Board's portfolio.

There are ten members appointed to this policymaking Board and eight permanent full-time staff. The ten Board members include six dentists, one of whom must be a specialist, two dental hygienists and two public members. Members of the Board are appointed by the Governor and confirmed by the Senate.

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

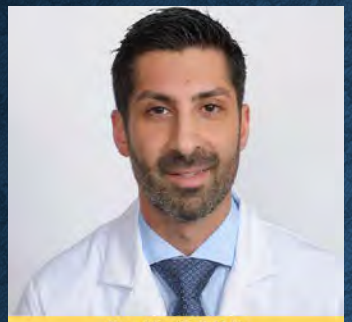
The Board's identified goals are to protect the public from unsafe, incompetent or fraudulent practitioners; encourage licensees to practice safely and competently in the best interests of their patients; and educate the public on acceptable and appropriate dental practices. The Board's highest priorities are the enforcement, monitoring and licensing of Dentists, Dental Therapists & Dental Hygienists in Oregon.

The Board is primarily supported from application, license renewal fees, permit fees, certification fees, civil penalties and misc revenue. Approximately 95% of the revenue is from applicants and license and permit fees.

Board Roster

Name	Location	Term ends
Reza J. Sharifi, DMD - President	Portland	5/14/2027
Aarati Kalluri, DDS - Vice-President	Hillsboro	4/1/2025
Charles "Chip" Dunn	Happy Valley	4/1/2025
Sheena Kansal, DDS	Portland	4/1/2025
Michelle Aldrich, DMD	Salem	4/3/2026
Terrence Clark, DMD	West Linn	4/3/2026
Sharity Ludwig, RDH	Bend	4/3/2026
Kristen Simmons, RDH	Hillsboro	3/31/2028
Olesya Salathe, DMD	Molalla	4/1/2028
Ginny Jorgensen	Canby	4/6/2028

10 BOARD MEMBERS



Reza Sharifi, D.M.D.
Portland, Oregon
President

Aarati Kalluri, D.D.S.
Hillsboro, Oregon
Vice President

Sheena Kansal, D.D.S.
Portland, Oregon

Charles "Chip" Dunn
Happy Valley, Oregon

Michelle R. Aldrich, D.M.D.
Salem, Oregon

Kristen Simmons, R.D.H., E.P.P.
Hillsboro, Oregon

Olesya Salathe, D.M.D.
Molalla, Oregon

Terrence A. Clark, D.M.D.
Wilsonville, Oregon

Ginny Jorgensen
Canby, Oregon

Sharity Ludwig, R.D.H., E.P.P.
Bend, Oregon

BOARD'S COMMITTEES

The Board has a number of standing Committees which includes members from the Oregon Dental Association, Oregon Dental Hygienists' Association, Oregon Dental Assistants Association and Dental Therapists. These Committees take a deeper dive on potential rule changes, important issues and allows the Board to gather more feedback from its Licensees and interested parties.

- ✓ Anesthesia
- ✓ Communications
- ✓ Dental Hygiene
- ✓ Enforcement & Discipline
- ✓ Licensing, Standards & Competency
- ✓ Dental Therapy Rules Oversight
- ✓ Rules Oversight
- ✓ Dental Assistant Workforce Shortage Advisory

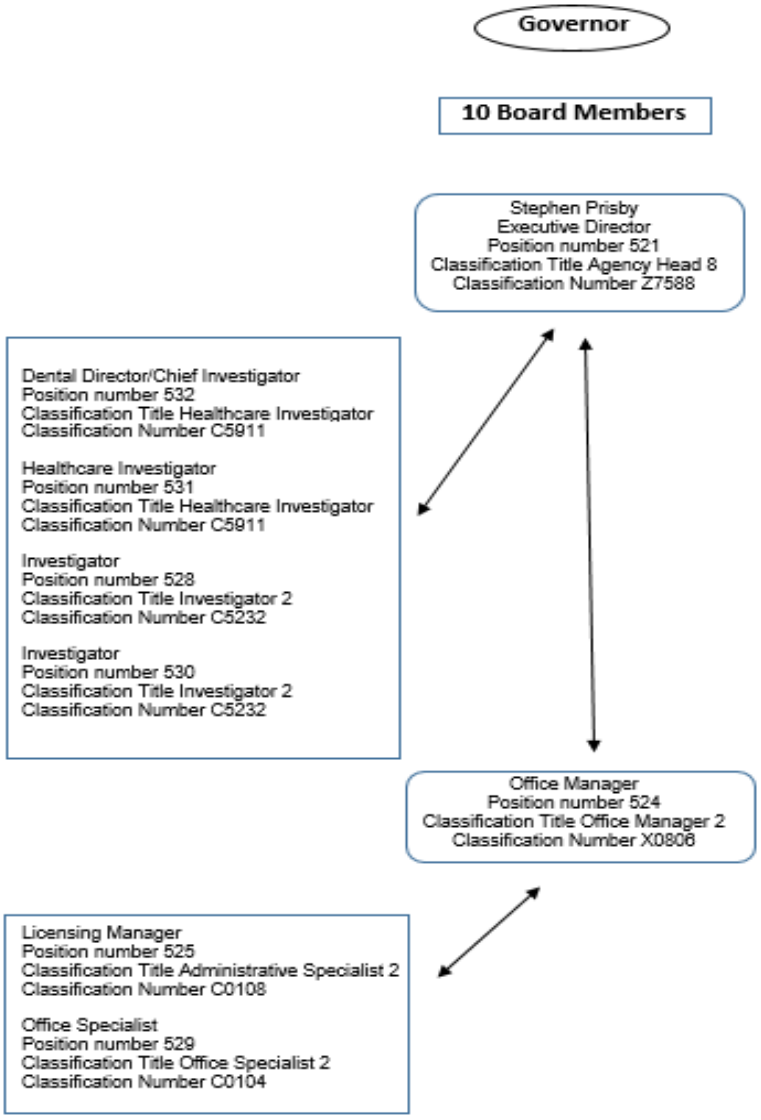
BOARD OPERATIONS

- Answers to frequently asked questions
- Downloadable forms
- Board meeting agendas
- Board meeting minutes
- Dental Practice Act

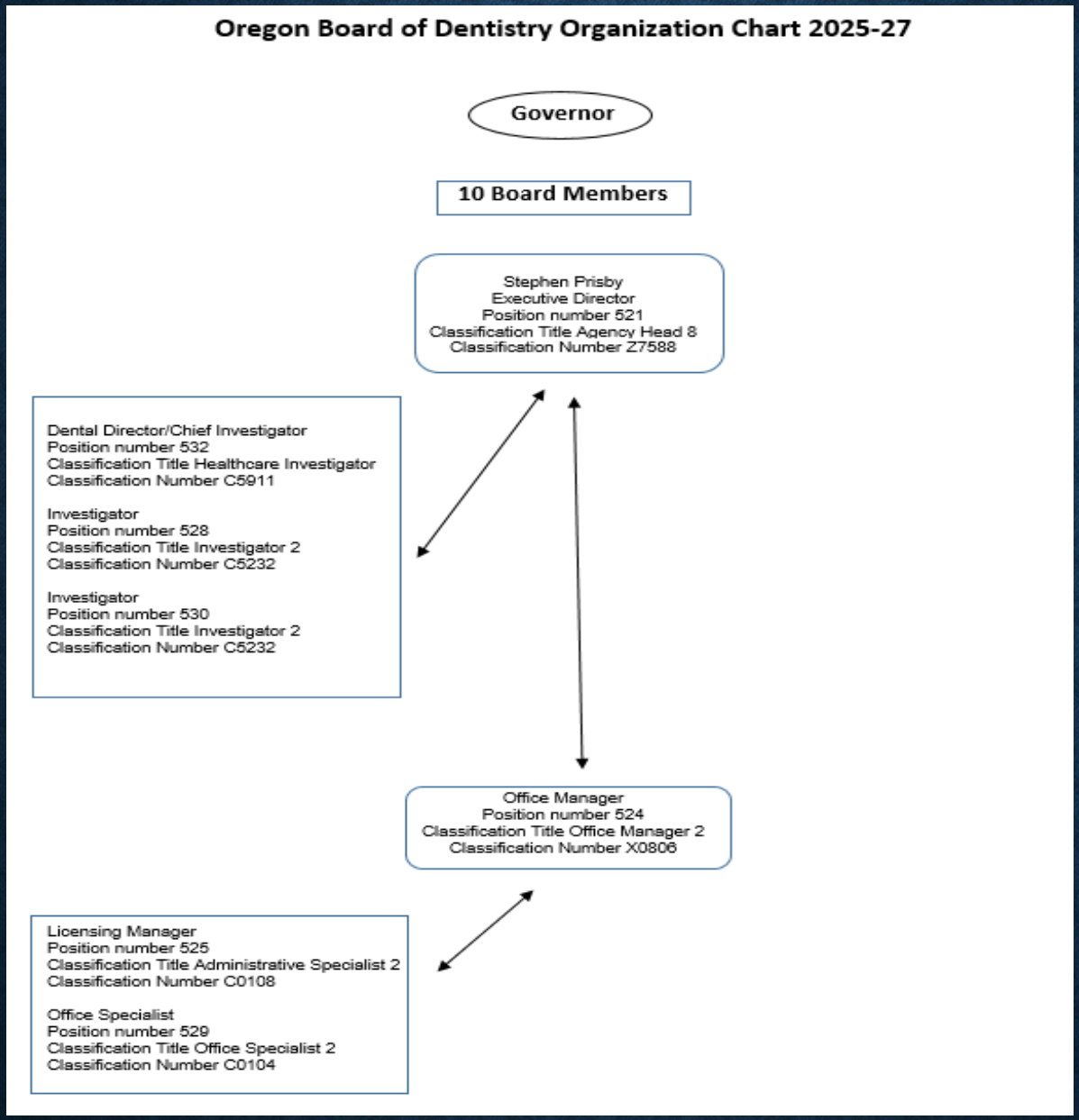
- Newsletters & Strategic Plan

www.oregon.gov/Dentistry

Oregon Board of Dentistry Organization Chart 2023-25



Oregon Board of Dentistry Organization Chart 2025-27



OREGON BOARD OF DENTISTRY

ANNUAL PERFORMANCE PROGRESS REPORT 2024

KPM # Approved Key Performance Measures (KPMs)

1. Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.

2. Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.

3. Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.

4. Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.

5. Board Best Practices - Percent of total best practices met by the Board.

OREGON BOARD OF DENTISTRY
ANNUAL PERFORMANCE PROGRESS REPORT 2024

Key Performance Measures (KPMs) set by the Legislature

1. Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.

Target – 100%
Actual – 100%

2. Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
Target – 7.5 Months
Actual – 8.5 Months

3. Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
Target – 7 Days
Actual – 7 Days

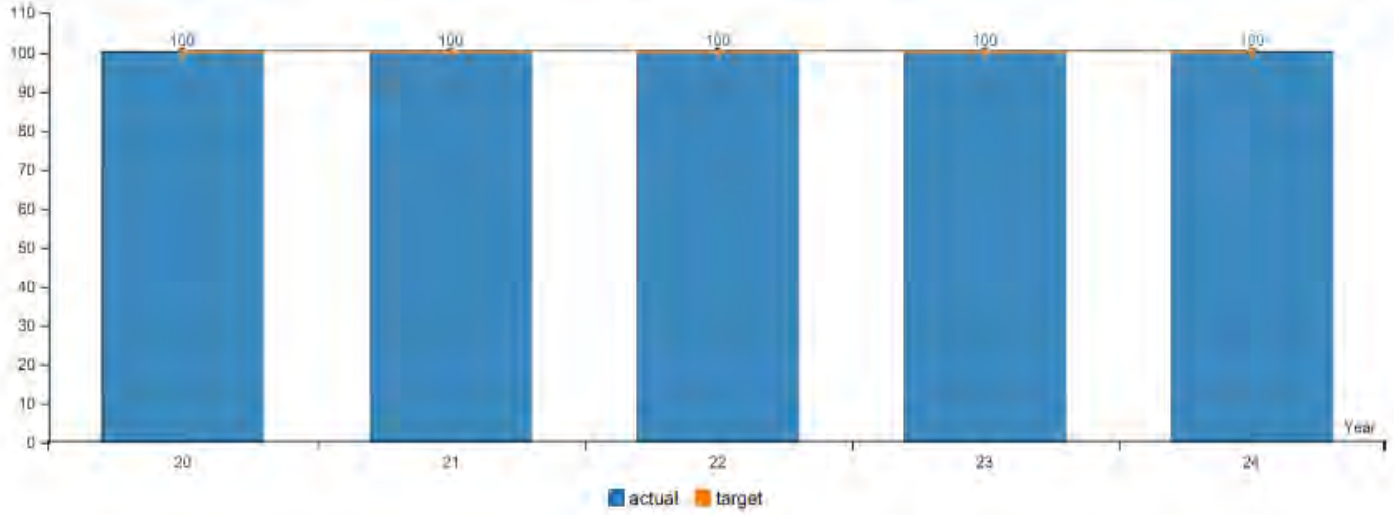
4. Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
Target – 85%
Actual – 94%

5. Board Best Practices - Percent of total best practices met by the Board.
Target – 100%
Actual – 100%

KPM #1 Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.

Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



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

How Are We Doing

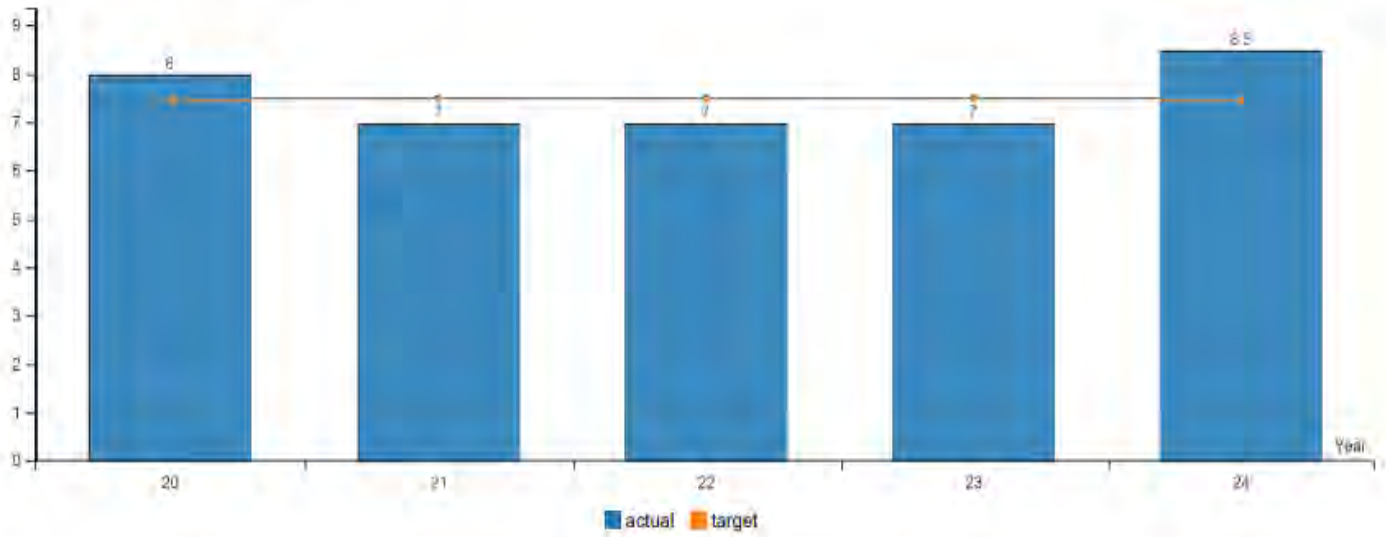
For FY 2024 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's view is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure period. The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

Factors Affecting Results

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

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

* *Upward Trend = negative result*



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

How Are We Doing

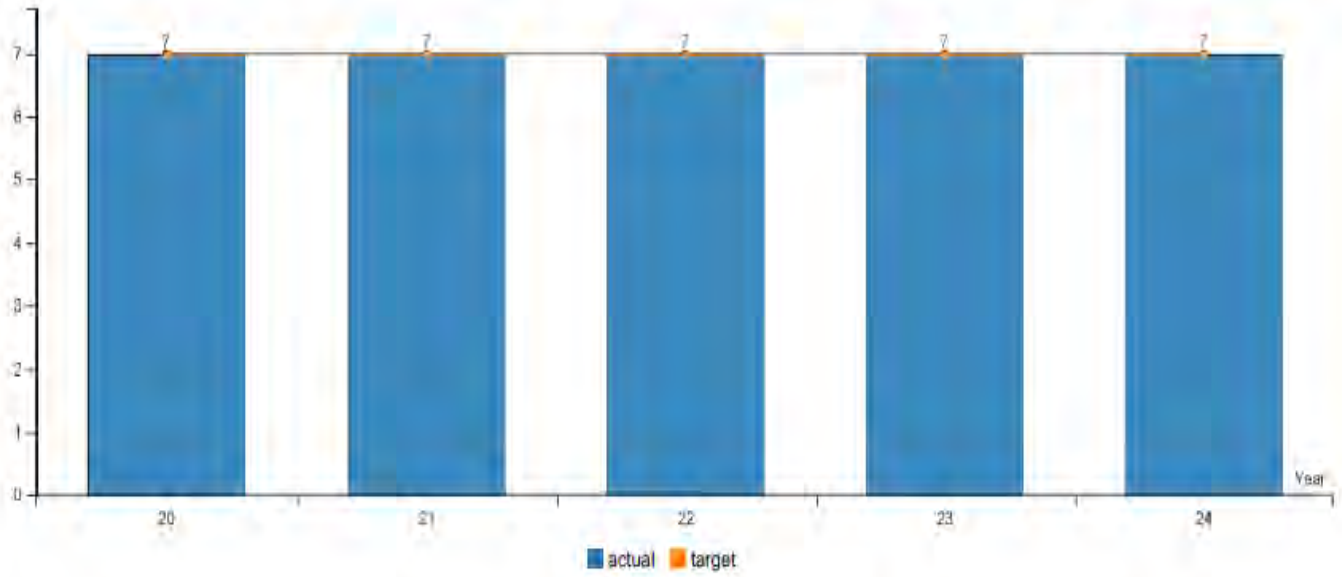
The investigators worked diligently to close the cases and bring forward to the regularly scheduled Board Meetings. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses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

Factors Affecting Results

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

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

* *Upward Trend = positive result*



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

How Are We Doing

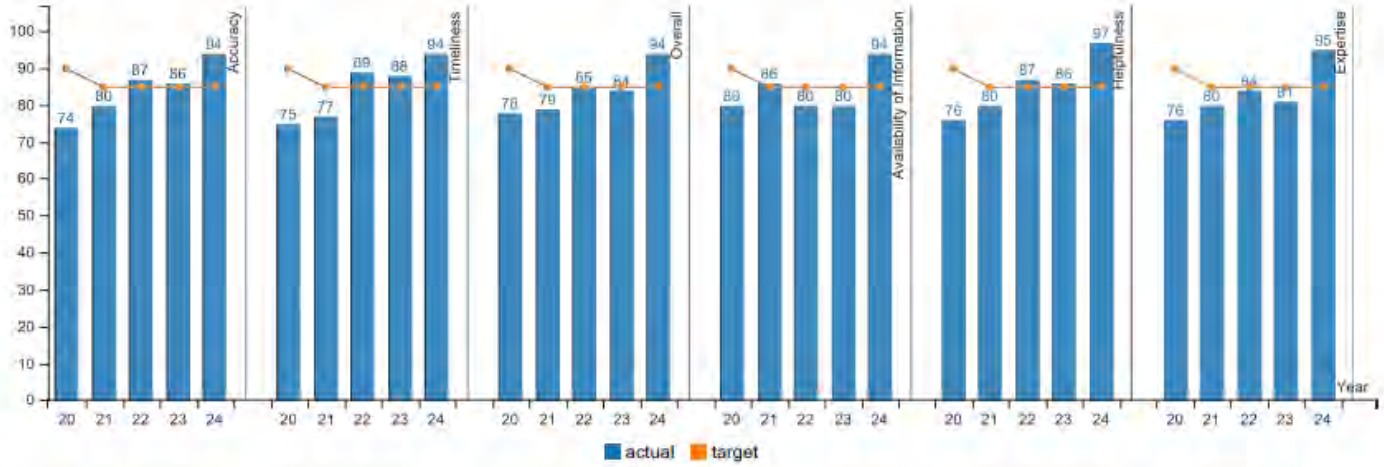
For FY 2024 we accomplished this goal. Although there were delays due to other agencies, schools, states and entities working remotely. Once all required documentation and paperwork is completed via the online portal, then licenses were issued with minimal delay.

Factors Affecting Results

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

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

Data Collection Period: Jul 01 - Jun 30

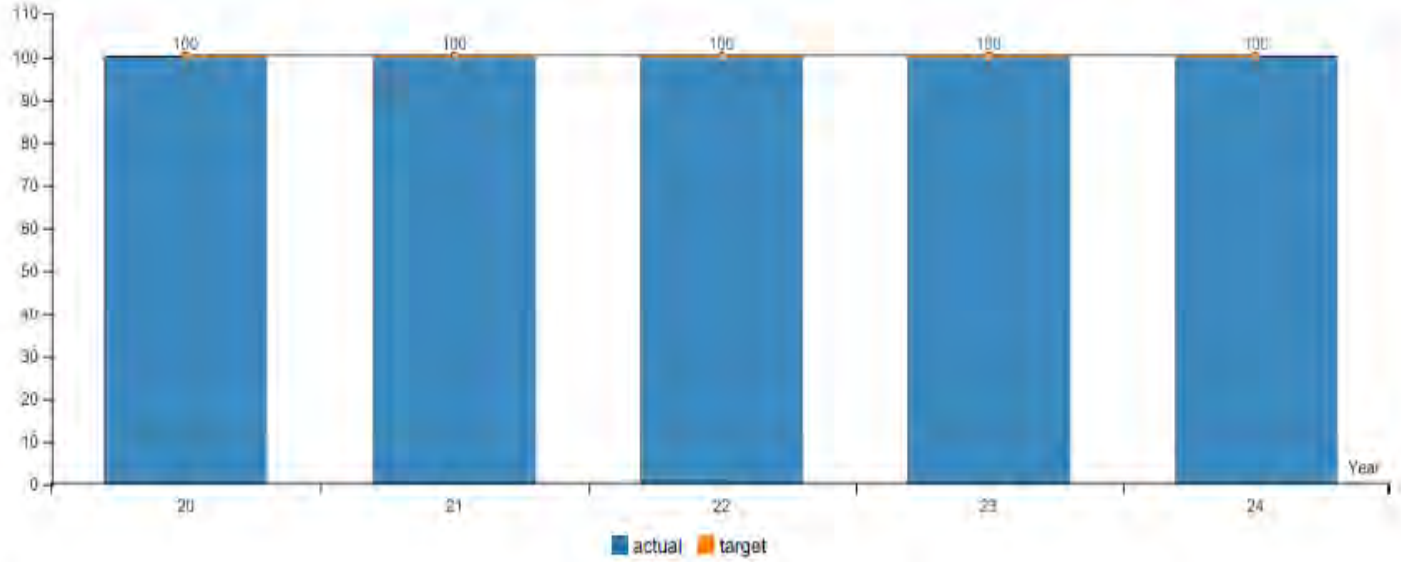


Report Year	2020	2021	2022	2023	2024
Accuracy					
Actual	74%	80%	87%	86%	94%
Target	90%	85%	85%	85%	85%
Timeliness					
Actual	75%	77%	89%	88%	94%
Target	90%	85%	85%	85%	85%
Overall					
Actual	78%	79%	85%	84%	94%
Target	90%	85%	85%	85%	85%
Availability of Information					
Actual	80%	86%	80%	80%	94%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

KPM #5 Board Best Practices - Percent of total best practices met by the Board.

Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



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

How Are We Doing

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

Factors Affecting Results

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

Best Practices Self-Assessment

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

Best Practices Assessment Score Card

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

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

PROGRAM PRIORITIES

The Board has three major areas of service; licensing, enforcement & monitoring and administration.

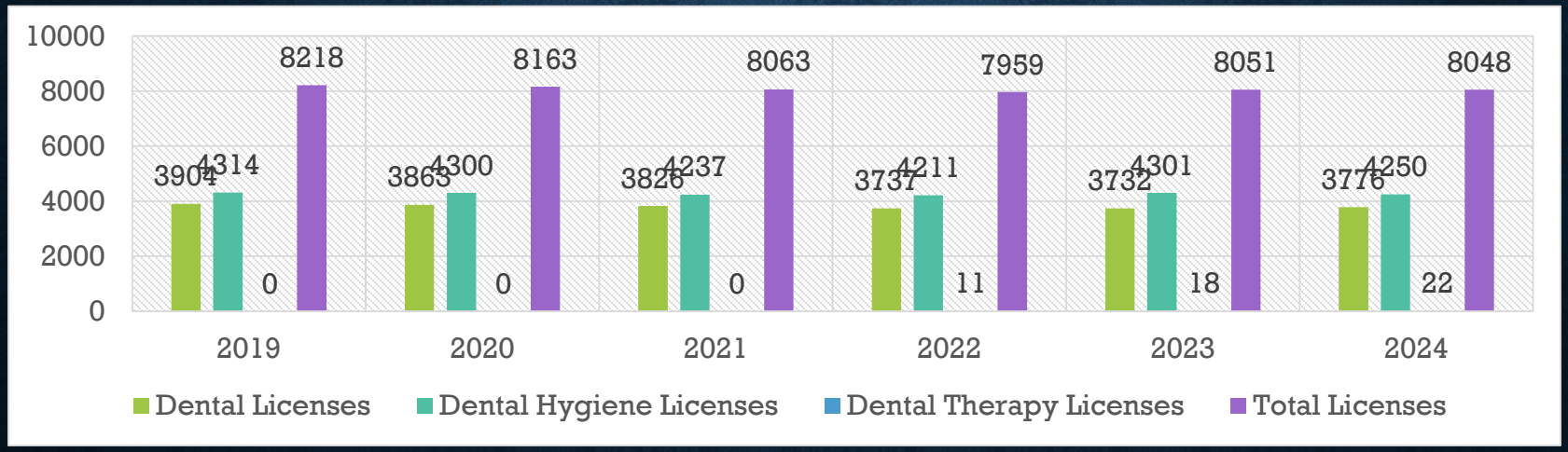
- **Licensing**

  The Board licenses dentists, dental therapists and dental hygienists, establishes standards for the use of anesthesia in dental offices, issues four levels of anesthesia permits, and certifies dental assistants.

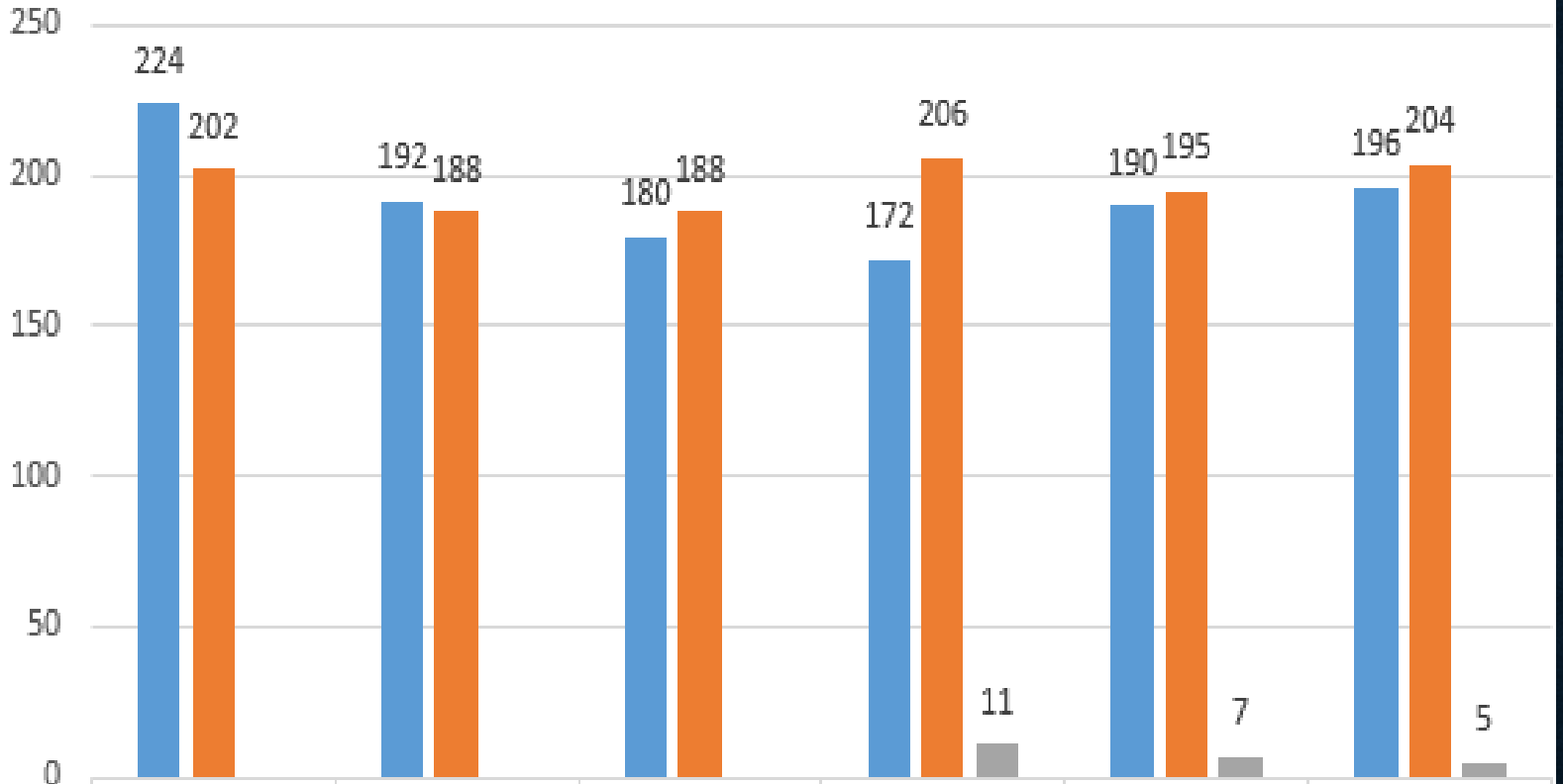
Timing can vary, but typically the OBD Licensing Manager is issuing licenses within 2 days that all documents are in licensing portal and application fees are paid. The license application process is online – Instructions are provided online and there is a licensing database, where applicants upload all their documents and track the application process. Applicants can start the licensing process before they graduate or move to Oregon. OBD offers customer service options in person, by phone and email.

Background checks are conducted on all new applicants. Applicants must pass a written national examination; a clinical examination conducted by a dental testing agency recognized by the Board, and pass the Board's Jurisprudence Examination. The Jurisprudence Examination is a 50 question exam regarding the statutes and rules in the Dental Practice Act. The Board audits a select number of those renewing their licenses each year. They are audited for compliance with the Board's Continuing Education requirements. All Licensees involved in an investigation are also checked for compliance with CE requirements.

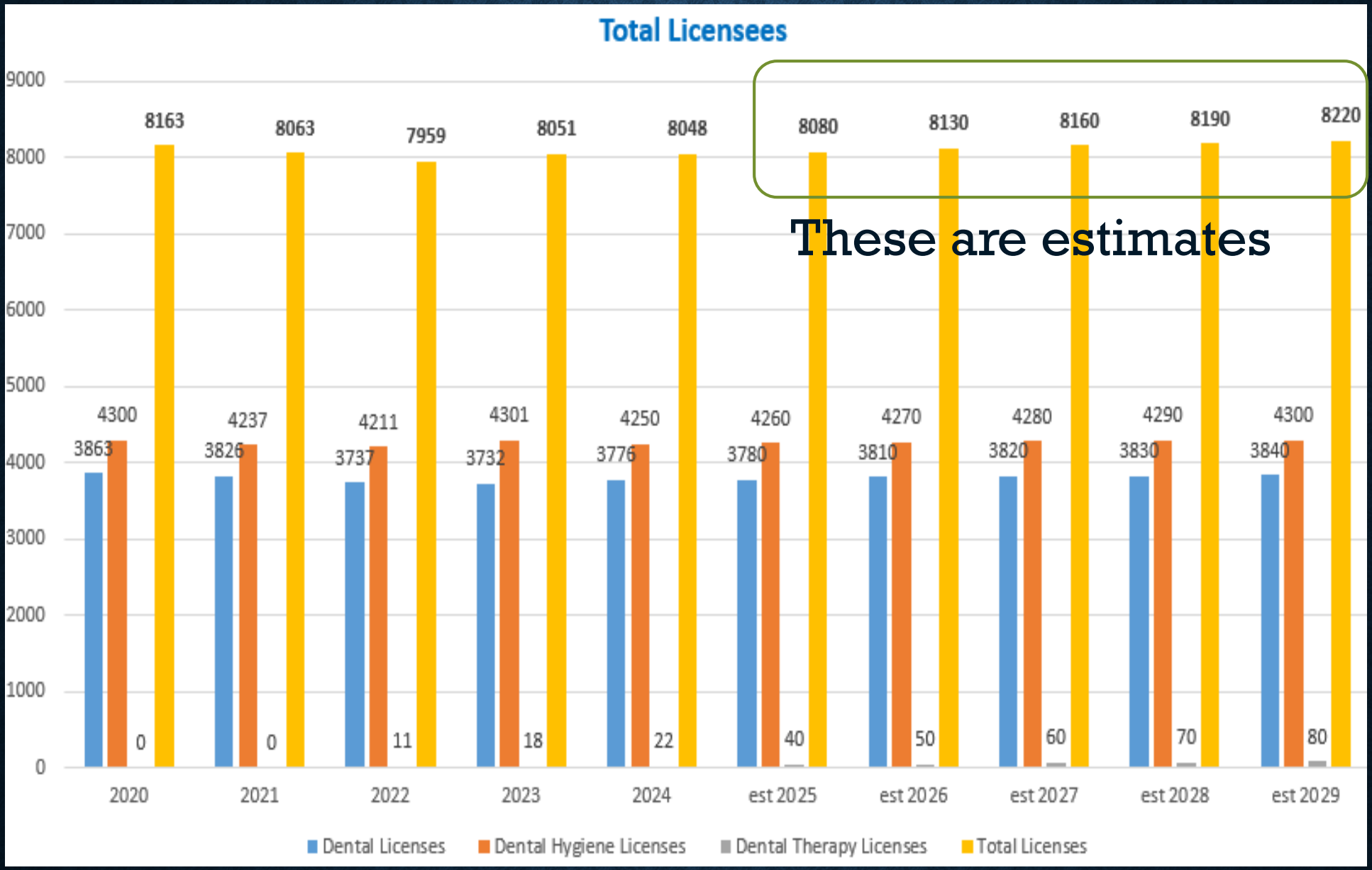
As of January 1, 2025 - There were 3776 licensed dentists, 4250 licensed dental hygienists and 22 licensed dental therapists. We anticipate issuing about 850 new licenses in the 2025-2027 biennium.

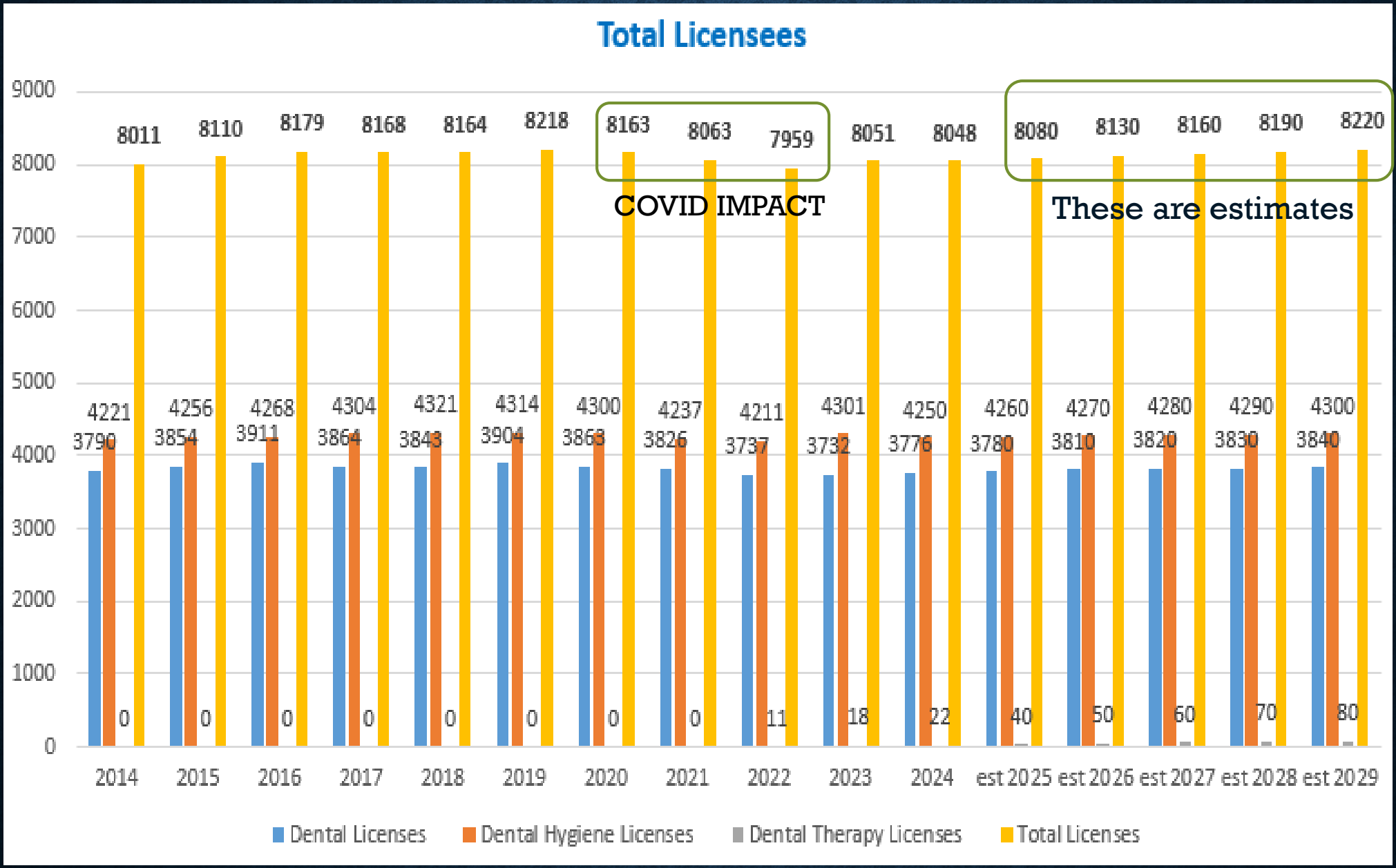


Licenses Issued per year



	2019	2020	2021	2022	2023	2024
Dental Licenses	224	192	180	172	190	196
Dental Hygiene Licenses	202	188	188	206	195	204
Dental Therapy Licenses				11	7	5


Total Licensees
These are estimates
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
8163
8063
7959
8051
8048
8080
8130
8160
8190
8220
4300
4237
4211
4301
4250
4260
4270
4280
4290
4300
3863
3826
3737
3732
3776
3780
3810
3820
3830
3840
0
0
11
18
22
40
50
60
70
80
2020
2021
2022
2023
2024
est 2025
est 2026
est 2027
est 2028
est 2029
Dental Licenses
Dental Hygiene Licenses
Dental Therapy Licenses
Total Licenses


Total Licensees
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
8011
8110
8179
8168
8164
8218
8163
8063
7959
8051
8048
8080
8130
8160
8190
8220
COVID IMPACT
These are estimates
4221
4256
4268
4304
4321
4314
4300
4237
4211
4301
4250
4260
4270
4280
4290
4300
3790
3854
3911
3864
3843
3904
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3737
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11
18
22
40
50
60
70
80
2014
2015
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2017
2018
2019
2020
2021
2022
2023
2024
est 2025
est 2026
est 2027
est 2028
est 2029
Dental Licenses
Dental Hygiene Licenses
Dental Therapy Licenses
Total Licenses

- **Enforcement and Monitoring**

The Board conducts investigations of complaints filed with the Board alleging unacceptable patient care or other issues ranging from unprofessional conduct, improper prescribing practices, substance abuse, unauthorized use of auxiliaries, advertising or disciplinary action in another state. Staff investigators conduct investigations by interviewing the complainant, the patient, the respondent (licensee), subsequent treating dentists, or any other witness germane to the case. Investigators review patient records, may consult with outside experts contracted by the Board for this purpose, review insurance claims, and any other material or witnesses necessary to determine the facts of the case. All cases are presented to all Board Members for review, discussion and final action at regular board meetings.

The Board's findings fall into one of four categories: No Violation, No Further Action, Letter of Concern or Discipline.

All investigative findings are confidential and may not be revealed to any member of the public. Formal disciplinary actions are public record and posted on the OBD website and provided as requested. The Board provides copies of Notice of Proposed Disciplinary Action and any final Orders. Disciplinary actions are reported as required by Federal Law to both the National Practitioners' Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

- **Enforcement and Monitoring**

The Investigation Process:

- ✓ Case assignment
- ✓ Investigation and review of materials
- ✓ Draft report
- ✓ Request for interview(s)
- ✓ Interview(s)
- ✓ Supplement to report if any
- ✓ Investigator's recommendation per Board protocols/issues
- ✓ Review by DOJ Attorney
- ✓ Reviewed by the Board at regular meeting
- ✓ Board votes in public session on each case

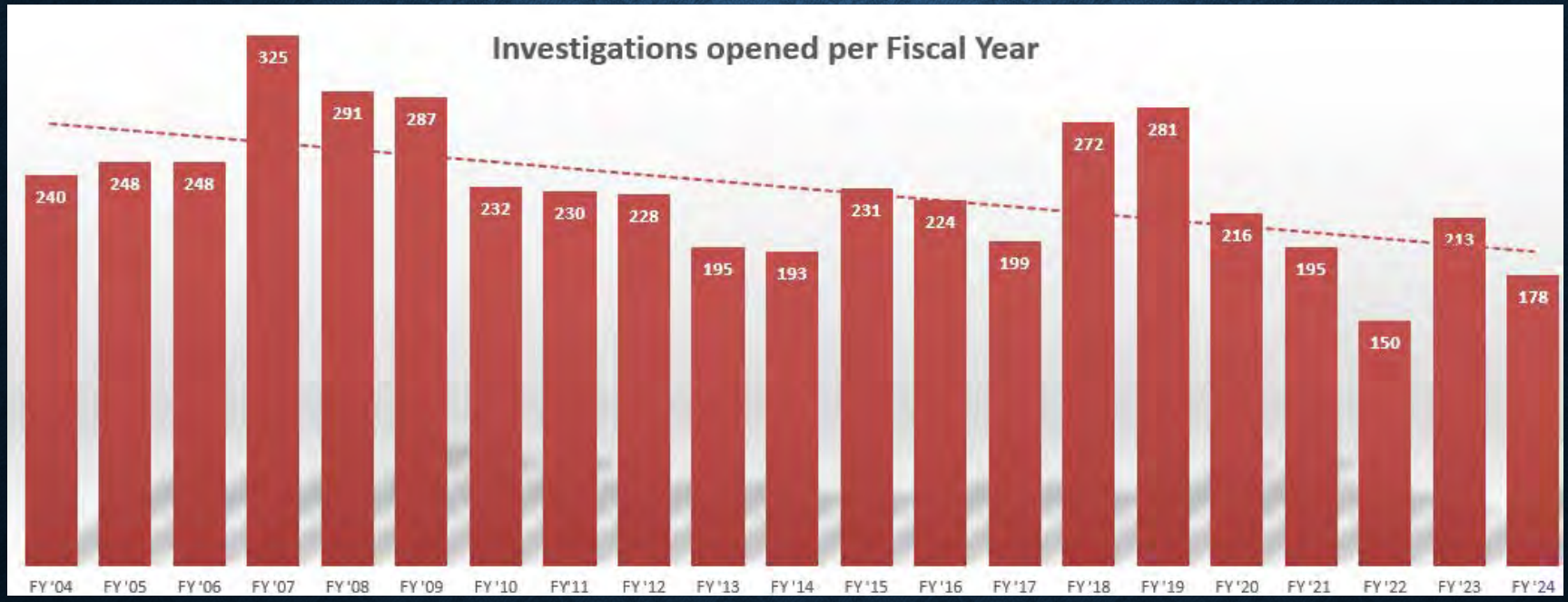
Most disciplinary actions imposed by the Board are entered into by mutual agreement between the Board and the licensee through a negotiated Consent Order. Those that cannot be settled by consent agreement are referred to the Hearing Officer Panel for conduct of a Contested Case Hearing. Board Investigators track disciplinary actions, requirements and timelines, have routine communication with licensees and work to assure compliance with all Board Orders.

The OBD is one of three health professional licensing boards that currently participates in the Impaired Health Professional Program (ORS 676.185). It is commonly referred to as the Health Professionals' Services Program (HPSP). The HPSP is a legislatively mandated non-disciplinary, confidential diversion program to help Licensees with substance abuse disorders and mental health issues. It is confidential, even Board Members are unaware of who enters the program. The Board gets updates from the diversion coordinator on progress, and informed if action needed. The OBD's participation in the HPSP is being phased out (due to funding and effectiveness) and will be discontinued on June 30, 2025.

(There can be more than one type of discipline incorporated in a disciplinary action; i.e. reprimand, civil penalty and/or additional continuing education)

Board Action - FY	2021	2022	2023	2024
Cases Opened	**195**	**150**	**213**	**178**
Cases Closed	**205**	**154**	**170**	**176**
No Violation	46	60	71	67
No Further Action	75	41	40	38
Letter of Concern	60	38	31	47
Discipline	24	22	28	24
Total	205	161	170	176

Total complaints can ebb and flow each year, but overall have been trending down. The Board has taken meaningful and focused action on fine tuning its protocols and have become very efficient in managing cases from intake through disposition at a board meeting.



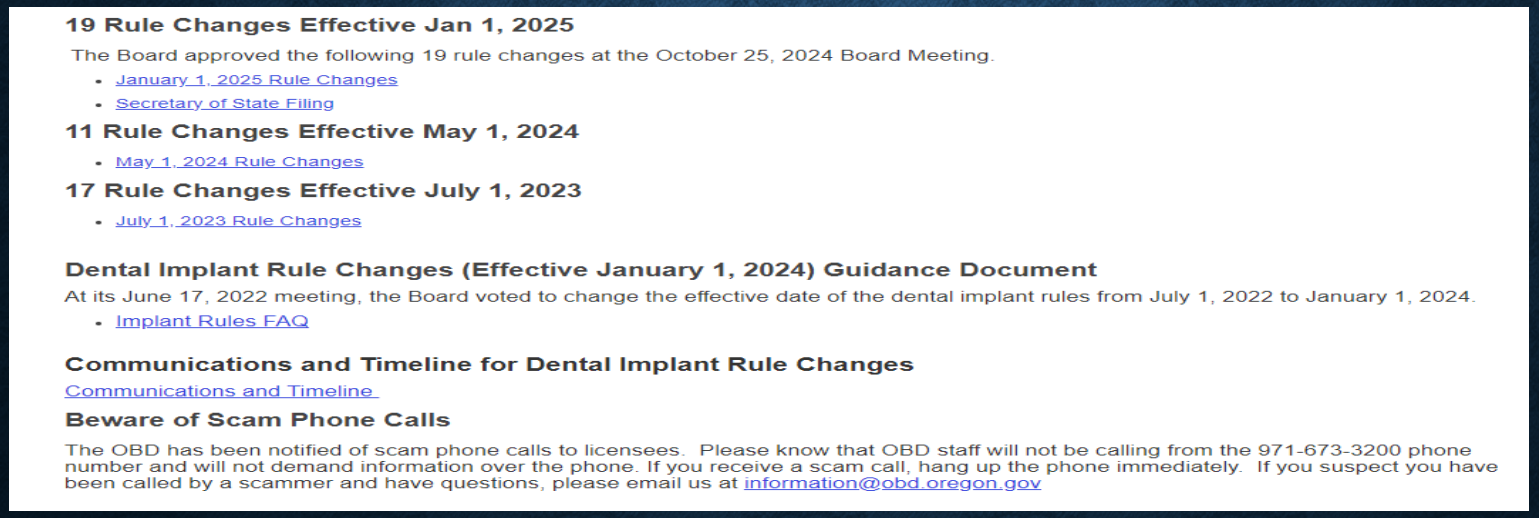
- **Administration**

Administrative activities include implementation of Board policy, communication and collaboration with the professional associations, the OHSU School of Dentistry and other educational programs, related licensing agencies such as the Board of Pharmacy, the Board of Medicine in addition to State Boards of Dentistry in other states. Administration also includes legislative activities, budget development and monitoring, and staffing. All Governor and DAS mandates are followed and implemented regarding Workday, DEI initiatives and required trainings and reporting duties.

The Board also invests time and resources to strategic planning. The current OBD 2022 - 2025 Strategic plan was approved in February 2022, which replaced the 2017 - 2020 plan. The agency adheres to all public rulemaking standards and follows all DAS and Secretary of State's rules & procedures when promulgating rules.

Rule Making & Communication

The OBD engages standing Committees to meet when needed to address issues and make recommendations to the Board for proposed rule changes. Communicating rule changes is important, this information is shared at meetings, via timely emails and highlighted on the OBD Website:



19 Rule Changes Effective Jan 1, 2025

The Board approved the following 19 rule changes at the October 25, 2024 Board Meeting.

- January 1, 2025 Rule Changes
- Secretary of State Filing

11 Rule Changes Effective May 1, 2024

- May 1, 2024 Rule Changes

17 Rule Changes Effective July 1, 2023

- July 1, 2023 Rule Changes

Dental Implant Rule Changes (Effective January 1, 2024) Guidance Document

At its June 17, 2022 meeting, the Board voted to change the effective date of the dental implant rules from July 1, 2022 to January 1, 2024.

- Implant Rules FAQ

Communications and Timeline for Dental Implant Rule Changes

Communications and Timeline

Beware of Scam Phone Calls

The OBD has been notified of scam phone calls to licensees. Please know that OBD staff will not be calling from the 971-673-3200 phone number and will not demand information over the phone. If you receive a scam call, hang up the phone immediately. If you suspect you have been called by a scammer and have questions, please email us at information@obd.oregon.gov

- **Administration**

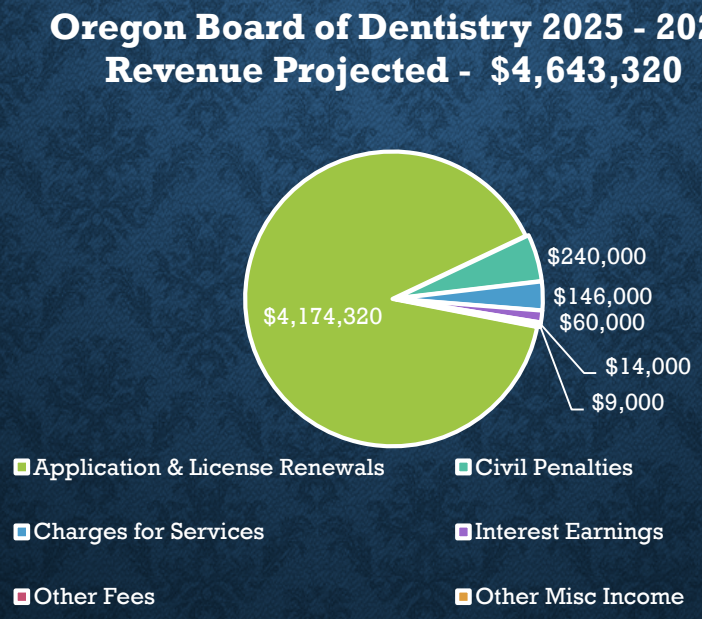
An important component of Administration is carrying out the Board's primary goal of communicating with licensees and the public. This includes maintenance of a web site, production of newsletters, and scheduling and presenting information to students, licensees and the public about the Board and its activities. The Board's consumer survey is open to all and results are reviewed regularly for feedback on our service.

Governor Kotek directed state agencies to focus on a number of important areas to serve Oregonians more effectively and hold leaders accountable for their work. DAS has also required a number of reports to hold agency leaders accountable for its work. The OBD has done an acceptable job meeting the deadlines and requirements for 2024.

	Complete	In Progress	Not Applicable	notes
Executive Director Performance 360 Review	X			March 2024
Strategic Planning	X			2022-2025 plan
Managing IT Processes			X	For agencies over 50 FTE
Performance Feedback for Employees	X			Quarterly Check Ins
Measuring Employee Satisfaction	X			October 2024
Diversity, Equity and Inclusion Plan	X			
Agency Emergency Preparedness	X			
Agency Hiring Practices	X			
Audit Accountability			X	No Audits to address
New Employee Orientation Updates		X		DAS
Uplift Oregon Benefits Workshop	X			
Intro Manager Training			X	No new managers
Customer Service Training		X		DAS
Data Governance Plan	X			
Succession Planning Update	X			
Tribal Relations Report	X			
Rules Report	X			
Customer Service Policy		X		Due March 2025

OBD 2025-2027 Proposed Budget

Description	2021-23 Actuals	2023-25 Leg Adopted Budget	2023-25 Leg Approved Budget	2025-27 Agency Request Budget	2025-27 Governor's Budget	2025-27 Leg. Adopted Budget
3400 Other Funds Ltd	6,852	14,000	14,000	9,000	9,000	-
REVENUE CATEGORIES						
3400 Other Funds Ltd	3,388,387	3,972,405	3,972,405	4,643,320	4,643,320	-
TOTAL REVENUE CATEGORIES	**$3,388,387**	**$3,972,405**	**$3,972,405**	**$4,643,320**	**$4,643,320**	-



Attachment #3

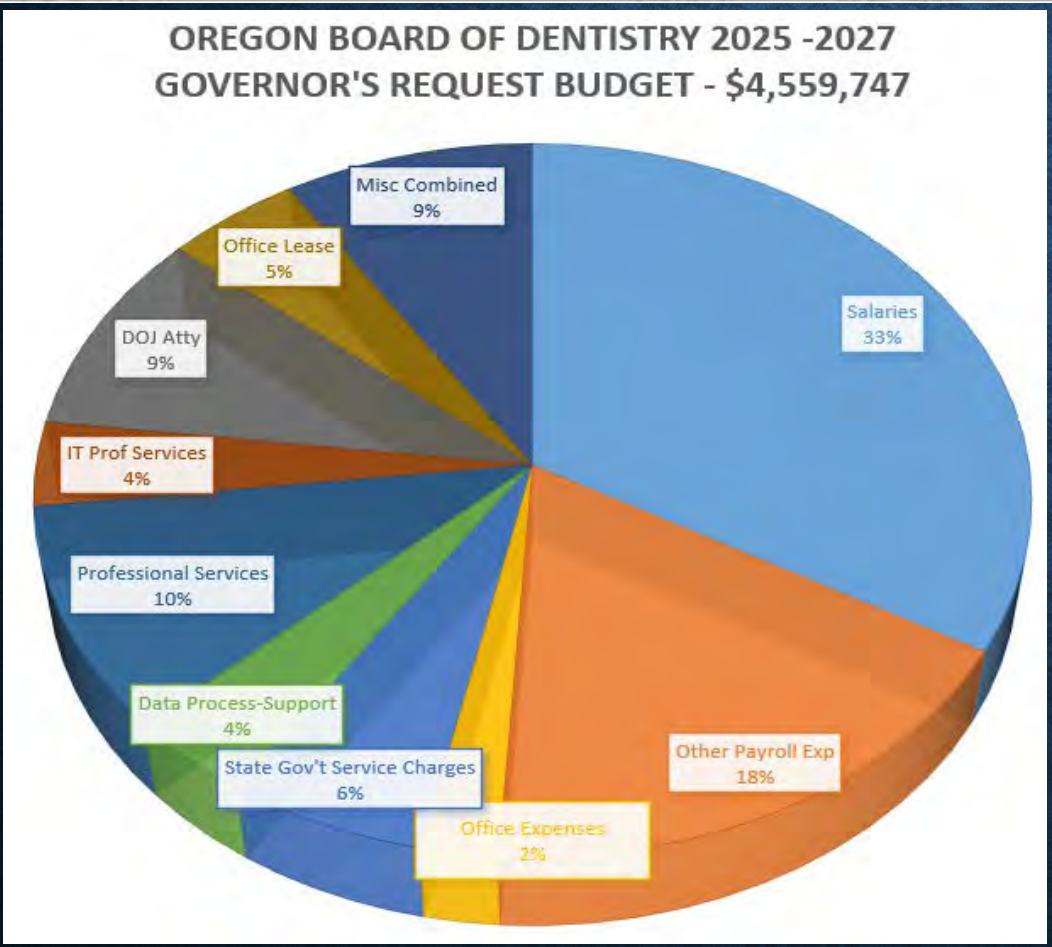
Oregon Board of Dentistry — **Agency Number: 83400**

Budget Support - Detail Revenues and Expenditures — **Cross Reference Number: 83400-000-00-00-00000**

2025-27 Biennium

Oregon Board of Dentistry

Description	2021-23 Actuals	2023-25 Leg Adopted Budget	2023-25 Leg Approved Budget	2025-27 Agency Request Budget	2025-27 Governor's Budget	2025-27 Leg. Adopted Budget
EXPENDITURES						
3400 Other Funds Ltd	3,620,918	4,241,950	4,427,096	4,715,197	4,559,747	-
TOTAL EXPENDITURES	**$3,620,918**	**$4,241,950**	**$4,427,096**	**$4,715,197**	**$4,559,747**	-



Expenses	
Salaries	$ 1,500,255
Other Payroll Exp	$ 790,378
Travel	$ 66,076
Office Expenses	$ 103,313
State Gov't Service Charges	$ 265,651
Data Process-Support	$ 170,267
Professional Services	$ 457,636
IT Prof Services	$ 171,989
DOJ Atty	$ 417,737
Office Lease	$ 215,252
Misc Combined	$ 401,193

OBD 2025-27 Budget Presentation

OBD 2025-2027 Proposed Budget

Description	2021-23 Actuals	2023-25 Leg Adopted Budget	2023-25 Leg Approved Budget	2025-27 Agency Request Budget	2025-27 Governor's Budget	2025-27 Leg. Adopted Budget
3400 Other Funds Ltd	6,852	14,000	14,000	9,000	9,000	-
REVENUE CATEGORIES						
3400 Other Funds Ltd	3,388,387	3,972,405	3,972,405	4,643,320	4,643,320	-
TOTAL REVENUE CATEGORIES	**$3,388,387**	**$3,972,405**	**$3,972,405**	**$4,643,320**	**$4,643,320**	-

Oregon Board of Dentistry ***Agency Number: 83400***

Budget Support - Detail Revenues and Expenditures **Cross Reference Number: 83400-000-00-00-00000**

2025-27 Biennium

Oregon Board of Dentistry

Description	2021-23 Actuals	2023-25 Leg Adopted Budget	2023-25 Leg Approved Budget	2025-27 Agency Request Budget	2025-27 Governor's Budget	2025-27 Leg. Adopted Budget
EXPENDITURES						
3400 Other Funds Ltd	3,620,918	4,241,950	4,427,096	4,715,197	4,559,747	-
TOTAL EXPENDITURES	**$3,620,918**	**$4,241,950**	**$4,427,096**	**$4,715,197**	**$4,559,747**	-

OBD 2025-2027 Proposed Budget

STATE GOVERNMENT SERVICE CHARGES INCREASE ONE OF THE LARGER COST DRIVERS IN WHY A FEE INCREASE HAS BEEN PROPOSED FOR 2025-27

2023-2025: $94,080

Description	Amount
Oregon Law Library	$651
Secretary of State-Audits	$4,069
Secretary of State-Archives & Records Management	$2,941
Secretary of State-Archives Compact Shelving	$130
Secretary of State-Archives Record Center	$7,855
State Library of Oregon	$932
Oregon Government Ethics Commission	$177
DAS - Enterprise Information Services - Data Center Services (DCS)	$15,325
DAS - Enterprise Information Services (EIS)	$5,000
DAS - Enterprise Information Services-Microsoft 365	$18,901
DAS - Enterprise Goods & Services-Property (Auto & General)	$709
DAS - Enterprise Goods & Services-Workers' Compensation	$1,064
DAS - Enterprise Goods & Services-Liability (Auto & General)	$7,797
DAS - Enterprise Goods & Services-Procurement Services	$1,539
DAS - Enterprise Asset Management-Admin. & Real Estate Services	$565
DAS - Chief Operating Office	$1,813
DAS - Enterprise Asset Management-Surplus Property Base	$78
Central Government Service Charge	$9,817
COBID - Certification Office for Business Inclusion and Diversity	$646
DAS - Chief Financial Office	$5,000
DAS - Chief Human Resources Office	$9,071
Total:	**$94,080**

2025-2027: $272,488

Description	Amount
Central Government Service Charge	$11,165
COBID – Certification Office for Business Inclusion and Diversity	$624
DAS – Chief Financial Office	$5,000
DAS – Chief Human Resources Office	$7,503
DAS – Chief Human Resources Office – Client Agency HR Mgmt. Svcs.	$24,960
DAS – Chief Operating Office	$1,190
DAS – Enterprise Asset Management-Admin. & Real Estate Services	$4,345
DAS – Enterprise Asset Management-Surplus Property Base	$60
DAS – Enterprise Goods & Services–Procurement Services	$1,211
DAS – Enterprise Goods & Services–Liability (Auto & General)	$138,568
DAS – Enterprise Goods & Services–Property (Auto & General)	$743
DAS – Enterprise Goods & Services–Workers' Compensation	$1,851
DAS – Enterprise Information Services (EIS)	$5,000
DAS – Enterprise Information Services–Microsoft 365	$28,501
DAS – Enterprise Information Services – Data Center Services (DCS)	$16,477
DAS – Strategic Initiatives & Enterprise Accountability (SIEA)	$1,296
DAS – Workday Payroll System	$2,020
Office of Public Records Advocate	$286
Oregon Government Ethics Commission	$317
Oregon Law Library	$714
Secretary of State–Archives Record Center	$11,235
Secretary of State–Archives & Records Management	$3,213
Secretary of State–Audits	$4,458
State Library of Oregon	$1,751
Total:	**$272,488**

POP 070 Revenue Shortfall

Purpose: This POP accounts for OBD's revenue shortfall. Agencies are required to project an ending balance of at least 3 months for 2025-27 at the CSL level. This means without any of the other POP packages, including the fee increase. This POP reduces OBD's budgeted staff and supplies to meet the 3 month ending balance requirement so that if no other POPs are approved for the 2025-27 biennium, the Board will have taken the necessary cuts to continue operating through the end of the biennium.

How Achieved: The OBD will eliminate one of its investigator positions as well as cease participation in the Health Professional Services Program (HPSP). These two actions will reduce the total budget by $456,152 and increase OBD's projected ending balance to be above 3 months for the 2025-27 biennium.

Quantifying Results: The OBD will monitor the transition and ensure all its agency and investigative functions are being completed in a timely basis. The agency will assess if it can continue to meet investigation standards and requirements without the .5 FTE investigator and support its licensees without HPSP.

POP 100 Fee Increases to Support CSL

Purpose: The OBD needs sufficient revenues to fund its operation. The OBD derives approximately 94% of its funding from applicants for licensure and Licensees. The OBD faces significant cost increases due to generous Cost of Living increases for most state employees, significant increase in DAS assessments and high costs to transition from OMB service support to DAS support for critical accounting, budget and finance functions. In addition, the license base for the OBD has plateaued for the past 10 years at approximately 8000 Licensees and the OBD is dependent on them for its source of funding

How Achieved: The OBD would initiate select fee increases effective July 1, 2025. The additional revenue will support the OBD and ensure current service level and all primary functions and mission is supported

OBD 2025-2027 Proposed Budget

Fee increases proposed in POP 100

The proposed fee increases are estimated to add a total of $409,720 in revenue.

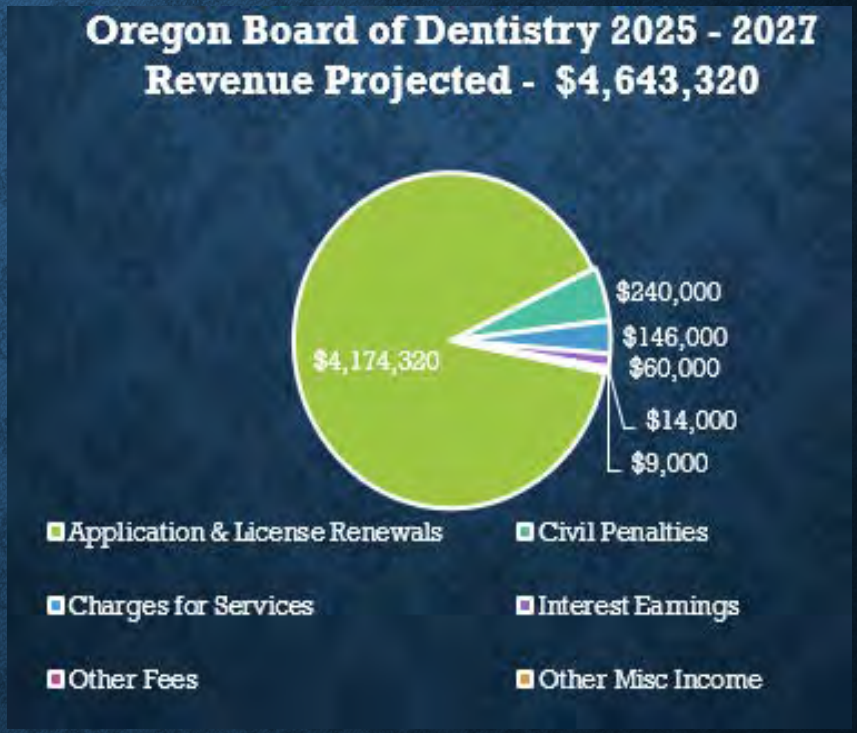
- Increase dental biennial license fee by $50 to be $486 (3692 Dental licenses renewed would generate $184,600)
- Increase Dental Hygiene biennial license fee by $24 to be $275 (4400 Dental Hygiene licenses renewed would generate $105,600)
- Increase Dental Therapy biennial license fee by $24 to be $275 (30 Dental Therapy licenses renewed would generate $720)
- Increase Deep Anesthesia permit fee by $325 to be $400 (80 permits = $26,000)
- Increase General Anesthesia Permit fee by $260 to be $400 (190 permits = $49,400)
- Increase Moderate Anesthesia Permit fee by $125 to be $200 (344 permits = $43,000)

OBD 2025-2027 Proposed Budget

Fee increases proposed in POP 100

The proposed fee increases would add approximately $409,000 in revenue to the total of $4,643,320 in projected total revenue in 2025-27.

	Rate	Total
Application Fees:		
Dentists	$345.00	$330,000.00
Dental Hygienists	$180.00	$255,000.00
Dental Therapists	$180.00	$10,360.00
License Fees (biennial/ new and renewal):		
Dental	$486.00	$1,797,390.00
Dental Hygiene	$275.00	$1,260,000.00
Dental Therapists	$275.00	$8,250
Anesthesia Permits:		
Nitrous Oxide	$40.00	$224,320.00
Minimal Sedation	$75.00	$41,000.00
Moderate Sedation	$200.00	$140,000.00
Deep Sedation	$400.00	$32,000.00
General Anesthesia	$400.00	$76,000.00
		$4,174,320.00



OBD 2025-2027 Proposed Budget

Fee schedule (Jan 1, 2025)

The highlighted areas have proposed fee increases in 2025-27 Budget.

OBD Fee Category	Amount	Object Code
Licensure fee – Dentist /Specialty	$436	2101
Faculty - License fee	$385	2101
Application fee - Licensure by Examination - Dentist	$445	2111
Application fee - LOWFE – Dentist	$890	2112
Faculty – Application fee	$405	2111
Dental/Specialty Renewal fee	$436	2104
Licensure Fee – Dental Therapy	$255	2106
Application fee – Licensure by Examination – Dental Therapy	$210	2108
Application fee – LOWFE – Dental Therapy	$820	2109
Dental Therapy Renewal fee	$251	2107
Licensure by Examination fee – Dental Hygiene	$251	2103
Application fee – Licensure by Examination - Dental Hygiene	$210	2113
Application fee – LOWFE – Dental Hygiene	$820	2114
Dental Hygiene Renewal fee	$251	2105
Expanded Practice Permit – Dental Hygiene	$75	2142
Restorative Functions - Hygiene	$50	2143
Anesthesia Permit – Nitrous Oxide	$40	2131
Anesthesia Permit – Minimal	$75	2132
Anesthesia Permit – Deep Sedation	$75	2133
Anesthesia Permit – General Anesthesia	$140	2134
Anesthesia Permit – Moderate	$75	2135
Instructor Permit	$40	2141
Delinquent fees and Reinstatement	$50, $100, $150, $250, $500	1290
Subscription to Minutes	$60	1701
Verification of Licensure	$2.50 each	1702
Certificate of Standing	$20	1703
Data Processing Orders	Varies	1704
Public Records	Varies	1705
Prescription Monitoring Program	$50	1706
OHWI Data Collection	$4	1707
Miscellaneous Revenue	Varies	1774
Civil Penalties	Varies	2470
Merchant Card - Credit Card Service Fees	$3.50	408

FEE HISTORY & CONTEXT

An agency that is funded by its licensees should end closer to a minimum of 3 months ending balance to ensure adequate funds for its operation as the funding of the OBD is uneven and varies with new applications received and the renewal cycles of the licensees. The OBD has reviewed expense reduction options to reduce costs, and that included reducing 1.0 FTE to .5 FTE effective January 2024. The reductions continue in the 2025-2027 budget with package 070. The OBD strives to manage its resources efficiently and still focus on its mission and serve all Oregonians.

Fees Approved in 2023 Session **Effective July 1, 2023 – Expected $365,150 increase in revenue**
Increase Dental License Application fee by $100 - 490 expected applicants = $49,000 additional revenue
Increase Dental 2-year license fee by $50 - 3800 licensees = $190,000 additional revenue
Increase Dental Hygiene Application fee by $30 - 510 expected applicants = $15,300 additional revenue
Increase Dental Hygiene 2-year license fee by $25 - 4300 licensees = $107,500 additional revenue
Increase Dental Therapist Application fee by $30 on 70 expected applicants = $2,100 additional revenue
Increase Dental Therapist 2-year license fee by $25 on 50 licensees = $1,250 additional revenue

POP 200 List Serve Upgrade to GovDelivery

Purpose: The OBD would like to transition to a modern, proven and efficient method to share important news, updates and renewal reminders to its Licensees and interested parties. GovDelivery is a proven, Oregon state government utilized email delivery system.
Total for 2025-2027 is $24,823

How Achieved: The OBD would transition to a modern, proven and efficient method to share important news, updates and renewal reminders to its Licensees and interested parties. Communication about the Board's activities is crucial to its operation and mission. It is a pillar of our modernization efforts to reach out to all communities in the state more effectively. DAS has provided the information and guidance on the service available to state agencies.

Quantifying Results: The OBD will review its survey results and interact with interested parties and Licensees regarding its implementation of this new email delivery system. The OBD will also note attendance and feedback on its meetings, public rulemaking activities and future strategic planning engagement to quantify the success of the new email delivery system.

POP 300 HR and Payroll Services

Purpose: The transfer of OBD's HR and Payroll Services from OMB to DAS. This POP would request the difference between what OBD is currently paying to OMB ($863 per month) and the 25-27 rate for DAS HR services. $24,000

How Achieved: The OBD will transition to DAS Services for accounting and budget support effective July 1, 2024 and DAS HR July 1, 2025.

Quantifying Results: The OBD will monitor the transition and ensure all its agency and enterprise functions are being completed and all impacted are happy with the transition.

OBD 2025-2027 Proposed Budget

Reduction Options

All Agencies are required to propose 10% Budget Reduction

Summary:

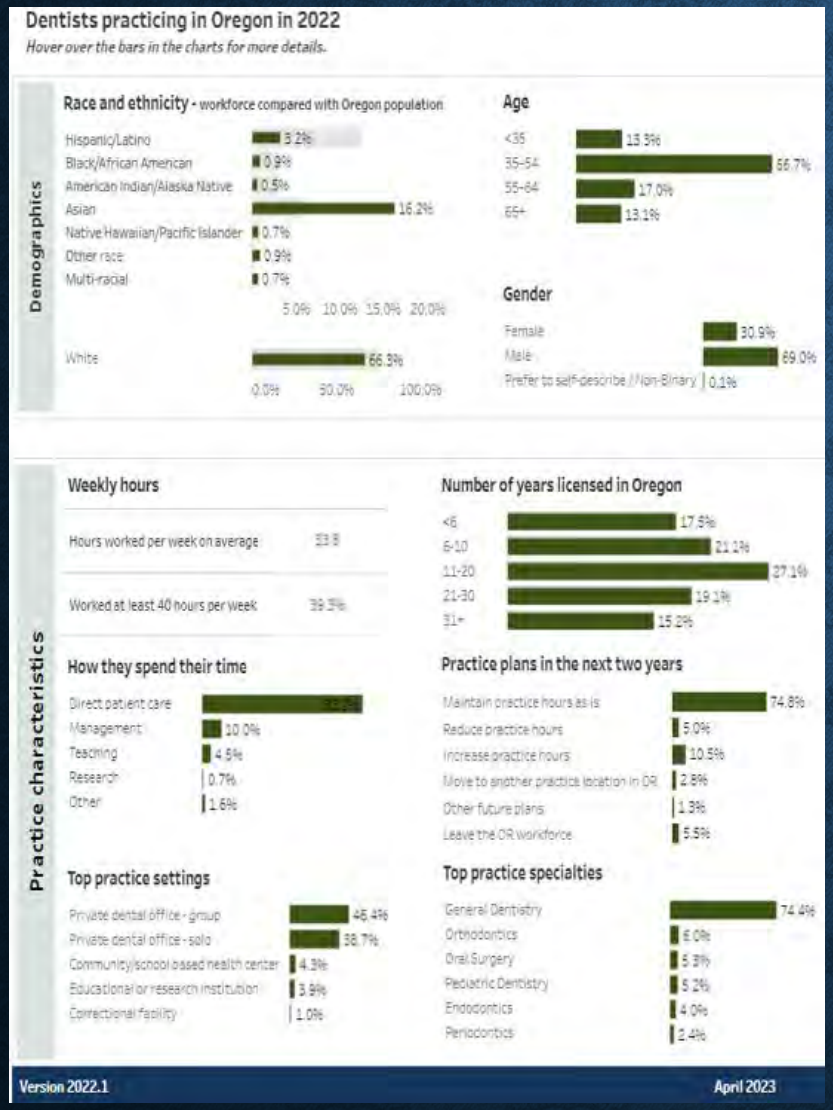
- Reduce Investigator to .75 FTE = $66,000
- Eliminate Office Specialist Position = $180,000
- Reduce Overtime = $6,000
- Reduce Attorney General Support = $140,000
- Reduce Office Supplies = $15,000
- Reduce Travel – for board and for meetings = $50,000

Total Reductions = $456,000 (these are not ideal, but would be considered if directed to from the Governor)

OBD WORK & EFFORTS TO SUPPORT ACCESS & EQUITY

- Policy Option Package 200 – to better serve and communicate with all communities this Board serves in Oregon
- Participation in Health Care Workforce Reporting Program
- Participation in regular Meetings with the Health Professional Regulatory Boards (Medical, Pharmacy, Physical Therapy, etc…)
- All Licensees may utilize the Oregon Wellness Program
- Initiation and regular Meetings of Dental Assisting Workforce Shortage Advisory Committee
- Board utilizes Translation Services for consumers and complainants to interact with staff
- Board approved updating Application and License renewal Questions to remove “stigmatizing” questions and support mental health concerns
- Regular attendance and participation in meetings of DAS Office of Cultural Change
- Updated DEI and AAP in place

HEALTH CARE WORKFORCE REPORTING PROGRAM



Purpose

To form a collective of Oregon's 19 Health Professional Regulatory Boards (HPRBs), which are separate entities with different scopes of authority and unique regulatory functions. However, the Executive Directors of the HPRBs are committed to collaboration in order to best serve Oregonians, further the Governor's priorities, and effectively regulate the health professions in Oregon in support of optimal outcomes for all patients who receive care in this state.

Scope

The HPRB Group will discuss current trends, best practices, and shared issues; address common challenges with solution-oriented responses; meet or exceed the Governor's expectations; respond to the needs of health care providers; support efforts to improve quality of care and positive health outcomes for all patients irrespective of social determinates; bolster the total health care workforce; explore opportunities to streamline state regulations and improve stewardship of licensee funds; and deliver outstanding customer service to health care providers and the general public.

Strategic Objectives

1. Increase shared learning across health licensing boards.

2. Address workforce issues with innovation and collaboration and propose opportunities for improving health care capacity in Oregon.

3. Pursue regulatory streamlining to ease burdens on health care professional applicants and licensees without compromising patient safety requirements.

4. Assess burnout, mental health, and wellness in the health care workforce and propose opportunities to support licensees.

5. Develop, strengthen, and maintain relationships with internal and external partners who will support the efforts of the HPRBs.

6. Engage in outreach to licensees and the public, including through educational materials.

Oregon Wellness Program

The purpose of the Oregon Wellness Program (OWP) is to ensure health care professionals within the state of Oregon have access to mental health support that is non-reported, urgently available, and complimentary. OWP contracts with licensed and credentialed mental health providers, who each have a minimum of five years professional experience providing services to health care professionals. OWP is led by volunteers who are veterans of health care within Oregon and many are clinicians themselves.
The program was founded in 2018 to support the well-being of Oregon healthcare professionals through education, research of the issue of burnout, as well as by delivering counseling and related services via in-person and telemedicine appointments. Initial beneficiaries of OWP's efforts were physicians, physician assistants, advanced practice providers, nurse practitioners, and dentists.

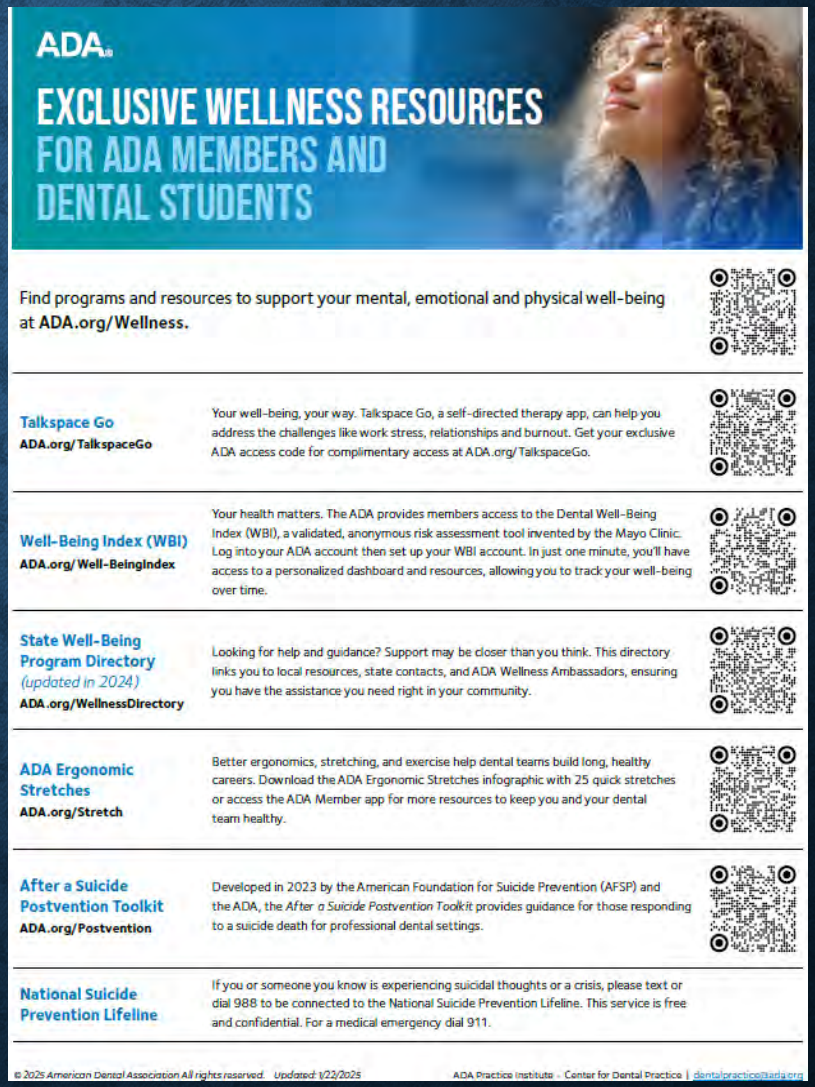
The OBD started allocating $80,000 per biennium to this program in the 2023-25 Biennium. It is included in the 2025-27 Budget.

OWP is designed to be a state-wide effort to provide highly confidential urgent mental health services to active clinical providers who self-refer. The OWP is served by mental health providers (all vetted PhD, PsyD, Psychiatrist, or MSW) nominated by their local community providers, experienced in providing care to their health care colleagues and approved by the OWP Executive Committee. There is a standardized process for ensuring consent and confidentiality. All providers utilize Telehealth as well.

adha AMERICAN DENTAL HYGIENISTS' ASSOCIATION™

Education + Resources > Professional Resources

Professional Resources



ADA.

EXCLUSIVE WELLNESS RESOURCES FOR ADA MEMBERS AND DENTAL STUDENTS

Find programs and resources to support your mental, emotional and physical well-being at **ADA.org/Wellness.**

Talkspace Go **ADA.org/TalkspaceGo**	Your well-being, your way. Talkspace Go, a self-directed therapy app, can help you address the challenges like work stress, relationships and burnout. Get your exclusive ADA access code for complimentary access at ADA.org/TalkspaceGo.
Well-Being Index (WBI) **ADA.org/Well-BeingIndex**	Your health matters. The ADA provides members access to the Dental Well-Being Index (WBI), a validated, anonymous risk assessment tool invented by the Mayo Clinic. Log into your ADA account then set up your WBI account. In just one minute, you'll have access to a personalized dashboard and resources, allowing you to track your well-being over time.
State Well-Being Program Directory *(updated in 2024)* **ADA.org/WellnessDirectory**	Looking for help and guidance? Support may be closer than you think. This directory links you to local resources, state contacts, and ADA Wellness Ambassadors, ensuring you have the assistance you need right in your community.
ADA Ergonomic Stretches **ADA.org/Stretch**	Better ergonomics, stretching, and exercise help dental teams build long, healthy careers. Download the ADA Ergonomic Stretches infographic with 25 quick stretches or access the ADA Member app for more resources to keep you and your dental team healthy.
After a Suicide Postvention Toolkit **ADA.org/Postvention**	Developed in 2023 by the American Foundation for Suicide Prevention (AFSP) and the ADA, the *After a Suicide Postvention Toolkit* provides guidance for those responding to a suicide death for professional dental settings.
National Suicide Prevention Lifeline	If you or someone you know is experiencing suicidal thoughts or a crisis, please text or dial 988 to be connected to the National Suicide Prevention Lifeline. This service is free and confidential. For a medical emergency dial 911.

 Updated: 1/22/2025

ADA Practice Institute · Center for Dental Practice | dentalpractice@ada.org

Agency accomplishments during 2023-2025 include:

- Satisfactory results on Key Performance Measures.
- Welcomed and on-boarded 5 new Board Members, out of a 10 member Board.
- Two new staffers hired. Agency has 7.5 FTE.
- Hybrid Work model in place with all state CIO-IT security measures in place, for those that choose to work from home up to three days a week. Consumers and Licensees have regular access to OBD resources for information and assistance via in person, phone or email options.
- New database project implemented, replacing legacy database for licensee info and OBD data.
- Promulgated new rules and policies and began licensing Dental Therapists in fall of 2022.
- Continued to cultivate and strengthen positive working relationships with ODA, ODHA, ODAA, OHA and OHSU School of Dentistry and all dental therapy, dental hygiene and dental assisting programs with a continuation of the outreach programs to those who request programs regarding updates on the Oregon Board of Dentistry (OBD).
- Strategic Planning Session held October thru December 2021. The OBD's 2022-2025 strategic plan was ratified by the Board in February 2022. This plan replaced the 2017-2020 one.
- Utilize the Board Website, OBD Newsletter, professional associations, email blasts and other appropriate communication tools to continue to inform Licensees of relevant OBD news, rules and updates from the Board.
- Implemented & conducted executive director 360 degree performance review (March 2024) and OBD employee survey (October 2024), results of both were extremely positive
- Board members usually volunteer for two terms (8 years), so experience and institutional knowledge retained and the transition to new Board Members goes smoothly

AGENCY GOALS for 2025-2027 include:

- Implement 2022 - 2025 Strategic Plan Initiatives, and plan for strategic planning in 2026
  - **Licensure Evolution**
    - Develop and implement rules based on legislative changes
    - Successfully implement Dental Therapy Rules
  - **Dental Practice Accountability**
    - Ensure Licensee dictates clinical care provided to patients
    - Assert OBD jurisdiction over dental practices regardless of ownership model
  - **Community Interaction and Equity**
    - Increase ease of access to OBD services and information
    - Ensure equity exists in investigation outcomes
  - **Workplace Environment**
    - Increase workplace flexibility through hybrid work models
    - Increase workplace satisfaction
  - **Technology & Processes**
    - Improve investigation management and archived files
    - Improve resource efficiencies
- Advance the Governor's priorities for state agencies
  - Increased accountability and prioritize customer service
  - Improving access to the OBD's services and information
  - Removing barriers that prevent people from getting assistance
- Continue to promote and encourage participation in the volunteer Dentist/Dental Hygienist program to increase access to quality dental care.
- Collaborate with new members in state government – legislators, governor's office, other agency directors, etc…

- Continue to educate consumers on their options regarding the complaint process, and alternative means of resolving their issues.
- Continue to promote the Oregon Prescription Drug Monitoring Program to all licensees and follow up on those dentists that need to sign up per statutory requirements.
- Utilize the website, newsletter and personal presentations to communicate Board policies and expectations.
- Continue to collect data on the ethnic and racial makeup of licensees and work with policy makers, educators, and students to encourage a representative diversity in the dental workforce.
- Refine participation in the Health Care Workforce Initiative project to address the issues of health care workforce shortages and access to care.
- Promote the Oregon Wellness Program effectively in conjunction with professional associations and others.

AGENCY CHALLENGES for 2025-2027 and Beyond:

- Pivot as required and expected by Legislature and Governor.
- Process and execute our work efficiently.
- Adapt to ever-changing conditions and demands.
- Persist in the face of challenges and limited resources.
- Retain and develop a robust Board – both staff and board members.
- Initiate and plan next steps to replace current (2022– 2025) Strategic Plan.

Thank you for your time today.

Please contact us for any additional information as needed.

Stephen Prisby, OBD Executive Director
Haley Robinson, OBD Office Manager

Stephen.Prisby@obd.oregon.gov

Haley.Robinson@obd.oregon.gov

971-673-3200

Oregon Board of Dentistry (OBD) 2025 - 2027 Budget Reference Document

Summary Page - This document contains:

- **Board overview & mission statement**
- **Organizational Charts – 2023-25 & 2025-27**
- **Key Performance Measures Overview**
- **OBD 2022–2025 Strategic Plan**
- **Partnerships List**
- **Licensee Data**
- **Enforcement Data**
- **Dental Therapy Overview – new Licensee**
- **Budget Summary Information**
- **2025-2027 Revenue and Expenditure Data**
- **Agency Goals 2025-2027**
- **Agency Workforce Challenges Ahead**
- **Annual Performance Progress Report – FY 2024**
- **Board Member Interest Brochure**
- **Ending Balance Form**
- **Program Prioritization Form 107BF23**
- **Summary of 10% Reductions Form**
- **Vacancies Form**
- **Link to OBD 2025-27 GRB posted on the OBD website under funding: Oregon Board of Dentistry : About Us : State of Oregon**

MISSION STATEMENT

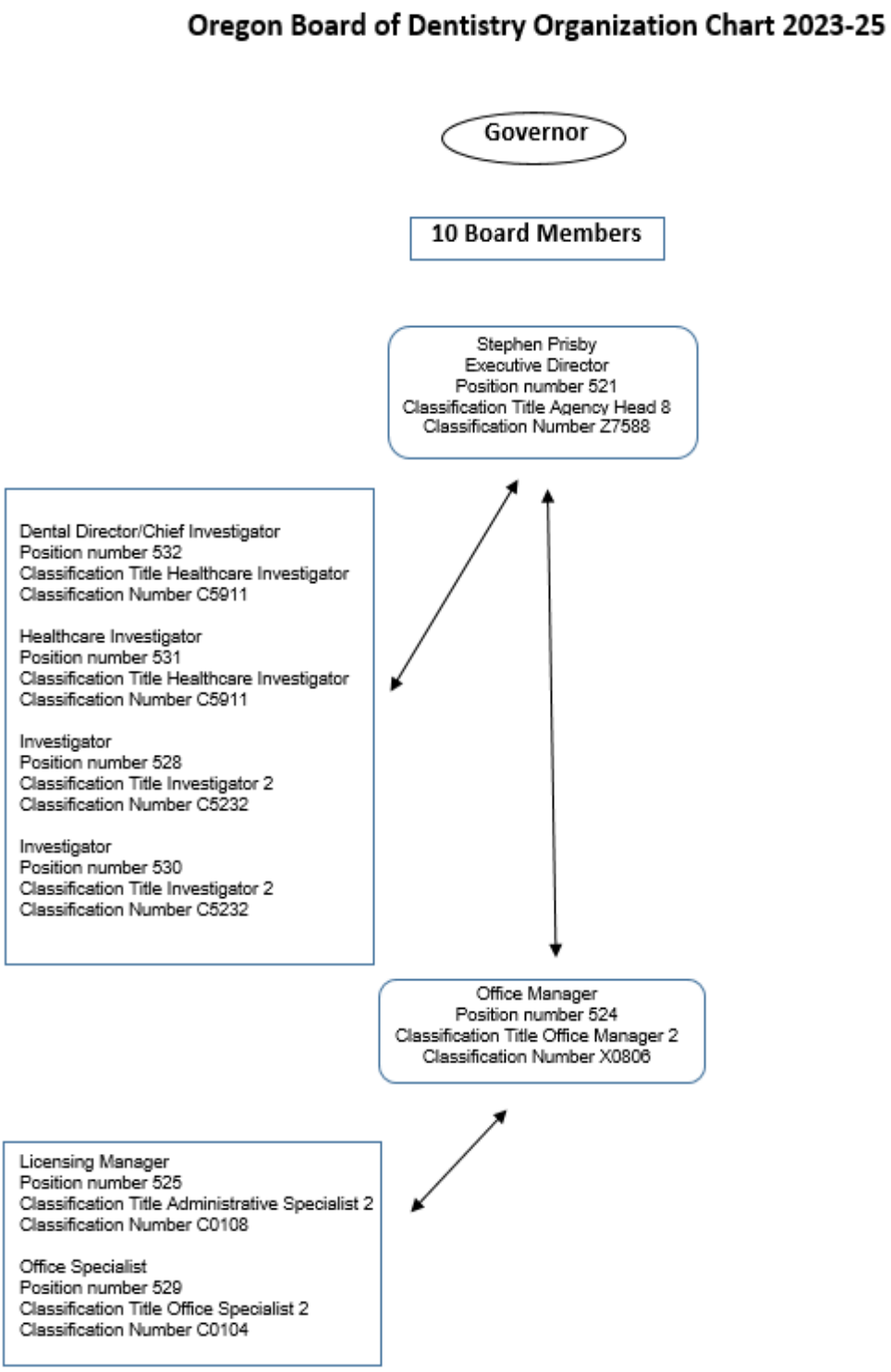
The mission of the Oregon Board of Dentistry is to promote quality oral healthcare and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals

STATUTORY AUTHORITY

The authority and responsibilities of the Oregon Board of Dentistry (OBD) are contained in Oregon Revised Statutes Chapter 679 (Dentists & Dental Therapists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. The OBD is the oldest health regulatory licensing board in Oregon created by an Act of the Legislature in 1887.

These statutes charge the Board of Dentistry with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. The statutes define the practice of dentistry, dental therapy and dental hygiene and require that any person practicing any of those professions do so only while holding a license duly issued by the Board. The statutes require that the Board license dentists, dental therapists and dental hygienists; establish and enforce regulations regarding sedation in dental offices; investigate complaints regarding the practice of dentistry, dental therapy and dental hygiene; discipline licensees found to have violated the provisions of the Dental Practice Act; regulate and monitor continuing education requirements for licensees; and establish training, examination and certification standards for dental auxiliaries.

Organization Chart - Executive Branch Agency under Governor Tina Kotek with oversight by 10 volunteer Board Members



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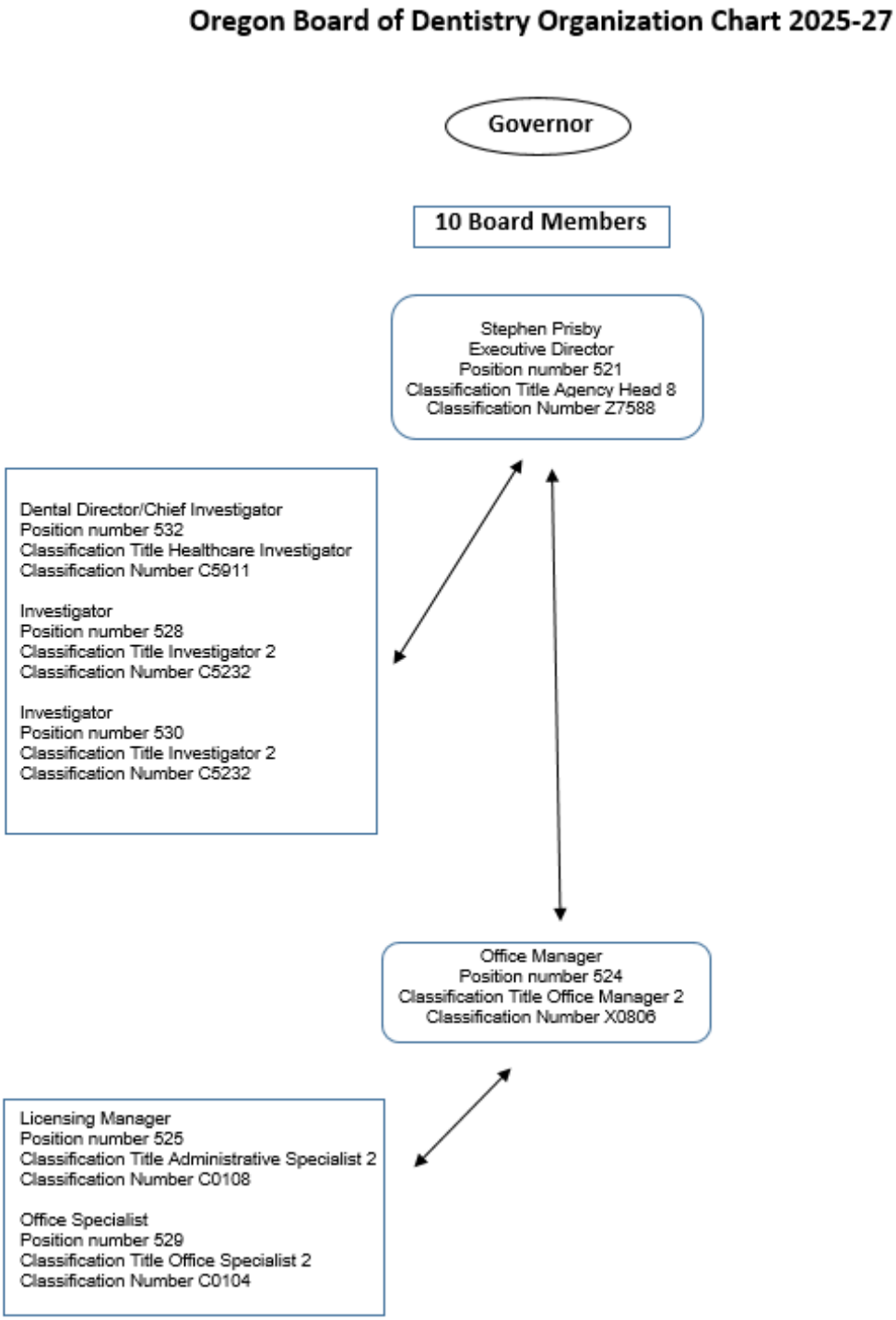


Key Performance Measures (KPMs)

The full annual performance progress report was submitted and shared with LFO in September 2024, posted on the OBD Website, shared at the October 2024 Board Meeting and is available at end of this document.

Summary Results:

Key Performance Measures (KPMs) set by the Legislature

1. Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
Target – 100%
Actual – 100%

2. Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
Target – 7.5 Months
Actual – 8.5 Months

3. Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
Target – 7 Days
Actual –7 Days

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.
Target – 85%
Actual – 94%

5. Board Best Practices - Percent of total best practices met by the Board.
Target – 100%
Actual – 100%

AGENCY STRATEGIC PLANNING

The OBD's 2022 – 2025 Strategic Plan defines priorities in alignment with its statutory obligations and its mission - to promote quality oral health care to all communities in the State of Oregon by equitably and ethically regulating dental professionals. The OBD is challenged to address a rapid and accelerating rate of change. Significant shifts are occurring in oral healthcare, dentistry practice, dental therapy services, organizational structures, business models and markets. The Strategic Plan is included in this budget document for reference.

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely though regulation but through information, outreach and education. Additionally new mandates from the Legislature and the Governor's office challenge all state agencies to address racial disparities and social determinants of health in the healthcare environment. The OBD seeks to be an active partner with those that seek a

better Oregon for everyone in ways that our small agency can make an impact.

The Board in February 2022 ratified the 2022 - 2025 Strategic Plan. The Board of Dentistry's short and long-range plan is directed by its mandate to protect the health, safety and welfare of Oregonians and by its newly revised mission is to promote quality oral healthcare and protect all communities in the state by equitably and ethically regulating dental professionals. The Board strives to ensure that its activities fulfill its mission within the resources allocated by the Legislature and effectively provides appropriate public protection.

Oregon Board of Dentistry

2022 – 2025 Strategic Plan

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.10 to 680.205 (Dental Hygienists), Oregon Administrative Rules Chapter 818. In addition, direction for Dental Therapists is guided by HB 2528 (2021) and the addition of Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists. These new statutes task the OBD with regulation and oversight of the practice of dentistry, dental therapists and dental hygiene by enforcing standards of practice established in the Oregon Legislature statutes and rule.

At the end of the previous 2017-2020 planning cycle and after hardships of the COVID 19 pandemic (which has persisted from 2020 into 2022), OBD had established transformative ways of addressing critical issues. Strong relationships with the Governor's office, Oregon Legislature, Oregon Health Authority, peer professional organizations, and national associations gave context and direction, and kept a finger on the pulse of rapid changes in the dental profession, business practices, and operating models.

During the strategic planning process, the OBD Board and Staff agreed to update the mission statement to reflect a focus on access to care as well as on integrity. The OBD will implement the strategic plan, adaptively to rapidly changing circumstances, in support of its Mission: *to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.* Through external market research, initial discussions with the Board and Staff, and tabulation of the licensee surveys, a set of priorities emerged.

The five priorities identified in the plan include:

I. **Licensure Evolution**
   a. Develop and implement rules based on legislative changes
   b. Successfully implement Dental Therapy Rules

II. **Dental Practice Accountability**
   a. Ensure Licensees dictates clinical care provided to patients
   b. Asset OBD jurisdiction over dental practices regardless of ownership model

III. **Community Interaction and Equity**
   a. Increase ease of access to OBD services and information
   b. Ensure equity exists in investigation outcomes

IV. **Workplace Environment**
   a. Increase workplace flexibility through hybrid work models
   b. Increase workplace satisfaction

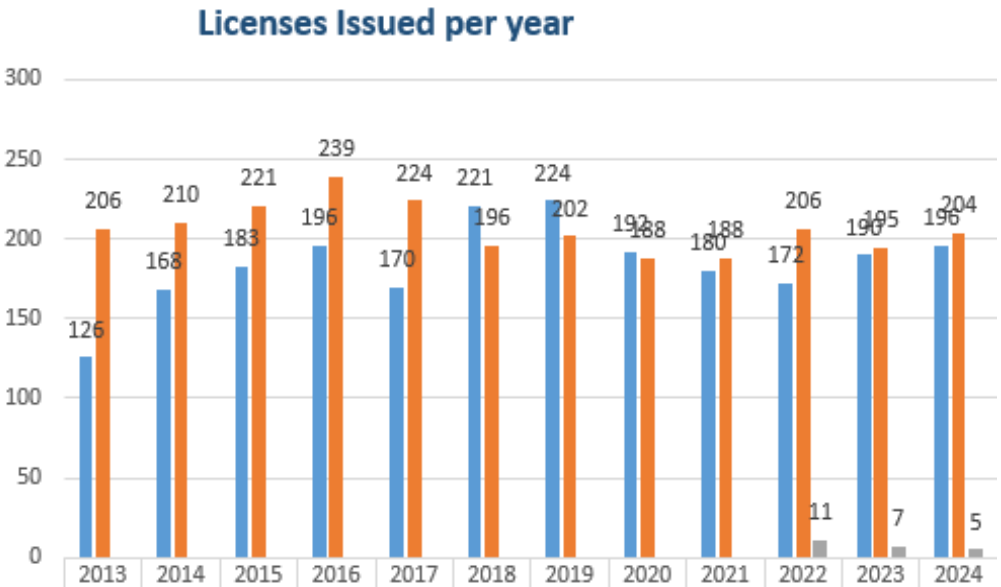
V. **Technology & Processes**
   a. Improve investigation management and archived files
   b. Improve resource efficiencies

PARTNERSHIPS

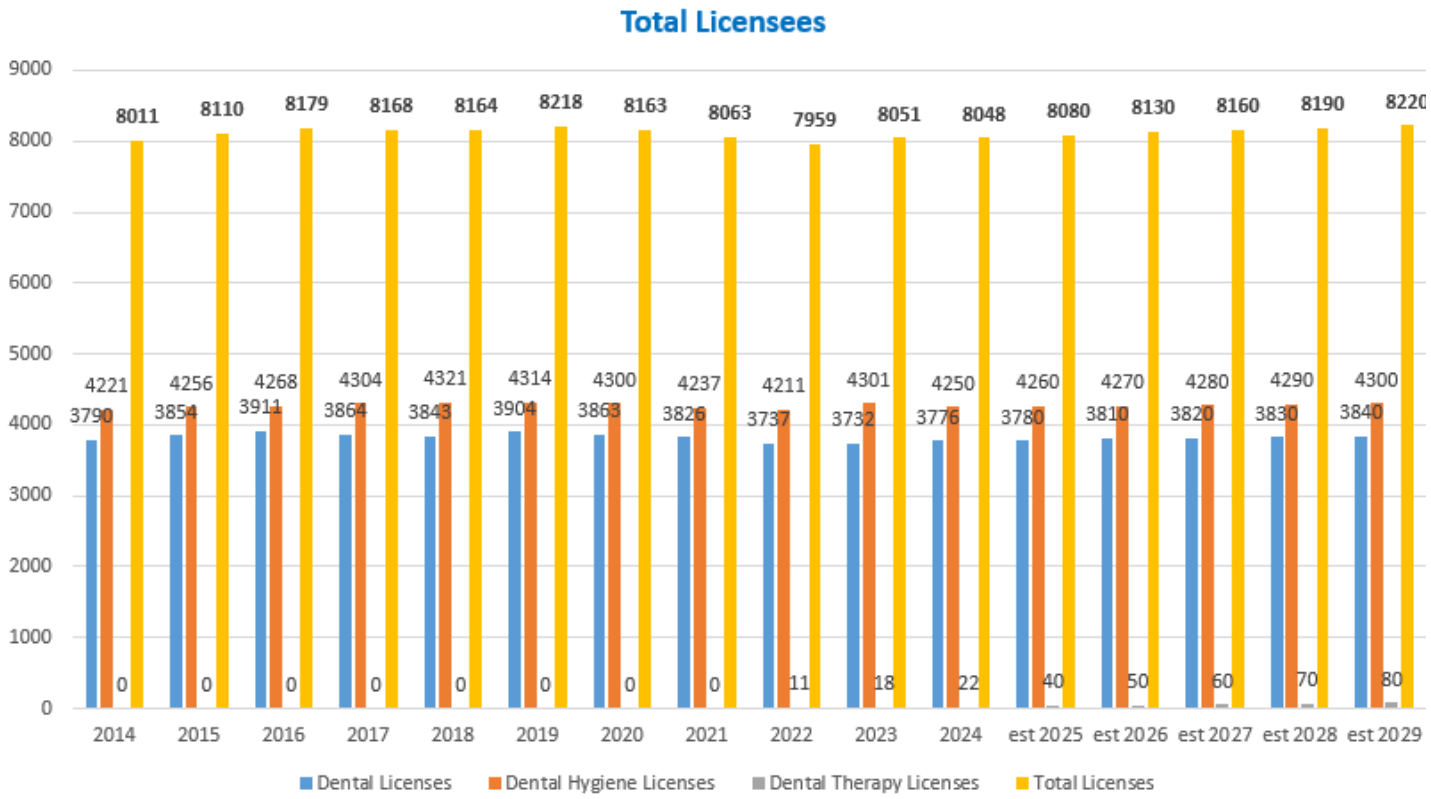
- **Professional Organizations**: Oregon Dental Association, Oregon Dental Hygienists' Association, Oregon Dental Assistants Association, Oregon Academy of General Dentistry, and various dental specialty organizations.
- **Education System**: Oregon Health and Science University, School of Dentistry; Community College Dental Hygiene and Dental Assisting programs; Oregon Department of Education, licensed trade schools and independent educators.
- **Health care regulatory agencies and public health organizations**: Board of Pharmacy, Board of Nursing, Board of Medical Examiners, Board of Denture Technology, dental licensing boards in other states, other health licensing boards, Department of Human Services, Health Services; Oregon Medical Assistance Programs, and local community health programs.
- **Law Enforcement Agencies**: U.S. Drug Enforcement Agency, Federal Bureau of Investigation, Oregon Department of Justice, Medicaid Fraud; local police agencies, etc.
- **National Dental Organizations**: American Dental Association (ADA) American Association of Dental Boards (AADB) & the American Association of Dental Administrators (AADA). The ADA accredits dental schools and dental hygiene and dental assisting programs and conducts regular evaluations of programs to assure compliance with national education standards. The ADA also conducts the written dental and dental hygiene examinations (National Board Examinations) that are recognized by all states for initial licensure. AADB is comprised of state dental boards, dental educators, board administrators and board attorneys. Its focus is on licensing standards for dentists and dental hygienists. This association appoints members to the American Dental Association Council on Dental Education, Commission on Dental Accreditation (CODA) which is responsible for the evaluation and accreditation of dental education programs; and to the Joint Commission on National Dental Examinations which conducts standardized written dental and dental hygiene examinations that are recognized by all fifty states for licensure. This organization maintains a clearinghouse of disciplinary actions issued by State dental boards and disseminates a monthly report to all member agencies.
- **Dental Testing Agencies:** Western Regional Examining Board, American Board of Dental Examiners, Central Regional Dental Testing Service, The Commission on Dental Competency Assessments, Southern Regional Testing Boards, Council of Interstate Testing Agencies, and the Dental Assisting National Board. These organizations conduct examinations for dentists, dental hygienists and dental assistants and are recognized by the Oregon Board for initial qualification for licensure (dentists and dental hygienists), or certification (dental assistants). The Board holds membership in the Western Regional Examining Board and American Board of Dental Examiners. CDCA-WREB-CITA. Dental health professionals seeking initial state licensure and the far-reaching licensure portability of ADEX examinations can now look to one national testing agency for their needs. CDCA-WREB and The Council of Interstate Testing Agencies (CITA), the two agencies currently authorized to administer assessments developed by the

American Board of Dental Examiners (ADEX), announce their intent to combine on August 1, 2022. The new organization will operate as CDCA-WREB-CITA. A CDCA-WREB-CITA combination simplifies the pathways for dental and dental hygiene licensure candidates, schools, and state licensure boards, etc. the dental public. ADEX develops uniform competency assessments that reflect current dental and dental hygiene practices.

- **Federal Reporting Agencies**: National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). The Board is required by Federal law to report disciplinary actions to these two data banks. These national databases facilitate background checks and help licensing boards evaluate the qualifications of practitioners to practice safely. Checks of records of applicants for licensure, or of current licensees applying for renewal, can reveal information that has not been self-reported and which warrants attention by the Board.



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Dental Licenses	126	168	183	196	170	221	224	192	180	172	190	196
Dental Hygiene Licenses	206	210	221	239	224	196	202	188	188	206	195	204
Dental Therapy Licenses										11	7	5



Enforcement & Compliance:

The Board investigates complaints submitted alleging misconduct or unacceptable patient care by Licensees of the Board. Details of complaints are confidential and not available as public information.

If a licensee has been disciplined by the Board, the details of the disciplinary action (but not of the investigation) become public. Approximately 180 complaints are filed with the Board every year. In an average year about 12 - 16% result in disciplinary action being taken.

Board Action - FY	2021	2022	2023	2024
Cases Opened	195	150	213	178
Cases Closed	205	154	170	176
No Violation	46	60	71	67
No Further Action	75	41	40	38
Letter of Concern	60	38	31	47
Discipline	24	22	28	24

Total complaints can ebb and flow each year, but overall have been trending down. The Board has taken meaningful and focused action on fine tuning our protocols and have become very efficient in managing cases from intake through disposition at a board meeting.

Dental Therapists – new licensee to regulate:

At the August 20, 2021 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Committee named the “Dental Therapy Rules Oversight Committee” per ORS 679.280, to create, amend, review and discuss the implementation of dental therapy rules with the passage of HB 2528 (2021). This historic piece of legislation was signed by Governor Kate Brown on July 19, 2021. This new Committee was created because the OBD sought a dedicated and focused group of committee members to draft new dental therapy rules in a deliberate, fair and equitable manner for the OBD to consider.

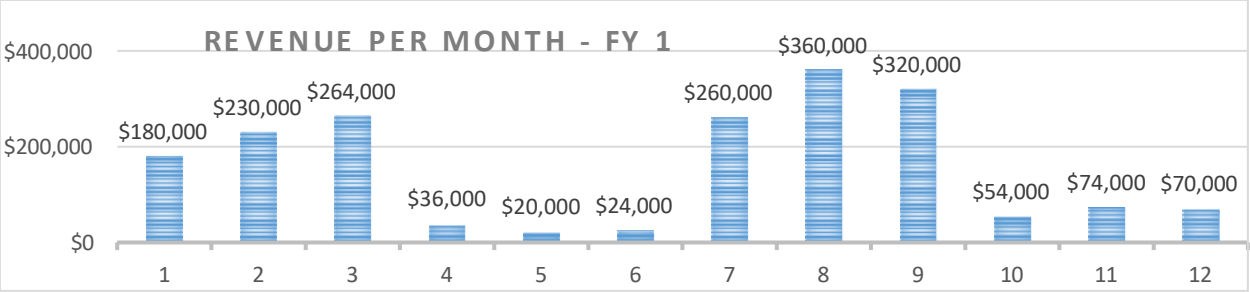
This Committee also considered cost of compliance and racial justice issues as well with the development of these rules. The Dental Therapy Rules Oversight Committee is comprised of three current OBD Board Members, one who will serve as the Chair of the Committee. The Committee includes three Oregon Dental Therapists or educators that educate dental therapists in Oregon. The Committee members must reside or work in Oregon and the OBD President will select the three members if more than three people volunteer to serve on this Committee, The Legislature requires that the OBD adopt rules necessary to administer certain provisions of the new legislation. In adopting rules, the board shall consult with dental therapists and organizations that represent dental therapists in Oregon. The public, dental therapy communities and all interested parties can take part in the implementation of the new dental therapy rules as they will be subject to the OBD’s public rulemaking process.

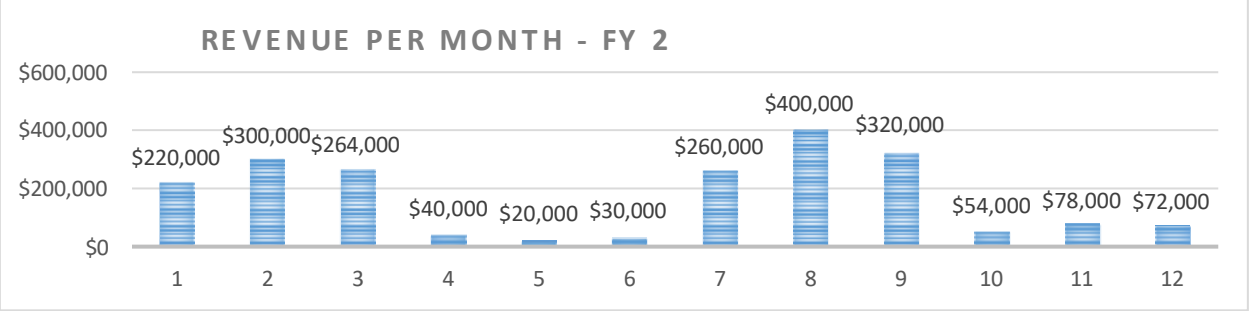
The first dental therapy application for licensure was received in September 2022 and the first license was issued November 1, 2022. As of January 1, 2025 there were 22 licensed dental therapists in Oregon.

Budget summary information:
No significant changes to budget through last 6 years. The total number of licensees and revenue has plateaued, even accounting for Covid-19 pandemic and minor variations in civil penalties collected.

The OBD's main source of revenue is its Licenses with applications, renewals and various permit fees accounting for approximately 95% of the total revenue.

<u>Revenue stream- uneven every year due to Licensees renewing in spring & fall</u>
Every year one half of Oregon's dentists renew their 2-year license between Jan – March 31. Every year one half of Oregon's dental hygienists and dental therapists renew their 2-year license between July – Sept 30. Example of the uneven revenue typically received per Fiscal Year (FY) shown below. The OBD began licensing dental therapists later in fall of 2022 and forecast that it will have a minimal impact on revenue in the current biennium or in the 2025 - 2027 biennium.





Oregon Board of Dentistry		
2025-27 Governor's Request Budget		
Expenses		
Salaries	$	1,500,255
Other Payroll Exp	$	790,378
Travel	$	66,076
Office Expenses	$	103,313
State Gov't Service Charges	$	265,651
Data Process-Support	$	170,267
Professional Services	$	457,636
IT Prof Services	$	171,989
DOJ Atty	$	417,737
Office Lease	$	215,252
Misc Combined	$	401,193
	$	4,559,747

Oregon Board of Dentistry		
2025-27 Governor's Request Budget		
Revenue		
Application & License Renewals	$	4,174,320
Civil Penalties	$	240,000
Charges for Services	$	146,000
Interest Earnings	$	60,000
Other Fees	$	14,000
Other Misc Income	$	9,000
	$	4,643,320

Agency goals for 2025-2027 include:

Implement 2022-2025 Strategic Plan Initiatives and prepare for strategic planning in 2026.

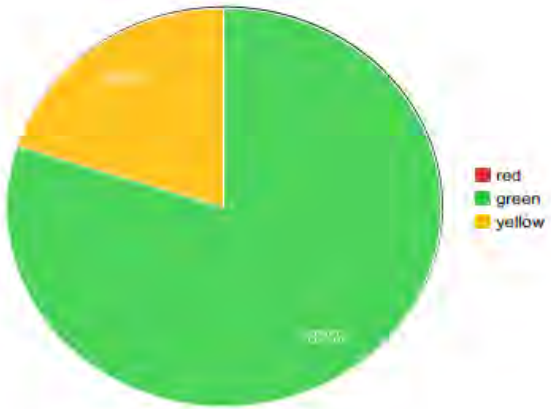
- Continue to promote and encourage participation in the volunteer Dentist/Dental Hygienist program to increase access to quality dental care.
- Collaborate with new members in state government – legislators, governor's office, other agency directors, etc.
- Continue to us OBD/OAGD Mentoring Program as one avenue to resolve disciplinary cases.
- Continue to educate consumers on their options regarding the complaint process, and alternative means of resolving their issues.
- Continue to promote the Oregon Prescription Drug Monitoring Program to all licensees and follow up on those dentists that need to sign up per statutory requirements.
- Utilize the website, newsletter and personal presentations to communicate Board policies and expectations.
- Continue to collect data on the ethnic and racial makeup of licensees and work with policy makers, educators, and students to encourage a representative diversity in the dental workforce.
- Refine participation in the Health Care Workforce Initiative project and new programs to address the issues of health care workforce shortages and access to care
- Promote the Oregon Wellness Program effectively in conjunction with professional associations and others

Agency Workforce Challenges Ahead

- Adhere to Succession Plan – develop staff and cross train
- Adapt to ever-changing conditions and demands
- Persist in the face of challenges and limited resources
- Initiate and plan next steps to replace current Strategic Plan
- Promulgate new rules and address new legislative mandates from current legislative session

Board of Dentistry Annual Performance Progress Report – FY 2024

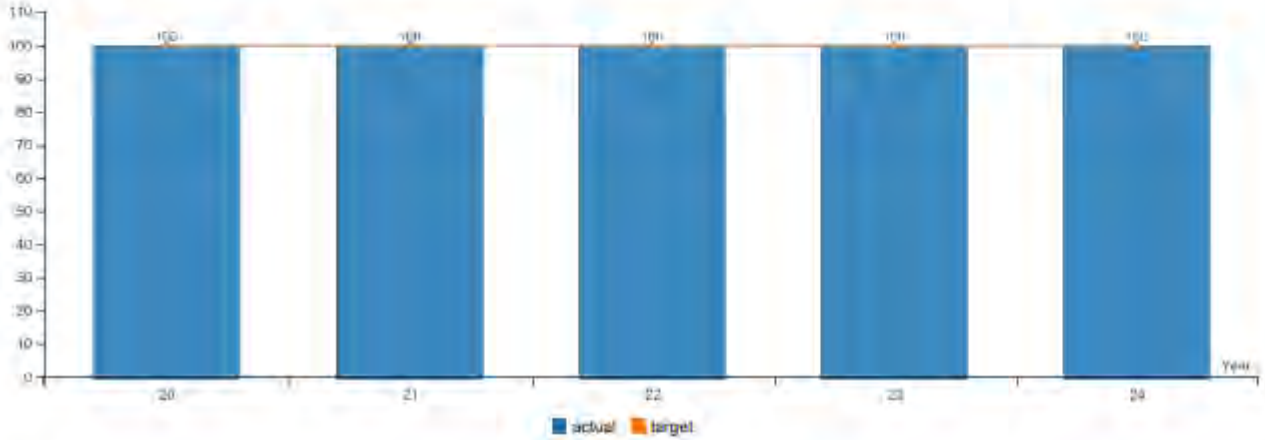
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork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



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

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

** Upward Trend = positive result*



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

How Are We Doing

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

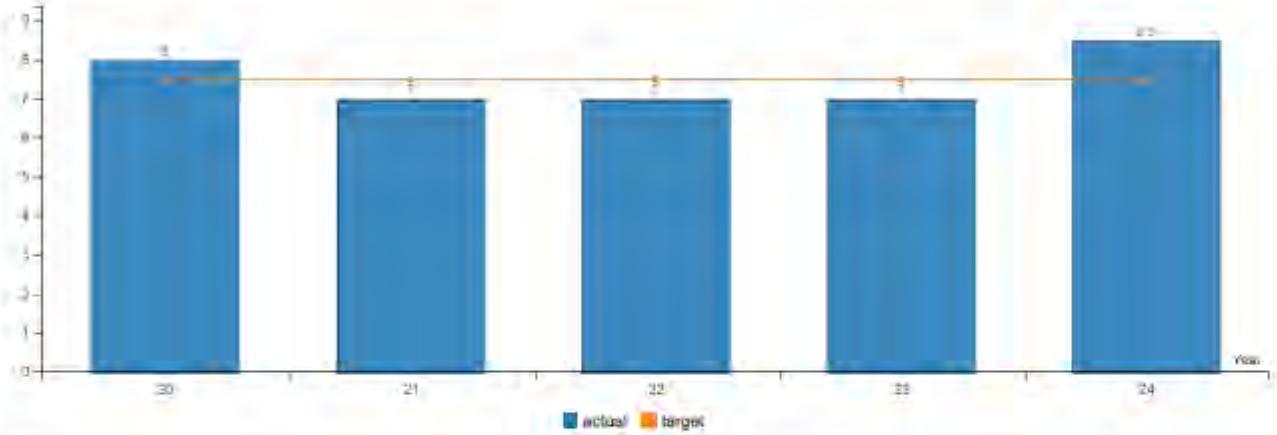
Factors Affecting Results

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

KPM #2 Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.

Data Collection Period: Jul 01 - Jun 30

** Upward Trend = negative result*



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

How Are We Doing

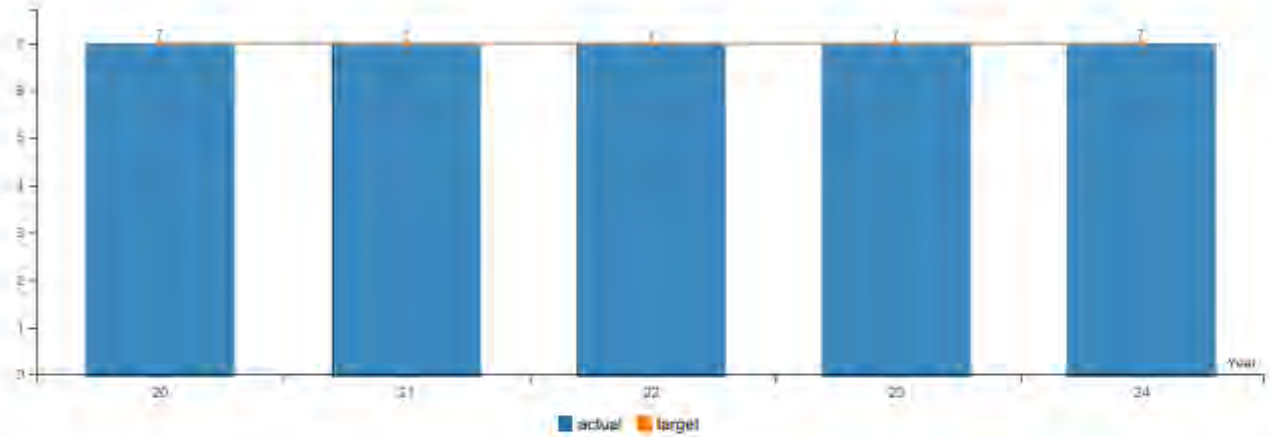
The investigators worked diligently to close the cases and bring forward to the regularly scheduled Board Meetings. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses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

Factors Affecting Results

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

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

** Upward Trend = positive result*



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

How Are We Doing

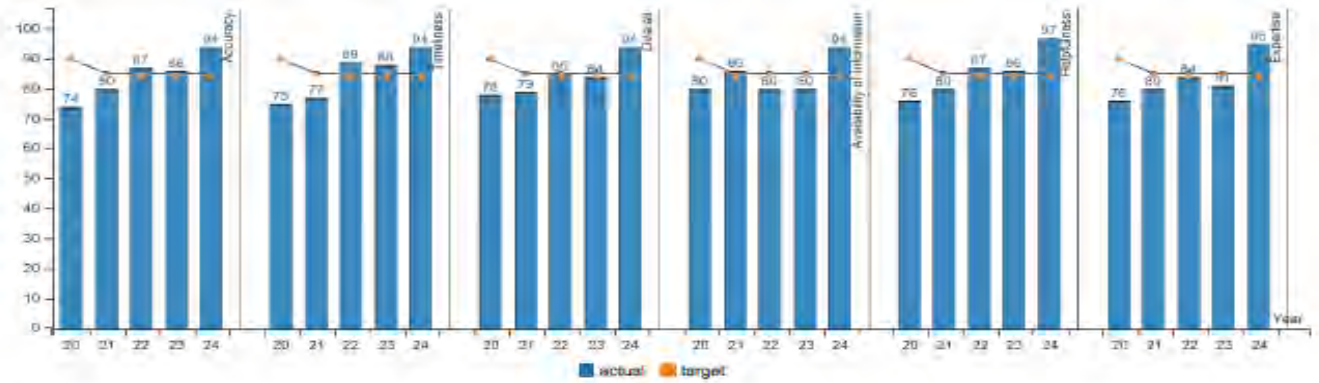
For FY 2024 we accomplished this goal. Although there were delays due to other agencies, schools, states and entities working remotely. Once all required documentation and paperwork is completed via the online portal, then licenses were issued with minimal delay.

Factors Affecting Results

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

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

Data Collection Period: Jul 01 - Jun 30



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

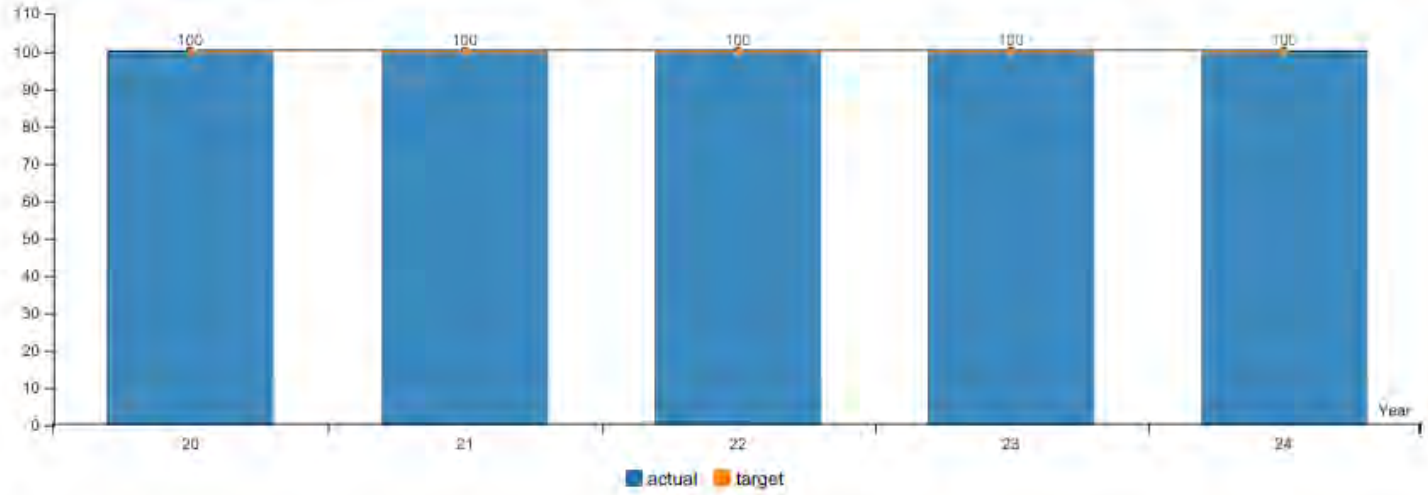
For FY 2024 we accomplished this goal. In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board. The overall results were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

Factors Affecting Results

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

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

** Upward Trend = positive result*



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

How Are We Doing

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

Factors Affecting Results

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

Best Practices Self-Assessment

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

Best Practices Assessment Score Card

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

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

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

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

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

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

Requirements:

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

- Understanding the roles and duties each Board member plays and the executive director: respecting these boundaries and roles.
- Ability to utilize board assigned laptops and technology.

Some next steps may include:

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

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

Board Members typically attend 6 regular board meetings and 2 - 4 committee meetings per year. The Board also undergoes strategic planning every three to four years. All Board Members are required to complete mandatory training which is completed through the state's Workday system. All this work roughly translates to about 120 - 160 hours of work per year. This time commitment may vary for individuals especially at start of service as a new Board Member. Board Meeting packets can sometimes total over 1000 pages for a board meeting.

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

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

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

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

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

Sincerely,
Stephen Prisby
Executive Director

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

A834 Oregon Board of Dentistry

2025-27 Biennium

Contact Person (Name & Phone #): Katy Moreland 971-900-9754

BEX100 AY25 N | November Projections | BDV002A AY27 J (A) | Calculation to right

Updated Other Funds Ending Balances for the 2023-25 and 2025-27 Bienna

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Other Fund Type	**Program Area (SCR)**	**Treasury Fund #/Name**	**Category/Description**	**Constitutional and/or statutory reference**	**2023-25 Ending Balance**		**2025-27 Ending Balance**		**Comments**
					In LAB	**Revised**	**In CSL**	**Revised**	
Limited	83400-001	8340001129 Oregon Board of Dentistry Account	Operations	ORS 679.260	378,309	1,255,234	5,742	272,065	

Objective: **Provide updated Other Funds ending balance information for potential use in the development of the 2025-27 legislatively adopted budget.**

Instructions:

Column (a): Select one of the following: Limited, Nonlimited, Capital Improvement, Capital Construction, Debt Service, or Debt Service Nonlimited.

Column (b): Select the appropriate Summary Cross Reference number and name from those included in the 2023-25 legislatively approved budget. If this changed from previous structures, please note the change in Comments (Column (j)).

Column (c): Select the appropriate, statutorily established Treasury Fund name and account number where fund balance resides. If the official fund or account name is different than the commonly used reference, please include the working title of the fund or account in Column (j).

Column (d): Select one of the following: Operations, Trust Fund, Grant Fund, Investment Pool, Loan Program, or Other. If "Other", please specify. If "Operations", in Comments (Column (j)), specify the number of months the reserve covers, the methodology used to determine the reserve amount, and the minimum need for cash flow purposes.

Column (e): List the Constitutional, Federal, or Statutory references that establishes or limits the use of the funds.

Columns (f) and (h): Use the appropriate, audited amount from the 2023-25 legislatively approved budget and the 2025-27 current service level at Governor's Budget.

Columns (g) and (i): Provide updated ending balances based on revised expenditure patterns or revenue trends. The revised column (i) should assume 2025-27 current service level expenditures, considering the updated 2023-25 ending balance and any updated 2025-27 revenue projections. Do not include adjustments for reduction options that have been submitted. Provide a description of revisions in Comments (Column (j)).

Column (j): **Please note any reasons for significant changes in balances previously reported during the 2023 session.**

Additional Materials: If the revised ending balances (Columns (g) or (i)) reflect a variance greater than 5% or $50,000 from the amounts included in the LAB (Columns (f) or (h)), attach supporting memo or spreadsheet to detail the revised forecast.

Program Prioritization for 2025 -2027

Agency Name: Oregon Board of Dentistry

2025-27 Biennium **Agency Number: 83400**

Agency is One (1) Program Unit

Program/Division Priorities for 2025-27 Biennium

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Priority (ranked with highest priority first)		**Agency Initials**	**Program or Activity Initials**	**Program Unit/Activity Description**	**Identify Key Performance Measure(s)**	**Primary Purpose Program-Activity Code**	**GF**	**LF**	**OF**	**NL-OF**	**FF**	**NL-FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**New or Enhanced Program (Y/N)**	**Included as Reduction Option (Y/N)**	**Legal Req. Code (C, D, FM, FO, S)**	**Legal Citation**	**Explain What is Mandatory (for C, FM, and FO Only)**	**Comments on Proposed Changes to CSL included in Agency Request**
Agcy	**Prgm/ Div**	**OBD**																			
83400		OBD	LIC	1) Process new license applications 2) Renew existing licenses 3) Answer questions from licensees and applicants 4) Work with investigators on problem applications 5) Update database records (addresses, license status, etc.) 6) Develop license policies	1,3,4				700,000				$ 700,000	1	1.50	n	y	S	ORS 676		
83400		OBD	INV	1) Investigate complaints 2) Assist Board in developing remedies 3) Coordinate contested case hearings 4) Monitor licensees under probation 5) Provide required information to national databases 6) Work with License staff on problem applications 7) Perform triage and investigative services for the Health Professionals' Services Program	2,4,5				1,550,000				$ 1,550,000	4	3.00	n	y	S	ORS 676		
83400		OBD	ADM	1) Provide public information through electronic data requests 2) Rules Promulgation 3) Education & Outreach 4) Board member relations 5) Governor's Directives 6) Other Duties as assigned	1,2,3,4,5				1,500,000				$ 1,500,000	3	2.50	n	y	S	ORS 676		
													$ -								
													$ -								
													$ -								
													$ -								
													$ -								
													$ -								
													$ -								
							-	-	3,750,000	-	-	-	$ 3,750,000	8	7.00						

Within each Program/Division area, prioritize each Budget Program Unit (Activities) by detail budget level in ORBITS

Document criteria used to prioritize activities:

Activities were prioritized based on the following criteria:

1) Does the activity fulfill a statutory mandate?

2) Does the activity support the mission of the Oregon Board of Dentistry?

3) Does the activity support the Governor's priorities?

7. Primary Purpose Program/Activity Exists

1 Civil Justice
2 Community Development
3 Consumer Protection
4 Administrative Function
5 Criminal Justice
6 Economic Development
7 Education & Skill Development
8 Emergency Services
9 Environmental Protection
10 Public Health
11 Recreation, Heritage, or Cultural
12 Social Support

19. Legal Requirement Code

C Constitutional
D Debt Service
FM Federal - Mandatory
FO Federal - Optional (once you choose to participate, certain requirements exist)
S Statutory

Agency Name (Acronym) **OBD**

2025-27 Biennium **Dentistry**

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)		Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
Dept	Prgm/ Div														
Admin/E		8340001 129/Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Travel for meetings			50,000				$50,000				Reduce all out of State Travel and limit in state Travel as well. Board member reimbursement for travel and necessary Salem visits would still be budgeted for with this reduction. The reduction would rish the OBD not being up to date with regulatory information and issues that are impacting the U.S.
Office S		8340001 129/Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Office Supplies.			15,000				$15,000				Reduce the purchase of all office supplies by. No Positions would be reduced
Admin		8340001 129/Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Attorney General Support			140,000				$140,000				This Reduction would increase the board's risk of not being responsive to legal issues, not seeking appropriate interpretation of statutes and rules, and would affect prosecution of contested cases hearings. reduced attorney time for the agency would limit the board's ability to seek preventive legal advice thus raising the risk of increased legal issues at a later time. No positions would be reduced.
Admin/E		8340001 129/Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Overtime			6,000				$6,000				This Reduction would impact work and outcomes of the agency. Overtime is used selectively to enbsure priority work is completed in a timely basis.
Admin/E		8340001 129/Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Office Support by 1 FTE Admins			180,000				$180,000		1		This Reduction would increase the board's risk of not being responsive to a variety of board issues and negatively impact the day to day operations of the board and public perception of the board.Reduce Full time employment of office specialist to 0 hrs per week.
Enforce		8340001 129/Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Investigator 2 role to .75 FTE			66,000				$66,000		0.25		This Reduction would increase the board's risk of not being responsive to a variety of board issues and negatively impact the day to day operations of the board and public perception of the board.Reduce Full time employment of Investigator 2 to 30 hrs per week.
											$ -				
											$ -				

Agency Name (Acronym) **OBD**

2025-27 Biennium **Dentistry**

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)		**Agency**	**SCR or Activity Initials**	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**NL-OF**	**FF**	**NL-FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Used in Gov. Budget Yes / No**	**Impact of Reduction on Services and Outcomes**
Dept	**Prgm/ Div**														
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
											$ -				
				TOTAL	**-**	**-**	**457,000**	**-**	**-**	**-**	**$ 457,000**	**0**	**1.25**		

Target (10%)

Difference $ 457,000

Agency Name (Acronym) **OBD**
2025-27 Biennium **Dentistry**

No Vacancies to report OBD

Long-term vacancies as of December 31, 2024

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Agency	**SCR**	**DCR**	**Pos No**	**Position Class Comp**		**Position Title**	**Pos Type**	**GF Fund Split**	**LF Fund Split**	**OF Fund Split**	**FF Fund Split**	**FTE**	**2025-27 GF PS Total**	**2025-27 LF PS Total**	**2025-27 OF PS Total**	**2025-27 FF PS Total**	**2025-27 Total Bien PS BUDGET**	**Vacant Date**	**Position eliminated in GRB? Y/N**	**Reason for vacancy**
OBD	83400-001	8340001129 Oregon Board of Dentistry Account										-					-			
												-					-			
												-					-			
												-					-			
												-					-			
												-					-			
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												-					-			
						TOTAL		**0.00**	**0.00**	**0.00**	**0.00**	**-**	**0**	**0**	**0**	**0**	**0**			

February 18, 2025

900 Court Street NE
Salem, OR 97301

Dear Members of Joint Committee On Ways and Means,

I am writing to express my strong support for the proposed budget for the Oregon Board of Dentistry and increased licensure fees. I understand personally from my experience operating a dental practice the challenges of having increased costs and flat revenue, just as the Board of Dentistry does. Further, I recognize the essential role the Board plays in ensuring the safety and well-being of Oregon residents by regulating and overseeing the practice of dentistry in the state and the need to maintain funding for these essential services.

The Oregon Board of Dentistry is responsible for upholding high standards of practice, ensuring patient safety, and providing the necessary oversight for professionals in the dental field. The work they do includes licensing, continuing education, and the investigation of complaints related to dental practices, and supporting the wellness of the dentist in Oregon—functions that directly contribute to maintaining the integrity of our healthcare system.

The proposed increase of fees and allocation of adequate funding to the Board is essential for the continued regulation of dental practices and the protection of public health. It is also crucial for advancing new initiatives such as the Dental Assistants Workforce Shortage Committee and the Oregon Wellness Program. With ongoing advancements in dental care, the Board must have adequate resources to adapt and respond to emerging challenges, including workforce shortages, maintaining rigorous standards for dental education and professional conduct, and ensuring that all practices meet the highest levels of care.

By supporting the Oregon Board of Dentistry's budget, you are making an investment in the health and safety of Oregonians and in the integrity of the dental profession. I urge you to approve the full funding request to ensure the continued success of the Board's essential work.

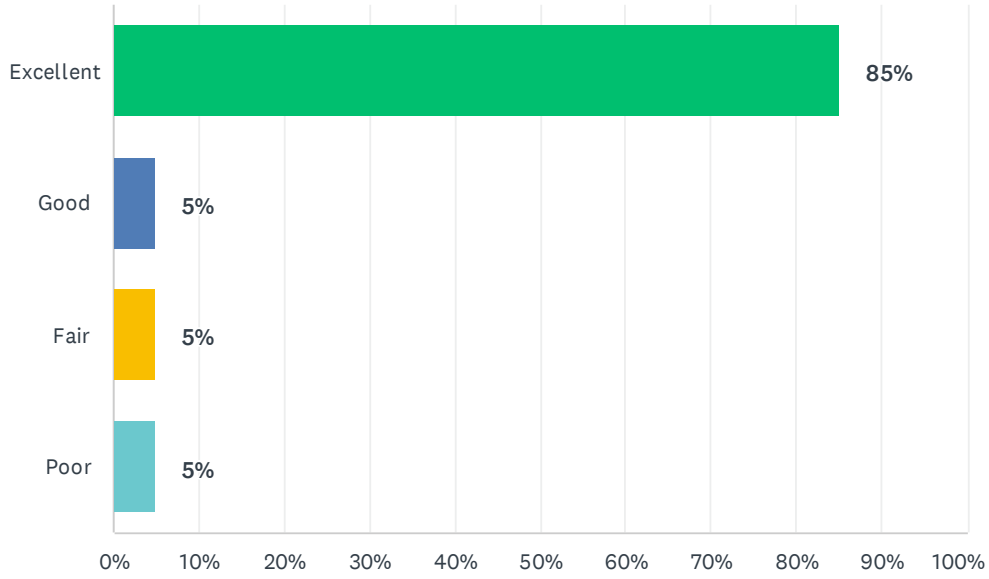
Thank you for considering this important matter, and for your continued commitment to the health of all Oregonians.

Sincerely,

Caroline Zeller, DDS
President, Oregon Dental Association

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

Answered: 20 Skipped: 0

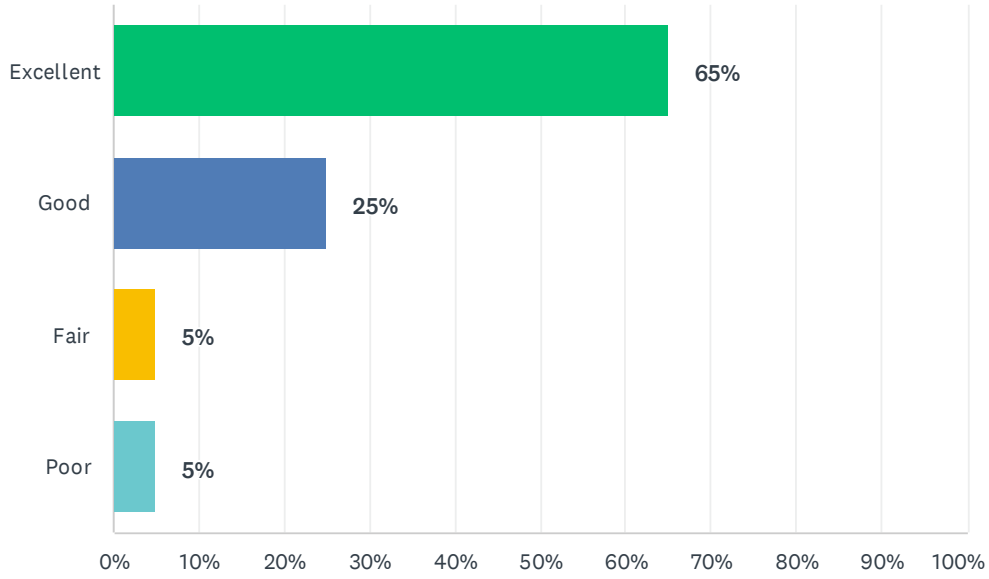


ANSWER CHOICES	RESPONSES	
Excellent	85%	17
Good	5%	1
Fair	5%	1
Poor	5%	1
TOTAL		20

Attachment #4

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

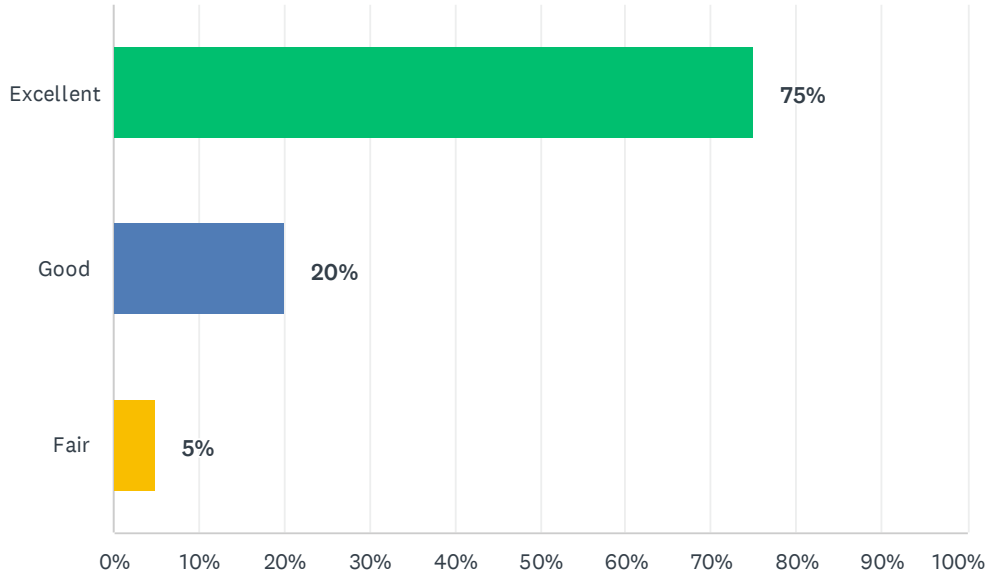
Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	65%	13
Good	25%	5
Fair	5%	1
Poor	5%	1
TOTAL		20

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

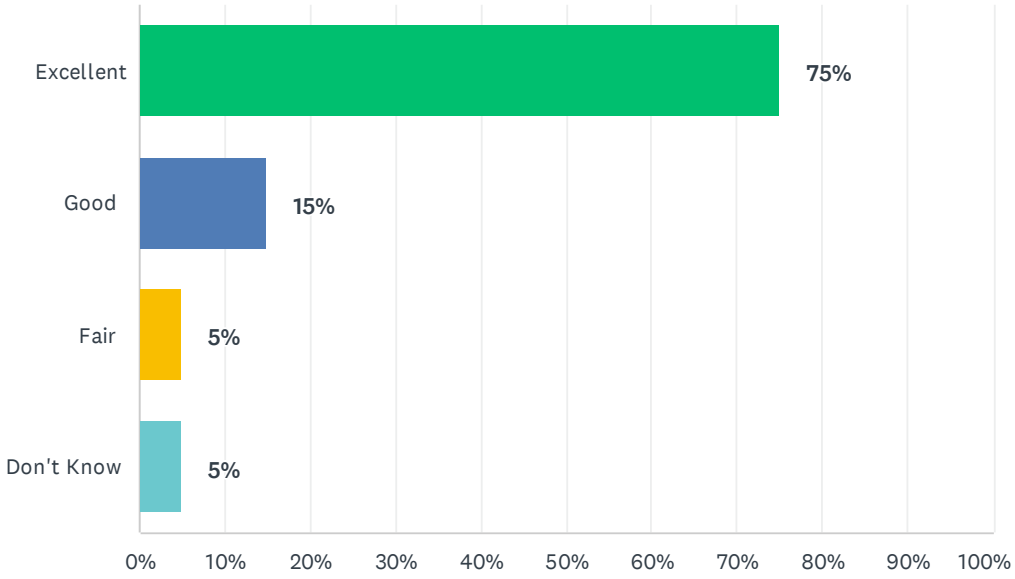
Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	75%	15
Good	20%	4
Fair	5%	1
TOTAL		20

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

Answered: 20 Skipped: 0

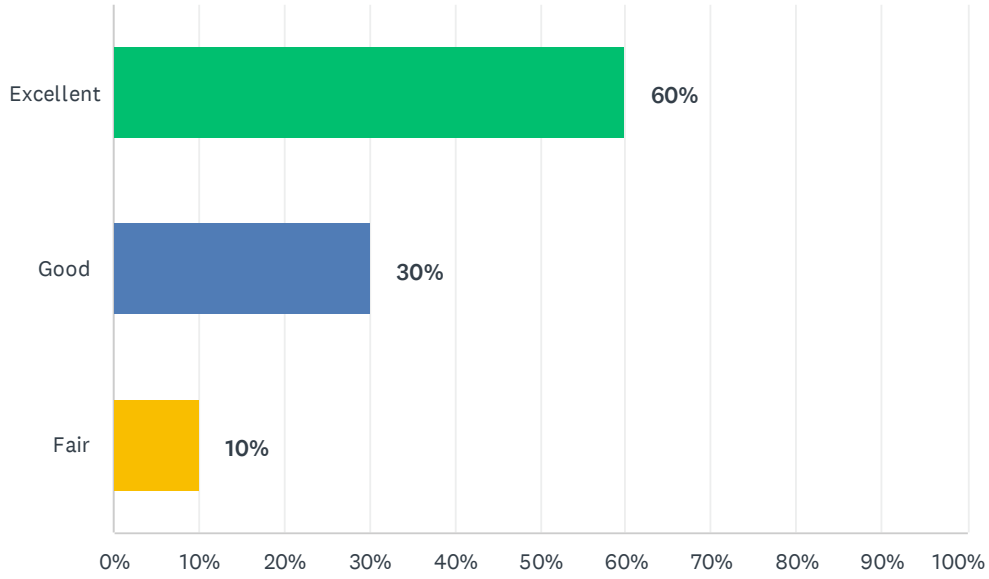


ANSWER CHOICES	RESPONSES	
Excellent	75%	15
Good	15%	3
Fair	5%	1
Don't Know	5%	1
TOTAL		20

Attachment #4

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

Answered: 20 Skipped: 0

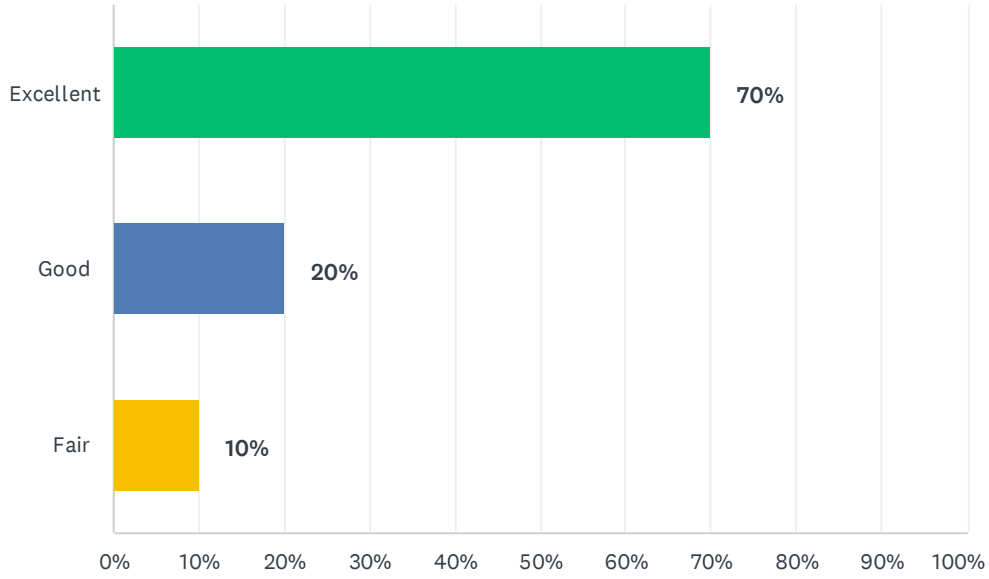


ANSWER CHOICES	RESPONSES	
Excellent	60%	12
Good	30%	6
Fair	10%	2
TOTAL		20

Attachment #4

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

Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	70%	14
Good	20%	4
Fair	10%	2
TOTAL		20

Attachment #4

DRAFT

OREGON BOARD OF DENTISTRY

POLICY 834-413-0099

Customer Service Policy

POLICY STATEMENT

This policy supports the Oregon Board of Dentistry (OBD) in promoting trust in Oregon state government and elevating quality customer service in daily OBD operations and planning through accessible, timely, and responsive customer service.

The purpose of this policy is to:

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

APPLICABILITY

This policy applies to all staff or temporary employees of the OBD.

DEFINITIONS

Customer: Any individual who interacts with the OBD internally or externally.

Customer Facing: State occupied location open to the public.

Customer Service: Timely, accessible, equitable, and responsive support-based interactions between OBD and customers.

POLICY

This policy has been submitted to the Department of Administrative services, with OBD customer service KPM's, for review prior to implementation.

Professional Workplace

The OBD shall ensure all communication are respectful and professional and supports the values and mission of Oregon state government and the OBD.

Inclusive Customer Access

OBD shall provide inclusive customer access by complying with:

- The Americans with Disabilities Act (ADA).
- Enterprise Information Systems' (EIS) E-Government Guidance.
- OBD policy and practice on use of language interpretation for individual communication.
- Offering universal communication preferences for all customers by making phone, video calls, email, and web form submissions available when possible.

OBD with customer facing offices shall establish minimum operating hours. Factors to consider include:

- Staff and resources available.
- OBD key performance measures.
- Licensee & Community needs.

The OBD shall post customer service contact information on OBD website. OBD contact information shall include customer service phone numbers, office locations, walk-in service locations, mailing addresses, hours of operation, and instruction on how to schedule an appointment. OBD shall post any scheduled closures deviating from an OBD's posted hours of operation on all OBD communication channels in advance of the closure, including voicemail, website, social media accounts, and shared through a media advisory. For unplanned closures, OBD shall follow the DAS policy on Temporary Interruption of Employment 60.015.01.

The OBD website will be as accessible as possible and kept up to date with relevant information. All email addresses listed on a website must be active and responded to as outlined below. OBD service levels must be posted on the OBD website.

Responsiveness

OBD employees shall, at a minimum, acknowledge receipt of voicemail, text messages, and email (including web messages if applicable) within one business day. Employees unable to reply within this timeframe shall update their email autoreply with details about when the employee will return and an alternate contact name, phone, and email of who can provide responsive assistance while the employee is not available.

Agency employees shall, at a minimum, acknowledge receipt of voicemail, text message, and email (including web messages, if applicable) within one business day. Employees unable to reply within this timeframe due to absence shall update their voicemail greeting and email autoreply with details about their return and an alternate contact name, phone and email of who can provide responsive assistance while the employee is not available.

This does not include phishing, spam, harassing, nonsensical, offensive, or threatening emails or phone calls. No OBD Staff shall feel obligated to respond or engage with people that communicate in any of those ways.

- Phishing: A social engineering attack using email or a messaging service to send messages intended to trick or deceive individuals into taking action such as clicking on a link, opening an attachment or providing information.
- Spam: The abuse of electronic messaging systems to indiscriminately send unsolicited bulk messages.

Peak email and call times during license renewal periods will require an automated email response to ensure each email was acknowledged as hundreds of emails cannot be manually responded to along with other pressing work and demands on a small staff. In addition, there will be times when the telephone needs to go to voice mail due to the volume of calls or the availability of staff. Staff may also be unavailable during board and committee meetings, strategic planning sessions and other important meetings.

Mail

The OBD shall routinely review mail procedures to ensure all paper mail is opened, routed, and acted upon timely, as determined by OBD. The minimum expectation is that US mail received by 2 pm, shall be opened, date stamped and distributed that work day. US Mail shall be processed in a timely manner, and it shall be a priority every day. All outgoing US Mail will be dropped off in the US Post Office outgoing containers daily.

ODB General Email Box
The information@obd.oregon.gov email will be managed and monitored every work day.

Out of Office Auto Messages
All OBD Staff will incorporate uniform components in their automatic replies on email when they are out of office or not responding to emails the next business day or for a planned absence. The generic response shall be similar to this:

"Thank you for your email. I am unavailable and will respond to emails on [Jan 4.] If you need more timely assistance please email the OBD at information@obd.oregon.gov or call the OBD during regular business hours at 971-673-3200. Thank you [Jane Tooth, Investigator]"

The OBD shall establish service level goals for response times. Factors to consider include:

- Staff and resources available.
- OBD key performance measures.
- Complexity of work.
- Accessibility and cultural and linguistic responsiveness.
- Nature of work (i.e. renewal periods).

Customer Service Strategy
The OBD shall develop, document, and maintain a customer service strategy. The strategy shall be incorporated in the next and future OBD strategic plans and shall include:

- Service level goals based on customer feedback received through means such as surveys.
- Data analytics and reporting capabilities to support data-driven decisions.
- Identification of self-service and accessible tools so customers can more readily answer their own questions.
- Identification of root causes of calls and emails and plans to resolve identified issues.
- Communication channels including self-service options when appropriate, while not eliminating live assistance or equitable access.
- Continuous improvement processes to ensure that service delivery is keeping pace with customer expectations and available technology.

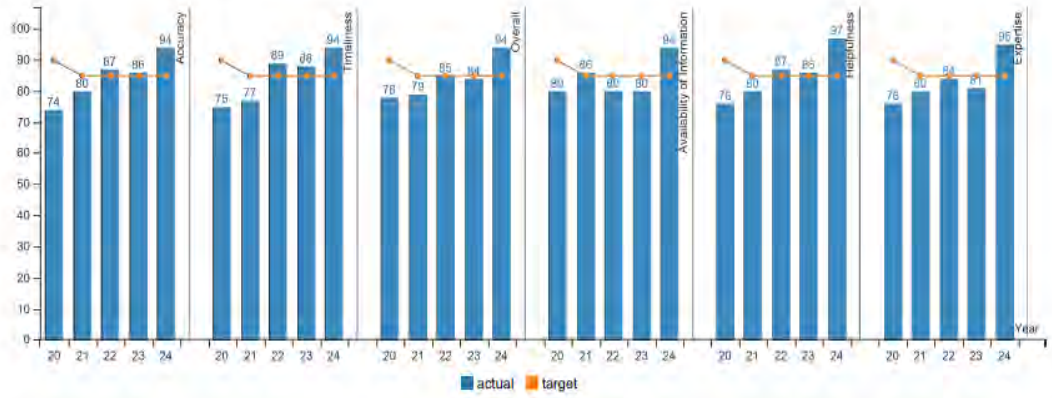
Policy Review
The OBD will ensure every new employee has read OBD's Customer Service Policy and acknowledges it when they begin employment with the OBD, within 30 days of their start date.
The OBD will review customer service survey data at every board meeting, and compare to the results to Legislative mandated OBD KPM customer service goals.
Annually, all OBD Staff will be encouraged to complete Workday Customer Service Training.
Annually, all OBD Staff will review the OBD's FY annual performance progress report which has the customer service survey data compiled in it.
Annually, the KPM Customer Service Survey Results will be updated with most recent year's results.

The OBD's legislatively mandated Key Performance Measures (KPM) includes the Customer Service Survey (which is included with past data on the next page).

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

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

Data Collection Period: Jul 01 - Jun 30



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

Oregon
Tina Kotek, Governor

Oregon State Police
Headquarters
3565 Trelstad Ave Se
Salem, Oregon 97317
503-378-3720
503-378-8282 Fax
503-585-1452 TTY

December 5, 2024

Oregon Board of Dentistry
ATTN: Stephen Prisby
1500 SW 1st AVE, STE 770
Portland, OR 97201

LEDS/NCIC Triennial System Audit Findings – ORI OR0260BD0

The Department of State Police is designated as Oregon's CJIS Systems Agency (CSA). As such, the department is responsible to administer the Law Enforcement Data System (LEDS) and manage access to information within the National Crime Information Center (NCIC). The LEDS Audit section is tasked with ensuring each agency with access to these systems is in compliance with LEDS and NCIC policy as well as the CJIS Security Policy, which provides Criminal Justice Agencies (CJA) and Noncriminal Justice Agencies (NCJA) with a minimum set of security requirements for access to Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Division systems and information and to protect and safeguard Criminal Justice Information (CJI).

On July 31st, 2024, we conducted an audit of your agency's compliance with LEDS and NCIC requirements. The audit also included reviewing your agency's policy and procedures in the areas of administration, training, security, quality control, record maintenance and access to and use of criminal history information. The Oregon Board of Dentistry was found to be in compliance.

A copy of the questionnaire completed within CJIS Audit is attached that provides information on all areas covered during the audit. I would like to thank you for your assistance and cooperation throughout this process. Please contact me at 503-934-2155 or by email at sierra.kendall@osp.oregon.gov if you have any questions.

Sierra Kendall

Sierra Kendall, LEDS Auditor
OSP CJIS Division

OREGON AGENCY EXPECTATIONS

Progress Report

Covering July 1, 2024 – Sept. 30, 2024

Dec. 31, 2024

Office of Strategic Initiatives and Enterprise Accountability
oregon.gov/das/pages/accountability.aspx

DAS
DEPARTMENT OF ADMINISTRATIVE SERVICES

Attachment #7

Table of Contents

Introduction

In January 2023, Oregon Governor Kotek outlined 11 expectations for state government agency operations. This report aims to update on progress made in meeting expectations July – September 2024. This—the seventh quarterly progress report—updates five of the 11 measures.[1] It details the actions agencies have taken to meet expectations and report performance data. Agencies made the following progress:

Agency Emergency Preparedness Plans Score High: **78%** of agencies submitted complete Continuity of Operations Plans on time.

Affirmative Action Reporting on Track: **99%** of agencies reported their efforts.

Performance Feedback Stays Steady: **83%** of agencies completed at least 90% of required employee check-ins. Statewide, 95% of all check-ins were completed.

Recruitment Continues to Improve Significantly Since Early 2023

- **Hiring takes two fewer weeks** on average since reporting began.
- Agencies have **14% fewer vacant positions** even as total positions grew 8%.

	2023 Baseline	2024 Q3	Chg.	%
Days to fill	79	**63**	-16	-20%
Total positions	42,310	45,573	3,263	+8%
# Vacant	6,217	5,369	-848	-14%
% Vacant	14.7%	**11.8%**	-2.9%	
% Vacant >6mo	*6.7%*	***5.6%***	*-1.1%*	

Mixed Progress on Completing **Required Trainings**

- Customer Service: **99%** (increase from 98%)
- Foundational for Managers: **73%** (decrease from 84%)
- Performance Accountability & Feedback: **95%** (increase from 86%)
- New Employee Orientations: **76%** (increase from 67%)
- Uplift Your Benefits: **91%** (decrease from 93%)

[1] The first five reports are available on the DAS Strategic Initiatives and Enterprise Accountability website.

Measures Covered in this Report

Agency Emergency Preparedness

All agencies annually update a Continuity of Operations Plan (COOP). *Objectives: Agencies have plans to preserve essential functions across emergencies.*

Diversity Equity and Inclusion

All agencies report Affirmative Action progress every even numbered year. *Objectives: Agencies reaffirm Oregon's commitment to prioritize equity work.*

Performance Feedback for Employees

All agencies complete 90% or more manager/employee performance feedback check-ins required each quarter. *Objectives: Employees receive regular feedback from managers, who are equipped to assess performance and support staff they manage.*[2]

Agency Hiring Practices

Agencies maintain an average of 50 or fewer days to complete open competitive recruitments[3] and actively manage vacancies, reporting quarterly the reason for each. *Objectives: Agencies are competitive with other employers for top candidates. (Hiring longer than 50 days risks losing top candidates, and agencies can often control delays.)*

Developing New Employees and Managers

All agencies have an orientation that 100% of new employees attend within 60 days. *Objectives: Employees are welcomed, informed and prepared to start work.*

All new employees complete Customer Service training within 60 days of hire. *Objectives: New employees align with and provide excellent service to customers.*

All new managers complete the Foundational Training Program. *Objectives: New managers are prepared to effectively manage.*

All new state employees complete Uplift Your Benefits within 14 days of hire. *Objectives: Employees understand offerings, resources and value of benefits package.*

All new managers complete employee feedback training within 30 days of hire. *Objectives: Employees and managers find performance process effective and valuable.*

---

[2] According to the statewide values and competencies.

[3] After the Legislature grants positions or after they become vacant.

Agency Emergency Preparedness

Executive Branch agencies were required to submit an annual update to their continuity of operations plans (COOP) by Sept. 30, 2024, covering at least 80% of core elements outlined by the Oregon Department of Emergency Management (OEM).

Percent of agencies meeting the expectation: 78%.

Of 77 required agencies:

- Percentage submitted by the deadline: 82%
- Percentage submitted after the deadline: 9%
- Rate of COOP completeness:
    - COOP contains at least 80% of OEM elements: 78% (60 agencies)
    - COOP contains all (100%) of OEM elements: 19% (15 agencies)

While agencies have made progress, specific areas need focused attention to strengthen preparedness. Agency plans most frequently lacked the following key elements:

- Risk assessment/business impact analysis (63% were missing this element)
- Devolution organization (62% were missing this element)
- Trainings and exercises conducted (37% were missing this element)
- Essential function recovery time (35% were missing this element)

Agencies identified common challenges, such as limited staff capacity for COOP-related activities, reliance on limited communication methods, and lack of leadership support for COOP initiatives. Since October 2023, OEM developed and facilitated 15 COOP-related trainings and Q&A sessions as resources for state agencies and local jurisdictions. Organizations made the following additional requests of DAS and OEM:

- Develop a community of practice.
- Offer COOP training designed for leadership.
- Offer more COOP training at all experience levels.
- Provide more individualized training.
- Assist agencies in planning COOP trainings (OEM).
- Create guidance document(s) to be inserted into the COOP plans of the agencies that rely on DAS for various functions (DAS).

Based on these requests for thoughtful, well planned, and intentional training, OEM will work in 2025 to develop and deliver appropriate training, foster a community of practice, and develop hybrid alternate facility models to address COOP gaps. OEM will prioritize leadership training and adaptable communication strategies to support agencies in overcoming current challenges and achieving greater continuity readiness.

Diversity, Equity, Inclusion and Belonging

In 2022, Executive Order 22-11 was issued, reaffirming Oregon's commitment to prioritize Affirmative Action through equity work. All Executive Branch agencies are required to report their Affirmative Action progress every even-numbered year.

Percent of agencies meeting the expectation: 99%.

The Affirmative Action Plan (AAP) is an implementation document that supports an agency's DEI Action Plan. While a DEI Action Plan outlines how an agency aims to create a workplace or educational environment where individuals from diverse backgrounds are valued, included, and have equal opportunities for success, an AAP outlines the agency's workforce demographic data and the actions it will take to attract, recruit and retain underrepresented people.

As of 11/1/2024:

- Number of agencies submitting a plan[4] by Aug. 30, 2024: 67
- Number of agencies submitting after Aug. 30: 16
- Agencies in progress[5]: 3
- Agencies that did not submit: 1

[4] An Affirmative Action Plan or a combined AA/DEI Plan.

[5] Did not submit a plan but are communicating with the AA Manager and working toward submission

Performance Feedback for Employees

Oregon state government has moved from a yearly performance management process to the Performance Accountability and Feedback (PAF) model, which requires managers to conduct quarterly check-ins with their employees. Executive Branch agencies are expected to maintain a 90% or higher quarterly check-in completion rate.

Percent of agencies meeting the expectation: 83%.

This report covers check-ins documented by managers in October 2024 for employee performance as observed between July 1 and Sept. 30, 2024.

- Check-ins completed: 95% (30,958 out of 32,569 required check-ins).
- Agencies completing 90% or more check-ins: 83% (53 of 64 agencies with required check-ins).
- Agencies completing between 80% and 90% of check-ins: 5% (3 of 64 agencies).
- Agencies completing fewer than 80% of check-ins: 13% (8 of 64 agencies):
    - Board of Nursing[6]
    - Department of Veteran's Affairs[6]
    - Land Conservation and Development Department
    - Oregon Government Ethics Commission[6]
    - State Board of Licensed Social Workers
    - State Board of Massage Therapists[6]
    - State Mortuary and Cemetery Board
    - Tax Practitioners Board

The DAS Chief Human Resources Office has begun to engage with agencies that fall below 80% compliance to assist with PAF procedures, and it will continue to monitor and engage with these agencies each quarter.

[6] Also completed fewer than 80% of check-ins in previous quarter

Agency Hiring Practices

Time to Fill Positions

Agencies are expected to fill positions in 50 or fewer days on average. DAS analyzes Workday recruiting data, calculating time to fill from the date a job announcement is posted to the date when a candidate completes acceptance of a job offer. Time to fill includes Executive Branch agencies and does not include atypical requisitions.[7]

Positions were filled in 63 days on average in Q3 2024.

Proactive measures such as forecasting recruitment timelines, sourcing and outreach to job seekers, and expediting interviews, reference checks and job offers continue to accelerate the process. The Average Time to Fill table shows statewide average time to fill over the last six quarters, as well as how many agencies filled positions in 50 or fewer days on average.

Year	Quarter	Statewide avg. time to fill	# of agencies hiring	# of agencies ≤ 50-days	% of agencies ≤ 50-days
2023	Q1: Jan-Mar	79 days	49	4	8%
	Q2: Apr-Jun	74 days	49	15	31%
	Q3: July-Sept	75 days	55	23	42%
	Q4: Oct- Dec	68 days	52	17	33%
2024	Q1: Jan-Mar	68 days	46	16	35%
	Q2: Apr-June	67 days	46	17	37%
	Q3: July-Sept	**63 days**	**44**	**23**	**52%**

Vacancy Rates

The vacancy rate for Q3 2024 decreased to 11.8%.

Agencies are required to report vacancy rates on a quarterly basis. DAS reviews vacancy reports through Workday to analyze total vacancies. To align with reporting presented to the Legislature, vacancies open for six months or longer are also shown.[8] Efforts to reduce time to fill positions also reduces vacancy rates. The 11.8% Q3 2024 vacancy rate is a significant decrease from 18.4% at the start of 2023.

Year	Quarter	Total positions	# vacant	% vacant	# vacant >6mo	% vacant >6mo
2023	Q2: Apr-Jun	42,310	6,217	14.7%	2,837	6.7%
	Q3: July-Sept	43,096	5,865	13.5%	2,056	5.1%
	Q4: Oct- Dec	43,891	5,732	13.0%	2,238	5.2%
2024	Q1: Jan-Mar	44,429	5,853	13.2%	2,325	5.2%
	Q2: Apr-June	44,653	5,773	12.9%	2,634	6.2%
	Q3: July-Sept	**45,573**	**5,369**	**11.8%**	**2,560**	**5.6%**

[7] For further details, see the Time to Fill FAQs.

[8] In previous reports, the data for vacancies open longer than six months inadvertently included Legislature and Judicial. The "Vacant >6 mo" data in the vacancy table now reflects only Executive Branch data.

Developing New Employees and Managers

New Employee Orientation

The enterprise achieved 76% compliance.

New Employee Orientation (NEO) is automatically assigned to all new hires of the Executive Branch and to employees who transfer from another agency, including semi-independent agencies, regardless of branch. The expectation is that 100% of all new employees complete the training within 60 days of hire.

Of the 1,346 new employees hired July 1 through Sept. 30, 2024:

- Employees completing the training within 60 days of hire: 711.
- Employees not completing the training within 60 days of hire: 192.
- Employees still within 60 days of hire: 415.

Customer Service Training

The enterprise achieved 99% compliance.

The online self-paced customer service course is automatically assigned to all new hires of the Executive Branch and to employees who transfer from another agency, including semi-independent agencies, regardless of branch. The expectation is that 100% of all new employees complete the training within 60 days of hire.

Of the 1,157 new employees hired July 1 through Sept. 30, 2024:

- Employees completing the training within 60 days of hire: 1,099.
- Employees not completing the training within 60 days of hire: 14.
- Employees still within 60 days of hire: 44.

Foundational Training Program

The enterprise achieved 73% compliance.

The Foundational Training Program is automatically assigned to all managers new or newly promoted to a supervisory position. The expectation is that 100% of new managers complete the program within four months of their position start date.

Of the 256 new managers hired April 1 through Sept. 30, 2024:[9]

- Managers completing the training within four months of hire: 100.
- Managers not completing the training withing four months of hire: 37.
- Managers still within four months of hire: 119.

[9] Effective this report, the data measurement period is widened to six months to more completely capture new manager training completions within four months of hire. As noted in the June 30, 2024 Progress Report, an adjustment to this expectation went into effect April 1, 2024 such that new managers must complete the Foundational Training Program within four months of their position start date.

Uplift Your Benefits

The enterprise achieved 91% compliance.

All employees new to state service are assigned an Uplift Your Benefits workshop.

Of 1,150 new employees who were hired July 1 through Sept. 30, 2024:

- Employees completing the workshop within 30 days of hire: 985.
- Employees not completing the workshop within 30 days of hire: 93.
- Employees still within 30 days of hire: 72.

Uplift has planned additional strategies to support new employee attendance:

- Engage with agencies that are below 80% to see what systems or onboarding practices can be put in place to support higher participation.
- Conduct periodic overviews for new HR professionals to understand what Uplift Your Benefits is and how they can help new employees attend. These overviews will be scheduled monthly beginning in early December.
- Consult with agency leadership to troubleshoot challenges getting new employees enrolled in a workshop.
- Troubleshoot technical issues that may be a barrier to enrolling.
- Review and monitor outcomes to reach out to agencies where needed.

Some of these practices will be new and some have been successful in the past. It is important for HR professionals to understand that employees can only make changes to their benefits choices within the first 30 days of hire or when they experience a qualifying status change. While most agencies are doing an excellent job at getting employees to attend within this timeframe, we are confident that Uplift's focused support will result in an increase in the following quarters.

Performance Accountability and Feedback Training

The enterprise achieved 95% compliance.

Performance Accountability and Feedback (PAF) training contains three online modules and is automatically assigned to all managers new or newly promoted to a supervisory position. The expectation is 100% of new managers complete within 30 days of hire.

Of the 102 new managers hired July 1, through Sept. 30, 2024:

- Managers completing the training within 30 days of hire: 88.
- Managers not completing the training within 30 days of hire: 5.
- Managers still within 30 days of hire: 9.

Conclusion

This quarter's report shows steady progress across the expectations updated each quarter. Agencies continue to complete a high percentage of employee performance check-ins and are making progress in streamlining hiring practices. While completing

some required training demonstrates progress, there is still work to be done around New Employee Orientation and the Foundational Training Program for managers.

A highlight this quarter is the completion of agency continuity of operations plans. Many agencies have made progress, and this report outlines a plan to address specific areas needing attention to strengthen statewide emergency preparedness.

Future reports are scheduled to share progress as agencies reach deliverable deadlines.

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

Appendix A: Agency Emergency Preparedness

Agency	Complete COOP on time	COOP submitted late	COOP % of OEM criteria
All agencies	**59**	**6**	**88%**
Appraiser Certification & Licensure Board	✓		92%
Board of Accountancy			75%
Board of Licensed Social Workers			47%
Board of Parole & Post-Prison Supervision	*No plan submitted*		
Business Oregon	✓		97%
Construction Contractors Board	✓		92%
Criminal Justice Commission	✓		97%
Dept. of Administrative Services	✓		97%
Dept. of Agriculture	✓		97%
Dept. of Consumer & Business Services	✓		100%
Dept. of Corrections	✓		97%
Dept. of Early Learning & Care	✓		92%
Dept. of Environmental Quality	✓		100%
Dept. of Geology & Mineral Industries	✓		100%
Dept. of Land Conservation & Development	✓		92%
Dept. of Public Safety Standards & Training	✓		97%
Dept. of Revenue	✓		100%
Dept. of State Lands	*No plan submitted*		
Employment Relations Board		✓	74%
Health Related Licensing Boards	*No plan submitted*		
Higher Education Coordinating Commission	✓		92%
Land Use Board of Appeals	✓		80%
Landscape Contractors Board	✓		92%
Mental Health Regulatory Agency	✓		90%
Occupational Therapy Licensing Board	✓		85%
Office of the Long-Term Care Ombudsman	✓		87%
Office of the Public Records Advocate			12%
Ore. Advocacy Commissions Office		✓	63%
Ore. Board of Chiropractic Examiners		✓	66%
Ore. Board of Dentistry	✓		92%
Ore. Bd. of Speech-Language Pathology & Audiology	✓		80%
Ore. Board of Massage Therapists	✓		82%
Ore. Board of Medical Imaging			71%
Ore. Board of Naturopathic Medicine	✓		90%
Ore. Board of Optometry		✓	90%
Ore. Board of Pharmacy	✓		80%
Ore. Board of Physical Therapy	✓		97%
Ore. Board of Tax Practitioners	✓		95%
Ore. Commission for the Blind	✓		95%

Agency	Complete COOP on time	COOP submitted late	COOP % of OEM criteria
Ore. Dept. of Aviation	*No plan submitted*		
Ore. Dept. of Education			76%
Ore. Dept. of Emergency Management			68%
Ore. Dept. of Energy	✓		100%
Ore. Dept. of Fish & Wildlife	✓		97%
Ore. Dept. of Forestry	✓		100%
Ore. Dept. of Human Services	✓		100%
Ore. Dept. of Transportation	✓		100%
Ore. Dept. of Veterans' Affairs	✓		92%
Ore. Employment Department	✓		92%
Ore. Government Ethics Commission	✓		100%
Ore. Health Authority	✓		82%
Ore. Housing & Community Services	✓		95%
Ore. Liquor & Cannabis Commission	✓		92%
Ore. Medical Board	✓		97%
Ore. Military Department	*No plan submitted*		
Ore. Mortuary & Cemetery Board		✓	61%
Ore. Parks & Recreation Department	✓		90%
Ore. Patient Safety Commission	✓		95%
Ore. Racing Commission	✓		80%
Ore. State Board of Architect Examiners	✓		80%
Ore. State Bd. of Engineering & Land Surveying		✓	71%
Ore. State Board of Geologist Examiners	✓		95%
Ore. State Board of Nursing	✓		95%
Ore. State Fire Marshal	✓		100%
Ore. State Landscape Architect Board	✓		95%
Ore. State Marine Board	✓		95%
Ore. State Police	✓		100%
Ore. Veterinary Medical Examining Board	✓		90%
Ore. Water Resources Department	✓		100%
Ore. Watershed Enhancement Board	✓		90%
Ore. Youth Authority	✓		85%
Psychiatric Security Review Board	*No plan submitted*		
Public Employees Retirement System	✓		92%
Public Utility Commission	✓		85%
Real Estate Agency	✓		97%
State Library of Oregon	✓		90%
Teacher Standards & Practices Commission	✓		90%

Appendix B: Commitment to Diversity, Equity & Inclusion

Affirmative Action Plans	Plan On Time	Plan Late	Plan In Progress	Plan Not Submitted
86 total agencies	**67**	**16**	**3**	**1**
Appraiser Certification & Licensure Board	✓			
Bd. for Speech-Language Pathology & Audiology	✓			
Board of Licensed Social Workers	✓			
Board of Parole & Post-Prison Supervision		✓		
Board of Pharmacy	✓			
Bureau of Labor & Industries		✓		
Business Ore.	✓			
Columbia River Gorge Commission	✓			
Construction Contractors Board	✓			
Dept. of Administrative Services	✓			
Dept. of Consumer & Business Services	✓			
Dept. of Corrections	✓			
Dept. of Early Learning & Care	✓			
Dept. of Environmental Quality	✓			
Dept. of Geology & Mineral Industries	✓			
Dept. of Justice	✓			
Dept. of Land Conservation & Development	✓			
Dept. of Public Safety Standards & Training	✓			
Dept. of Revenue	✓			
Employment Relations Board	✓			
Higher Education Coordinating Commission		✓		
Land Use Board of Appeals	✓			
Landscape Contractors Board		✓		
Mental Health Regulatory Agency	✓			
Occupational Therapy Licensing Board	✓			
Office of Administrative Hearings	✓			
Ore. Advocacy Commissions Office	✓			
Ore. Board of Chiropractic Examiners	✓			
Ore. Board of Dentistry	✓			
Ore. Board of Medical Imaging	✓			
Ore. Board of Naturopathic Medicine	✓			
Ore. Board of Optometry	✓			
Ore. Board of Physical Therapy	✓			
Ore. Board of Tax Practitioners	✓			
Ore. Commission for the Blind	✓			
Ore. Criminal Justice Commission	✓			
Ore. Dept. of Agriculture	✓			
Ore. Dept. of Aviation	✓			
Ore. Dept. of Education	✓			
Ore. Dept. of Emergency Management		✓		
Ore. Dept. of Energy	✓			
Ore. Dept. of Fish & Wildlife	✓			

Affirmative Action Plans	Plan On Time	Plan Late	Plan In Progress	Plan Not Submitted
Ore. Dept. of Forestry	✓			
Ore. Dept. of Human Services		✓		
Ore. Dept. of State Lands	✓			
Ore. Dept. of Transportation	✓			
Ore. Dept. of Veterans Affairs	✓			
Ore. Employment Department	✓			
Ore. Film & Video Office	✓			
Ore. Government Ethics Commission	✓			
Ore. Health Authority	✓			
Ore. Housing & Community Services		✓		
Ore. Liquor and Cannabis Commission		✓		
Ore. Long Term Care Ombudsman	✓			
Ore. Medical Board	✓			
Ore. Military Department	✓			
Ore. Mortuary & Cemetery Board		✓		
Ore. Parks & Recreation Department			✓	
Ore. Patient Safety Commission	✓			
Ore. Public Defense Commission		✓		
Ore. Racing Commission	✓			
Ore. Real Estate Agency	✓			
Ore. State Board of Architect Examiners	✓			
Ore. State Bd. for Engineering & Land Surveying	✓			
Ore. State Board of Geologist Examiners		✓		
Ore. State Board of Nursing	✓			
Ore. State Fire Marshall		✓		
Ore. State Landscape Architect Board	✓			
Ore. State Lottery		✓		
Ore. State Marine Board	✓			
Ore. State Police	✓			
Ore. Veterinary Medical Examining Board		✓		
Ore. Water Resources Department	✓			
Ore. Watershed Enhancement Board	✓			
Ore. Youth Authority	✓			
Psychiatric Security Review Board	✓			
Public Employees Retirement System	✓			
Public Records Advocate			✓	
Public Utility Commission	✓			
State Board of Accountancy		✓		
State Board of Massage Therapists	✓			
State Library of Oregon	✓			
Teacher Standards & Practices Commission	✓			
Travel Information Council	✓			
Travel Oregon				✓
Ore. State Treasury		✓		
Youth Development Ore.			✓	

Appendix C: Performance Feedback for Employees

Agency	Check-Ins Complete #	Check-Ins Complete %	Check-Ins Incomplete #	Check-Ins Incomplete %	Total Required Check-Ins
All agencies	**30,958**	**95%**	**1,611**	**5%**	**32,569**
Board of Accountancy	2	100%	0	0%	2
Board of Licensed Social Workers	5	71%	2	29%	7
Board of Parole & Post-Prison Supervision	18	100%	0	0%	18
Bureau of Labor & Industries	66	90%	7	10%	73
Business Oregon	109	99%	1	1%	110
Construction Contractors Board	48	96%	2	4%	50
Criminal Justice Commission	18	100%	0	0%	18
Dept. of Administrative Services	702	97%	22	3%	724
Dept. of Agriculture	235	91%	22	9%	257
Dept. of Consumer & Business Services	693	98%	14	2%	707
Dept. of Corrections	4,053	96%	175	4%	4,228
Dept. of Early Learning & Care	264	100%	0	0%	264
Dept. of Environmental Quality	510	87%	78	13%	588
Dept. of Geology & Mineral Industries	40	100%	0	0%	40
Dept. of Justice	1,105	99%	12	1%	1,117
Dept. of Land Conservation & Development	47	77%	14	23%	61
Dept. of Public Safety Standards & Training	107	100%	0	0%	107
Dept. of Revenue	723	100%	0	0%	723
Dept. of State Lands	78	99%	1	1%	79
Employment Relations Board	8	100%	0	0%	8
Health Related Licensing Boards	0	n/a	0	n/a	0
Higher Education Coordinating Commission	114	84%	21	16%	135
Land Use Board of Appeals	0	n/a	0	n/a	0
Mental Health Regulatory Agency	0	n/a	0	n/a	0
Occupational Therapy Licensing Board	0	n/a	0	n/a	0
Office of the Long-Term Care Ombudsman	8	80%	2	20%	10
Office of the Public Records Advocate	1	100%	0	0%	1
Ore. Advocacy Commissions Office	0	n/a	0	n/a	0
Ore. Board of Chiropractic Examiners	5	100%	0	0%	5
Ore. Board of Dentistry	6	100%	0	0%	6
Ore. Bd. of Speech-Language Pathology & Audiology	0	n/a	0	n/a	0
Ore. Board of Massage Therapists	3	60%	2	40%	5
Ore. Board of Medical Imaging	3	100%	0	0%	3
Ore. Board of Naturopathic Medicine	1	100%	0	0%	1
Ore. Board of Optometry	0	n/a	0	n/a	0
Ore. Board of Pharmacy	13	100%	0	0%	13
Ore. Board of Tax Practitioners	0	0%	1	100%	1
Ore. Commission for the Blind	53	98%	1	2%	54
Ore. Dept. of Aviation	13	100%	0	0%	13
Ore. Dept. of Education	399	95%	23	5%	422

Agency	Check-Ins Complete #	Check-Ins Complete %	Check-Ins Incomplete #	Check-Ins Incomplete %	Total Required Check-Ins
Ore. Dept. of Emergency Management	81	96%	3	4%	84
Ore. Dept. of Energy	72	100%	0	0%	72
Ore. Dept. of Fish & Wildlife	619	100%	3	0%	622
Ore. Dept. of Forestry	442	94%	30	6%	472
Ore. Dept. of Human Services	8,380	94%	524	6%	8,904
Ore. Dept. of Transportation	3,661	97%	104	3%	3,765
Ore. Dept. of Veterans' Affairs	45	76%	14	24%	59
Ore. Employment Department	1,352	92%	120	8%	1,472
Ore. Government Ethics Commission	11	73%	4	27%	15
Ore. Health Authority	3,236	92%	297	8%	3,533
Ore. Housing & Community Services	158	93%	11	7%	169
Ore. Liquor & Cannabis Commission	288	99%	4	1%	292
Ore. Medical Board	33	94%	2	6%	35
Ore. Military Department	346	100%	0	0%	346
Ore. Mortuary & Cemetery Board	0	0%	5	100%	5
Ore. Parks & Recreation Department	336	99%	4	1%	340
Ore. State Board of Nursing	7	41%	10	59%	17
Ore. State Fire Marshal	112	98%	2	2%	114
Ore. State Lottery	433	100%	1	0%	434
Ore. State Marine Board	38	100%	0	0%	38
Ore. State Police	736	98%	16	2%	752
Ore. Veterinary Medical Examining Board	3	100%	0	0%	3
Ore. Water Resources Department	135	96%	6	4%	141
Ore. Watershed Enhancement Board	35	100%	0	0%	35
Ore. Youth Authority	474	92%	43	8%	517
Psychiatric Security Review Board	11	100%	0	0%	11
Public Employees Retirement System	329	100%	1	0%	330
Public Utility Commission	68	92%	6	8%	74
Real Estate Agency	15	100%	0	0%	15
State Library of Oregon	31	100%	0	0%	31
Teacher Standards & Practices Commission	21	95%	1	5%	22

Appendix D: Agency Hiring Practices

Time to Fill Vacant Positions

Agency	Days to fill
All agencies	**63**
Board of Accountancy	
Board of Licensed Social Workers	
Board of Parole & Post-Prison Supervision	41
Bureau of Labor & Industries	
Business Oregon	44
Construction Contractors Board	
Criminal Justice Commission	
Dept. of Administrative Services	45
Dept. of Agriculture	51
Dept. of Consumer & Business Services	50
Dept. of Corrections	54
Dept. of Early Learning & Care	62
Dept. of Environmental Quality	56
Dept. of Geology & Mineral Industries	52
Dept. of Justice	
Dept. of Land Conservation & Development	60
Dept. of Public Safety Standards & Training	66
Dept. of Revenue	44
Dept. of State Lands	48
District Attorneys & their Deputies	
Higher Education Coordinating Commission	77
Mental Health Regulatory Agency	
Office of the Long-Term Care Ombudsman	75
Ore. Board of Dentistry	38
Ore. Board of Pharmacy	20
Ore. Commission for the Blind	56
Ore. Dept. of Aviation	44
Ore. Dept. of Education	49
Ore. Dept. of Emergency Management	49
Ore. Dept. of Energy	34
Ore. Dept. of Fish & Wildlife	55

Agency	Days to fill
Ore. Dept. of Forestry	45
Ore. Dept. of Human Services	74
Ore. Dept. of Transportation	49
Ore. Dept. of Veterans' Affairs	61
Ore. Employment Department	67
Ore. Government Ethics Commission	
Ore. Health Authority	84
Ore. Housing & Community Services	57
Ore. Liquor & Cannabis Commission	77
Ore. Medical Board	
Ore. Military Department	39
Ore. Parks & Recreation Department	54
Ore. Racing Commission	
Ore. State Board of Nursing	58
Ore. State Fire Marshal	44
Ore. State Lottery	39
Ore. State Marine Board	
Ore. State Police	55
Ore. State Treasury	
Ore. Veterinary Medical Examining Board	
Ore. Water Resources Department	65
Ore. Watershed Enhancement Board	
Ore. Youth Authority	50
Psychiatric Security Review Board	
Public Employees Retirement System	49
Public Utility Commission	
Real Estate Agency	38
Secretary of State	
State Library of Oregon	48
Teacher Standards & Practices Commission	46
Travel Information Council	41

Vacancy Rates

Agency	Filled Positions		Total Vacancies		Vacancies >6mo		Total
All agencies	40,204	88%	5,369	12%	2,560	6%	45,573
Board of Accountancy	8	80%	2	20%	0	0%	10
Board of Licensed Social Workers	14	100%	0	0%	0	0%	14
Board of Parole and Post-Prison Supervision	30	94%	2	6%	1	3%	32
Bureau of Labor and Industries	126	78%	36	22%	17	10%	162
Business Oregon	160	79%	42	21%	5	2%	202
Construction Contractors Board	62	91%	6	9%	2	3%	68
Criminal Justice Commission	26	84%	5	16%	4	13%	31
Department of Administrative Services	892	90%	96	10%	42	4%	988
Department of Agriculture	395	85%	70	15%	55	12%	465
Department of Consumer and Business Services	954	94%	66	6%	20	2%	1,020
Department of Corrections	4,293	89%	533	11%	298	6%	4,826
Department of Early Learning and Care	321	89%	38	11%	18	5%	359
Department of Environmental Quality	765	89%	93	11%	44	5%	858
Department of Geology and Mineral Industries	34	94%	2	6%	2	6%	36
Department of Justice	1,396	91%	139	9%	52	3%	1,535
Department of Land Conservation and Development	88	93%	7	7%	0	0%	95
Department of Public Safety Standards and Training	153	89%	18	11%	5	3%	171
Department of Revenue	994	93%	79	7%	30	3%	1,073
Department of State Lands	107	97%	3	3%	1	1%	110
District Attorneys and their Deputies	36	100%	0	0%	0	0%	36
Higher Education Coordinating Commission	171	89%	21	11%	12	6%	192
Mental Health Regulatory Agency	23	96%	1	4%	1	4%	24
Office of the Long-Term Care Ombudsman	46	98%	1	2%	0	0%	47
Oregon Board of Dentistry	16	100%	0	0%	0	0%	16
Oregon Board of Pharmacy	30	94%	2	6%	0	0%	32
Oregon Commission for the Blind	65	94%	4	6%	1	1%	69
Oregon Department of Aviation	15	100%	0	0%	0	0%	15
Oregon Department of Education	519	89%	67	11%	29	5%	586
Oregon Department of Emergency Management	103	83%	21	17%	11	9%	124
Oregon Department of Energy	100	93%	8	7%	2	2%	108
Oregon Department of Fish and Wildlife	899	88%	128	12%	61	6%	1,027
Oregon Department of Forestry	724	82%	154	18%	64	7%	878
Oregon Department of Human Services	10,127	90%	1,165	10%	439	4%	11,292
Oregon Department of Transportation	4,274	89%	507	11%	272	6%	4,781
Oregon Department of Veterans' Affairs	99	94%	6	6%	3	3%	105
Oregon Employment Department	1,665	85%	305	15%	210	11%	1,970
Oregon Government Ethics Commission	19	100%	0	0%	0	0%	19
Oregon Health Authority	5,033	83%	1,035	17%	561	9%	6,068
Oregon Housing and Community Services	368	82%	80	18%	39	9%	448
Oregon Liquor and Cannabis Commission	347	88%	48	12%	23	6%	395
Oregon Medical Board	54	92%	5	8%	2	3%	59
Oregon Military Department	407	86%	67	14%	53	11%	474
Oregon Parks and Recreation Department	447	92%	37	8%	14	3%	484

Agency	Filled Positions		Total Vacancies		Vacancies >6mo		Total
Oregon Racing Commission	20	95%	1	5%	1	5%	21
Oregon State Board of Nursing	61	92%	5	8%	1	2%	66
Oregon State Fire Marshal	153	96%	7	4%	3	2%	160
Oregon State Lottery	429	89%	51	11%	0	0%	480
Oregon State Marine Board	47	98%	1	2%	0	0%	48
Oregon State Police	1,228	88%	173	12%	70	5%	1,401
Oregon State Treasury	209	89%	25	11%	9	4%	234
Oregon Veterinary Medical Examining Board	12	100%	0	0%	0	0%	12
Oregon Water Resources Department	229	89%	29	11%	14	5%	258
Oregon Watershed Enhancement Board	41	100%	0	0%	0	0%	41
Oregon Youth Authority	860	86%	141	14%	45	4%	1,001
Psychiatric Security Review Board	20	95%	1	5%	1	5%	21
Public Employees Retirement System	360	92%	31	8%	8	2%	391
Public Utility Commission	137	88%	19	12%	7	4%	156
Real Estate Agency	39	91%	4	9%	1	2%	43
Secretary of State	236	91%	23	9%	5	2%	259
State Library of Oregon	47	98%	1	2%	0	0%	48

Appendix E: Developing New Employees & Managers

New Employee Orientation (NEO)	Completed in 60 days		Completed after 60 days		Incomplete		Total new employees
Agency	#	%	#	%	#	%	
All agencies	**711**	**76%**	**28**	**3%**	**192**	**21%**	**931**
Board of Licensed Social Workers	1	100%	0	0%	0	0%	1
Bureau of Labor & Industries	0	0%	0	0%	8	100%	8
Business Oregon	4	100%	0	0%	0	0%	4
Construction Contractors Board	0	0%	0	0%	1	100%	1
Dept. of Administrative Services	9	56%	0	0%	7	44%	16
Dept. of Agriculture	6	100%	0	0%	0	0%	6
Dept. of Consumer & Business Services	9	75%	0	0%	3	25%	12
Dept. of Corrections	82	87%	0	0%	12	13%	94
Dept. of Early Learning & Care	14	100%	0	0%	0	0%	14
Dept. of Environmental Quality	24	96%	0	0%	1	4%	25
Dept. of Geology & Mineral Industries	1	100%	0	0%	0	0%	1
Dept. of Justice	38	95%	0	0%	2	5%	40
Dept. of Public Safety Standards & Training	0	0%	0	0%	4	100%	4
Dept. of Revenue	14	100%	0	0%	0	0%	14
Dept. of State Lands	4	100%	0	0%	0	0%	4
Higher Education Coordinating Commission	4	100%	0	0%	0	0%	4
Office of the Long-Term Care Ombudsman	3	60%	1	20%	1	20%	5
Ore. Advocacy Commissions Office	1	100%	0	0%	0	0%	1
Ore. Board of Pharmacy	3	100%	0	0%	0	0%	3
Ore. Commission for the Blind	2	67%	0	0%	1	33%	3
Ore. Dept. of Aviation	1	100%	0	0%	0	0%	1
Ore. Dept. of Education	19	95%	1	5%	0	0%	20
Ore. Dept. of Emergency Management	0	0%	0	0%	8	100%	8
Ore. Dept. of Energy	6	86%	0	0%	1	14%	7
Ore. Dept. of Fish & Wildlife	22	96%	1	4%	0	0%	23
Ore. Dept. of Forestry	12	92%	1	8%	0	0%	13
Ore. Dept. of Human Services	129	64%	19	9%	54	27%	202
Ore. Dept. of Transportation	59	88%	0	0%	8	12%	67
Ore. Dept. of Veterans' Affairs	10	77%	0	0%	3	23%	13
Ore. Employment Department	72	99%	0	0%	1	1%	73
Ore. Health Authority	59	50%	0	0%	59	50%	118
Ore. Housing & Community Services	25	83%	0	0%	5	17%	30
Ore. Liquor & Cannabis Commission	6	86%	1	14%	0	0%	7
Ore. Military Department	12	86%	0	0%	2	14%	14
Ore. Parks & Recreation Department	7	100%	0	0%	0	0%	7
Ore. Public Defense Commission	0	0%	0	0%	5	100%	5
Ore. State Fire Marshal	7	70%	3	30%	0	0%	10
Ore. State Lottery	8	100%	0	0%	0	0%	8

New Employee Orientation (NEO)	Completed in 60 days		Completed after 60 days		Incomplete		Total new employees
Agency	#	%	#	%	#	%	
Ore. State Police	18	95%	0	0%	1	5%	19
Ore. Water Resources Department	8	100%	0	0%	0	0%	8
Ore. Watershed Enhancement Board	1	100%	0	0%	0	0%	1
Ore. Youth Authority	3	43%	0	0%	4	57%	7
Public Employees Retirement System	3	100%	0	0%	0	0%	3
Public Utility Commission	1	50%	1	50%	0	0%	2
Real Estate Agency	1	100%	0	0%	0	0%	1
State Library of Oregon	3	100%	0	0%	0	0%	3
Teacher Standards & Practices Commission	0	0%	0	0%	1	100%	1

Customer Service Training	Completed in 60 days		Completed after 60 days		Incomplete		Total new employees
Agency	#	%	#	%	#	%	
All agencies	**1,099**	**99%**	**2**	**0%**	**12**	**1%**	**1,113**
Board of Nursing	1	100%	0	0%	0	0%	1
Bureau of Labor and Industries	8	100%	0	0%	0	0%	8
Commission for the Blind	4	100%	0	0%	0	0%	4
Construction Contractors Board	1	100%	0	0%	0	0%	1
Dept. of Administrative Services	12	100%	0	0%	0	0%	12
Dept. of Agriculture	13	100%	0	0%	0	0%	13
Dept. of Consumer & Business Services	15	100%	0	0%	0	0%	15
Dept. of Corrections	80	99%	0	0%	1	1%	81
Dept. of Early Learning and Care	11	100%	0	0%	0	0%	11
Dept. of Energy	7	100%	0	0%	0	0%	7
Dept. of Environmental Quality	19	100%	0	0%	0	0%	19
Dept. of Fish and Wildlife	19	100%	0	0%	0	0%	19
Dept. of Geology and Mineral Industries	1	100%	0	0%	0	0%	1
Dept. of Human Services	316	99%	0	0%	2	1%	318
Dept. of Justice	42	100%	0	0%	0	0%	42
Dept. of Public Safety Standards and Training	6	100%	0	0%	0	0%	6
Dept. of Revenue	15	100%	0	0%	0	0%	15
Dept. of State Lands	2	100%	0	0%	0	0%	2
Dept. of the State Fire Marshal	8	100%	0	0%	0	0%	8
Dept. of Transportation	70	99%	0	0%	1	1%	71
Dept. of Veterans Affairs	8	100%	0	0%	0	0%	8
District Attorneys and their Deputies	0	0%	0	0%	1	100%	1
Employment Department	74	100%	0	0%	0	0%	74
Forestry Department	9	100%	0	0%	0	0%	9
Higher Education Coordinating Commission	5	100%	0	0%	0	0%	5
Land Conservation and Development Department	1	100%	0	0%	0	0%	1
Long Term Care Ombudsman	1	33%	1	33%	1	33%	3
Mental Health Regulatory Agency	1	100%	0	0%	0	0%	1

Customer Service Training	Completed in 60 days		Completed after 60 days		Incomplete		Total new employees
Agency	#	%	#	%	#	%	
Ore. Board of Dentistry	1	100%	0	0%	0	0%	1
Ore. Board of Optometry	0	0%	0	0%	1	100%	1
Ore. Board of Pharmacy	1	100%	0	0%	0	0%	1
Ore. Business Development Department	8	100%	0	0%	0	0%	8
Ore. Dept. of Aviation	1	100%	0	0%	0	0%	1
Ore. Dept. of Education	22	100%	0	0%	0	0%	22
Ore. Dept. of Emergency Management	6	100%	0	0%	0	0%	6
Ore. Health Authority	180	99%	0	0%	1	1%	181
Ore. Housing and Community Services	22	100%	0	0%	0	0%	22
Ore. Liquor & Cannabis Commission	6	100%	0	0%	0	0%	6
Ore. Medical Board	1	100%	0	0%	0	0%	1
Ore. State Board of Geologist Examiners	1	100%	0	0%	0	0%	1
Ore. State Dept. of Police	19	100%	0	0%	0	0%	19
Ore. State Library	3	100%	0	0%	0	0%	3
Ore. State Lottery	8	89%	1	11%	0	0%	9
Ore. Youth Authority	33	92%	0	0%	3	8%	36
Parks and Recreation Department	7	100%	0	0%	0	0%	7
Public Employees Retirement System	4	100%	0	0%	0	0%	4
Public Utility Commission	2	100%	0	0%	0	0%	2
State Board of Licensed Social Workers	1	100%	0	0%	0	0%	1
State Board of Parole and Post-Prison Supervision	0	0%	0	0%	1	100%	1
State of Ore. Military Department	13	100%	0	0%	0	0%	13
Teacher Standards and Practices Commission	3	100%	0	0%	0	0%	3
Water Resources Department	7	100%	0	0%	0	0%	7

Foundational Training	Enrolled in 5 days		Not enrolled in 5 days			Complete in 4 mos.		Not complete in 4 mos.		Total new managers
Agency	#	%	#	%	Total	#	%	#	%	
All agencies	**86**	**85%**	**15**	**15%**	**101**	**100**	**73%**	**37**	**27%**	**137**
Bureau of Labor & Industries	1	100%	0	0%	1	1	100%	0	0%	1
Business Oregon						2	67%	1	33%	3
Dept. of Administrative Services	1	100%	0	0%	1	3	50%	3	50%	6
Dept. of Agriculture	1	100%	0	0%	1	2	100%	0	0%	2
Dept. of Consumer & Business Services	1	50%	1	50%	2	4	100%	0	0%	4
Dept. of Corrections	8	80%	2	20%	10	7	88%	1	13%	8
Dept. of Early Learning & Care						1	100%	0	0%	1
Dept. of Environmental Quality	0	0%	2	100%	2	1	100%	0	0%	1
Dept. of Justice	1	50%	1	50%	2	1	33%	2	67%	3
Dept. of Land Conservation & Development						2	100%	0	0%	2
Dept. of Revenue						4	100%	0	0%	4
Office of the Long-Term Care Ombudsman	1	100%	0	0%	1					
Ore. Board of Optometry	0	0%	1	100%	1					

Foundational Training	Enrolled in 5 days		Not enrolled in 5 days			Complete in 4 mos.		Not complete in 4 mos.		Total new managers
Agency	#	%	#	%	Total	#	%	#	%	
Ore. Board of Pharmacy	1	100%	0	0%	1					
Ore. Dept. of Education	5	100%	0	0%	5	1	100%	0	0%	1
Ore. Dept. of Emergency Management	1	100%	0	0%	1	1	100%	0	0%	1
Ore. Dept. of Energy	1	100%	0	0%	1	1	100%	0	0%	1
Ore. Dept. of Fish & Wildlife	2	100%	0	0%	2	4	80%	1	20%	5
Ore. Dept. of Forestry	3	100%	0	0%	3	1	20%	4	80%	5
Ore. Dept. of Human Services	17	89%	2	11%	19	10	48%	11	52%	21
Ore. Dept. of Transportation	4	100%	0	0%	4	4	80%	1	20%	5
Ore. Dept. of Veterans' Affairs	1	50%	1	50%	2					
Ore. Employment Department	2	100%	0	0%	2	11	100%	0	0%	11
Ore. Health Authority	21	100%	0	0%	21	20	80%	5	20%	25
Ore. Housing & Community Services	7	88%	1	13%	8	1	25%	3	75%	4
Ore. Liquor & Cannabis Commission	1	100%	0	0%	1					
Ore. Military Department						1	100%	0	0%	1
Ore. Parks & Recreation Department	0	0%	1	100%	1	1	25%	3	75%	4
Ore. State Board of Nursing						2	100%	0	0%	2
Ore. State Lottery						2	100%	0	0%	2
Ore. State Police	1	50%	1	50%	2	3	100%	0	0%	3
Ore. Water Resources Department	1	100%	0	0%	1	1	100%	0	0%	1
Ore. Youth Authority	1	50%	1	50%	2	6	100%	0	0%	6
Public Employees Retirement System	0	0%	1	100%	1	2	100%	0	0%	2
Public Utility Commission	1	100%	0	0%	1	0	0%	1	100%	1
Real Estate Agency	1	100%	0	0%	1					
State Library of Oregon						0	0%	1	100%	1
Teacher Stds & Practices Commission	1	100%	0	0%	1					

Performance Accountability & Feedback Training	Completed in 30 days		Completed after 30 days		Incomplete		Total new managers
Agency	#	%	#	%	#	%	
All agencies	**88**	**95%**	**2**	**2%**	**3**	**3%**	**93**
Bureau of Labor & Industries	1	100%	0	0%	0	0%	1
Dept. of Administrative Services	1	100%	0	0%	0	0%	1
Dept. of Agriculture	1	100%	0	0%	0	0%	1
Dept. of Consumer & Business Services	1	50%	0	0%	1	50%	2
Dept. of Corrections	9	100%	0	0%	0	0%	9
Dept. of Environmental Quality	1	50%	1	50%	0	0%	2
Dept. of Justice	1	100%	0	0%	0	0%	1
Office of the Long-Term Care Ombudsman	1	100%	0	0%	0	0%	1
Ore. Advocacy Commissions Office	1	100%	0	0%	0	0%	1
Ore. Board of Optometry	1	100%	0	0%	0	0%	1
Ore. Board of Pharmacy	1	100%	0	0%	0	0%	1
Ore. Dept. of Education	5	100%	0	0%	0	0%	5

Performance Accountability & Feedback Training	Completed in 30 days		Completed after 30 days		Incomplete		Total new managers
Agency	#	%	#	%	#	%	
Ore. Dept. of Emergency Management	1	100%	0	0%	0	0%	1
Ore. Dept. of Energy	1	100%	0	0%	0	0%	1
Ore. Dept. of Fish & Wildlife	2	100%	0	0%	0	0%	2
Ore. Dept. of Forestry	3	100%	0	0%	0	0%	3
Ore. Dept. of Human Services	15	88%	0	0%	2	12%	17
Ore. Dept. of Transportation	3	100%	0	0%	0	0%	3
Ore. Dept. of Veterans' Affairs	1	100%	0	0%	0	0%	1
Ore. Employment Department	2	100%	0	0%	0	0%	2
Ore. Health Authority	19	95%	1	5%	0	0%	20
Ore. Housing & Community Services	8	100%	0	0%	0	0%	8
Ore. Liquor & Cannabis Commission	1	100%	0	0%	0	0%	1
Ore. Parks & Recreation Department	1	100%	0	0%	0	0%	1
Ore. State Police	1	100%	0	0%	0	0%	1
Ore. Water Resources Department	1	100%	0	0%	0	0%	1
Ore. Youth Authority	1	100%	0	0%	0	0%	1
Public Employees Retirement System	1	100%	0	0%	0	0%	1
Public Utility Commission	1	100%	0	0%	0	0%	1
Real Estate Agency	1	100%	0	0%	0	0%	1
Teacher Standards & Practices Commission	1	100%	0	0%	0	0%	1

Uplift Your Benefits	Completed in 30 days		Completed after 30 days		Incomplete		Total new employees
Agency	#	%	#	%	#	%	
All agencies	**985**	**91%**	**31**	**3%**	**62**	**6%**	**1,078**
Board of Licensed Social Workers	1	100%	0	0%	0	0%	1
Bureau of Labor & Industries	8	100%	0	0%	0	0%	8
Business Oregon	8	100%	0	0%	0	0%	8
Construction Contractors Board	1	100%	0	0%	0	0%	1
Dept. of Administrative Services	11	92%	0	0%	1	8%	12
Dept. of Agriculture	10	71%	0	0%	4	29%	14
Dept. of Consumer & Business Services	15	100%	0	0%	0	0%	15
Dept. of Corrections	64	82%	4	5%	10	13%	78
Dept. of Early Learning & Care	10	91%	1	9%	0	0%	11
Dept. of Environmental Quality	20	100%	0	0%	0	0%	20
Dept. of Geology & Mineral Industries	1	100%	0	0%	0	0%	1
Dept. of Justice	37	93%	1	3%	2	5%	40
Dept. of Land Conservation & Development	1	100%	0	0%	0	0%	1
Dept. of Public Safety Standards & Training	3	100%	0	0%	0	0%	3
Dept. of Revenue	15	100%	0	0%	0	0%	15
Dept. of State Lands	2	100%	0	0%	0	0%	2
District Attorneys & their Deputies	0	0%	0	0%	2	100%	2
Higher Education Coordinating Commission	4	100%	0	0%	0	0%	4

Uplift Your Benefits	Completed in 30 days		Completed after 30 days		Incomplete		Total new employees
Agency	#	%	#	%	#	%	
Mental Health Regulatory Agency	1	100%	0	0%	0	0%	1
Office of the Long Term Care Ombudsman	3	75%	0	0%	1	25%	4
Ore. Board of Dentistry	1	100%	0	0%	0	0%	1
Ore. Board of Optometry	0	0%	0	0%	1	100%	1
Ore. Board of Pharmacy	1	100%	0	0%	0	0%	1
Ore. Commission for the Blind	4	100%	0	0%	0	0%	4
Ore. Dept. of Aviation	1	100%	0	0%	0	0%	1
Ore. Dept. of Education	16	84%	0	0%	3	16%	19
Ore. Dept. of Emergency Management	5	83%	1	17%	0	0%	6
Ore. Dept. of Energy	7	100%	0	0%	0	0%	7
Ore. Dept. of Fish & Wildlife	20	100%	0	0%	0	0%	20
Ore. Dept. of Forestry	6	67%	0	0%	3	33%	9
Ore. Dept. of Human Services	287	91%	12	4%	16	5%	315
Ore. Dept. of Transportation	59	87%	4	6%	5	7%	68
Ore. Dept. of Veterans' Affairs	9	100%	0	0%	0	0%	9
Ore. Employment Department	69	99%	1	1%	0	0%	70
Ore. Health Authority	163	96%	2	1%	4	2%	169
Ore. Housing & Community Services	21	95%	0	0%	1	5%	22
Ore. Liquor & Cannabis Commission	5	100%	0	0%	0	0%	5
Ore. Medical Board	1	100%	0	0%	0	0%	1
Ore. Military Department	9	90%	0	0%	1	10%	10
Ore. Parks & Recreation Department	7	100%	0	0%	0	0%	7
Ore. State Board of Geologist Examiners	1	100%	0	0%	0	0%	1
Ore. State Board of Nursing	1	100%	0	0%	0	0%	1
Ore. State Fire Marshal	8	100%	0	0%	0	0%	8
Ore. State Lottery	7	100%	0	0%	0	0%	7
Ore. State Police	19	100%	0	0%	0	0%	19
Ore. Water Resources Department	7	100%	0	0%	0	0%	7
Ore. Watershed Enhancement Board	1	100%	0	0%	0	0%	1
Ore. Youth Authority	24	67%	5	14%	7	19%	36
Public Employees Retirement System	4	100%	0	0%	0	0%	4
Public Utility Commission	2	100%	0	0%	0	0%	2
State Library of Oregon	3	100%	0	0%	0	0%	3
Teacher Standards & Practices Commission	2	67%	0	0%	1	33%	3

Oregon
Tina Kotek, Governor

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TO: OBD Board Members
FROM: Stephen Prisby, OBD Executive Director
DATE: Feb 14, 2025
SUBJECT: OBD CONSIDER PERIODIC SURVEYS

The OBD regularly entertains requests from the professional associations, Licensees, educators and other parties to update board policy, rules, license application questions and other items under the board's jurisdiction.

I propose the OBD consider utilizing periodic All Licensee & Interested Party Surveys to gather more feedback from our licensees & customers: more than the regular parties that interact with the OBD. This will help inform the OBD from a larger point of view and demonstrate the OBD's commitment to its mission. Typically the Board is hearing from the professional associations, educators and attorneys on Board matters.

By surveying all licensees & interested parties we can gather important information and potentially address the OBD's blind spots. We will demonstrate we value all Licensees' & interested parties' opinions on OBD business. They all can get their opinions noted along with open ended comments on the surveys.

Surveying our licensees for feedback before strategic planning, making/changing policy, amending rules may be highly valuable for several key reasons:

1. **Improved Decision-Making**: By gathering input from those directly affected by any Board actions, you can make more informed decisions. Licensees might have more practical insights into how any changes might impact day-to-day operations; than 10 board members and three association representatives.
2. **Increased Buy-In and Trust**: Involving licensees & interested parties in the decision-making process helps them feel heard and valued. This fosters trust and a sense of partnership, which can result in greater cooperation and compliance once any board action is implemented.
3. **Better Policy Implementation**: When you survey licensees, you can identify potential obstacles or concerns that might make the policy difficult to implement. Addressing these concerns upfront can lead to smoother rollouts, less confusion and less resistance on board actions.
4. **Enhanced Relationship Management**: Regular feedback ensures you maintain a positive relationship with your licensees. It shows you're not only focused on the top-down approach but that you're also attentive to their needs and perspectives.
5. **Risk Mitigation**: Feedback can highlight potential negative consequences of a proposed change that you might not have anticipated. By identifying these issues early, you can make adjustments or even reconsider the board action altogether.
6. **Data-Driven Improvements**: Collecting data from a wider range of licensees gives you quantifiable insights, allowing you to assess whether a change is likely to have the intended effect or whether adjustments are necessary.

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2047	HB 2047 INTRO	Rep Diehl; Rep Wright (Presession filed)	Judiciary (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2047/Introduced		OR	

Declares the state's public policy regarding the rights of a parent to the care, custody and control of the parent's child.

Digest: The Act describes a parent's rights to the care, custody and control of the parent's minor child. (Flesch Readability Score: 70.1).
Declares the state's public policy regarding the rights of a parent to the care, custody and control of the parent's child.
Requires treatment providers to notify and disclose certain information to a minor's parent or guardian when providing services to a minor without parental consent.

Relating to parental rights.

Relating to parental rights; creating new provisions; amending ORS 109.640, 109.650, 109.670, 109.675, 109.685, 109.690, 109.695 and 419B.090; and repealing ORS 109.680.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2105	HB 2105 INTRO	Rep Osborne (Presession filed)	Emergency Management, General Government, and Veterans (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2105/Introduced		OR	

Directs a state agency to report to the Legislative Assembly when the agency conducts an external survey.

Digest: The Act makes a state agency make a report to the legislature on surveys done by the agency. (Flesch Readability Score: 61.6).
Directs a state agency to report to the Legislative Assembly when the agency conducts an external survey.

Relating to surveys conducted by state agencies.

Relating to surveys conducted by state agencies.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2225	HB 2225 INTRO	Presession filed (at the request of House Interim Committee on Behavioral Health and Health Care for Representative Rob Nosse)	Behavioral Health and Health Care (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2225/Introduced		OR	

Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

Digest: The Act tells OHA and CCOs to set minimum rates for reimbursing certain health care providers. (Flesch Readability Score: 63.6).
Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

Relating to equitable access to health care services.

Relating to equitable access to health care services.

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2255	HB 2255 INTRO	Rep Diehl; Rep Wright; Rep Yunker; Sen Nash; Sen Robinson; Sen Smith DB (Presession filed)	Judiciary (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2255/Introduced		OR	
Provides that courts may not defer to an agency's interpretation of a statute or rule.							
Digest: The Act says that courts may not defer to a state agency's thinking about a law or rule. The Act says that courts have to use an interpretation that limits agency power and favors people's liberty. (Flesch Readability Score: 64.0). Provides that courts may not defer to an agency's interpretation of a statute or rule. Directs courts to exercise doubt in favor of an interpretation that limits agency power and maximizes individual liberty.							
Relating to interpretation of laws.							
Relating to interpretation of laws.							
HB 2303	HB 2303 INTRO	Rep Diehl; Rep Mannix; Rep Yunker (Presession filed)	Judiciary (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2303/Introduced		OR	
Directs the courts to declare a rule invalid if the rule requires a public body to fail to comply with federal laws or regulations.							
Digest: The Act tells courts to say that a rule is invalid if the rule makes a public body break federal laws or regulations. (Flesch Readability Score: 66.1). Directs the courts to declare a rule invalid if the rule requires a public body to fail to comply with federal laws or regulations.							
Relating to judicial review of administrative rules.							
Relating to judicial review of administrative rules; creating new provisions; and amending ORS 137.673 and 183.400.							
HB 2402	HB 2402 INTRO	Rep Levy B; Rep Scharf; Sen Nash; Sen Weber (Presession filed)	Emergency Management, General Government, and Veterans (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2402/Introduced		OR	
Directs every agency to review the agency's administrative rules and amend the rules to simplify the rules and eliminate redundancy.							
Digest: The Act tells agencies to look at their rules and simplify them. (Flesch Readability Score: 81.8). Directs every agency to review the agency's administrative rules and amend the rules to simplify the rules and eliminate redundancy.							
Relating to administrative rules.							
Relating to administrative rules.							

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2427	HB 2427 INTRO	Rep Diehl; Rep Mannix; Rep Reschke; Rep Yunker; Sen Thatcher (Presession filed)	Judiciary (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2427/Introduced		OR	

Directs the Department of Justice to review state statutes and administrative rules and determine whether each statute or rule is likely to be found unconstitutional under the reasoning and interpretation of the Fourteenth Amendment to the United States Constitution set forth in the Students for Fair Admissions case decided by the United States Supreme Court.

Digest: The Act tells DOJ to look at all state laws and rules and report on which laws and rules are likely to be found unconstitutional under the SFFA case. (Flesch Readability Score: 69.4).

Directs the Department of Justice to review state statutes and administrative rules and determine whether each statute or rule is likely to be found unconstitutional under the reasoning and interpretation of the Fourteenth Amendment to the United States Constitution set forth in the Students for Fair Admissions case decided by the United States Supreme Court. Directs the department to report on its findings to a committee or interim committee related to the judiciary.

Relating to the constitutionality of state laws.

Relating to the constitutionality of state laws.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2429	HB 2429 INTRO	Rep Boice; Rep Mannix; Rep Osborne; Rep Yunker; Sen Nash; Sen Smith DB; Sen Weber (Presession filed)	Behavioral Health and Health Care (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2429/Introduced		OR	

Modifies provisions authorizing unemancipated minors to consent to health care services without parental consent.

Digest: The Act limits the minors who can make health care choices without a parent's consent to minors who have been emancipated. (Flesch Readability Score: 60.6).

Modifies provisions authorizing unemancipated minors to consent to health care services without parental consent.

Relating to medical decision-making by individuals under 18 years of age.

Relating to medical decision-making by individuals under 18 years of age; amending ORS 109.680, 418.307, 419B.552, 433.267 and 441.054; and repealing ORS 109.640, 109.650, 109.670, 109.675, 109.685, 109.690 and 109.695.

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Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2585	HB 2585 INTRO	Rep Pham H (Presession filed)	Behavioral Health and Health Care (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2585/Introduced		OR	

Directs the Oregon Health Authority to establish a process to receive and review scope of practice requests for specified health care professions.

Digest: The Act tells OHA to make a process to look at scopes of work for some health care workers and to report to the legislature. (Flesch Readability Score: 73.1).

Directs the Oregon Health Authority to establish a process to receive and review scope of practice requests for specified health care professions. Requires the authority to report to the interim committees of the Legislative Assembly related to health care.

Becomes operative July 1, 2026.

Takes effect on the 91st day following adjournment sine die.

Relating to health care profession scopes of practice; prescribing an effective date.

Relating to health care profession scopes of practice; and prescribing an effective date.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2594	HB 2594 INTRO	Rep Nosse; Rep Pham H (Presession filed)	Behavioral Health and Health Care (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2594/Introduced		OR	

Requires a dental laboratory to register with the Health Licensing Office.

Digest: The Act says that a dental laboratory has to register with the HLO. (Flesch Readability Score: 63.4).

Requires a dental laboratory to register with the Health Licensing Office. Defines "dental laboratory." Requires a dental laboratory to provide a material content disclosure to a dentist who prescribes a work order for a dental prosthetic appliance or other artificial material or device. Defines "material content disclosure." Allows the office to impose discipline for certain violations. Directs the office to provide administrative and regulatory oversight to the dental laboratory program.

Becomes operative July 1, 2026.

Takes effect on the 91st day following adjournment sine die.

Relating to dental laboratories; prescribing an effective date.

Relating to dental laboratories; creating new provisions; amending ORS 676.565, 676.579, 676.590, 676.612, 676.613, 676.622, 676.992, 679.010 and 679.176; repealing ORS 679.530; and prescribing an effective date.

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2676	HB 2676 INTRO	Rep Diehl; Rep Harbick; Rep Javadi; Rep Valderrama; Sen Bonham; Sen Hayden; Sen Meek; Sen Sollman (Presession filed)	Behavioral Health and Health Care (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2676/Introduced	2/18/2025 3:00:00 PM	OR	

Enacts the interstate Dentist and Dental Hygienist Compact.

Digest: The Act makes Oregon join a compact to let dentists and dental hygienists from other states work in this state. (Flesch Readability Score: 68.0).
Enacts the interstate Dentist and Dental Hygienist Compact. Permits the Oregon Board of Dentistry to disclose specified information to the Dentist and Dental Hygienist Compact Commission. Exempts individuals authorized by compact privilege from requirement to obtain licensure from the board to practice as a dentist or dental hygienist. Allows the board to use moneys to meet financial obligations imposed on the State of Oregon as a result of participation in the compact.
Takes effect on the 91st day following adjournment sine die.

Relating to an interstate dental professionals compact; prescribing an effective date.

Relating to an interstate dental professionals compact; creating new provisions; amending ORS 676.177, 679.025, 679.260 and 680.020; and prescribing an effective date.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 2692	HB 2692 INTRO	Rep Scharf; Rep Wallan (Presession filed)	Rules (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2692/Introduced	2/12/2025 8:00:00 AM	OR	

Modifies provisions relating to administrative law.

Digest: The Act changes some laws about agency actions. (Flesch Readability Score: 61.2).
Modifies provisions relating to administrative law.

Relating to administrative law.

Relating to administrative law; creating new provisions; amending ORS 183.333, 183.335, 183.355, 183.482 and 183.484; and repealing ORS 183.336.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 3043	HB 3043 INTRO	Presession filed (at the request of Governor Tina Kotek for Oregon State Board of Nursing)	Behavioral Health and Health Care (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3043/Introduced	2/18/2025 3:00:00 PM	OR	

Defines "monitoring agreement" and "workplace monitor" for purposes of the impaired health professional program.

Digest: The Act makes some changes to the impaired health professional program. (Flesch Readability Score: 64.9).
Defines "monitoring agreement" and "workplace monitor" for purposes of the impaired health professional program. Clarifies that a licensee may self-refer to the program. Under specified circumstances, allows a health professional licensing board to remove from board records information regarding a licensee's participation in the program. Clarifies the requirements of a program clinical evaluator.
Takes effect on the 91st day following adjournment sine die.

Relating to the impaired health professional program; prescribing an effective date.

Relating to the impaired health professional program; creating new provisions; amending ORS 675.583, 676.185, 676.190, 676.194, 676.200 and 678.112; and prescribing an effective date.

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
HB 3279	HB 3279 INTRO	Rep Evans	Emergency Management, General Government, and Veterans (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3279/Introduced		OR	

Authorizes the Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.

Digest: The Act says that ODEM can give short-term licenses during emergencies to people who used to do certain health care jobs. (Flesch Readability Score: 60.6).

Authorizes the Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.

Relating to professional licensing during emergencies.

Relating to professional licensing during emergencies.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 411	SB 411 INTRO	Sen Girod (Presession filed)	Rules (S)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB411/Introduced		OR	

Modifies the existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for the rules to take effect.

Digest: The Act requires legislative approval for new rules to take effect. Voters must say yes to a constitutional change before the Act can start. The Act applies to new rules starting in 2027. (Flesch Readability Score: 62.3).

Modifies the existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for the rules to take effect. Establishes a process by which rules receive legislative consideration and approval or rejection.

Takes effect only upon the approval of the constitutional amendment proposed by ___ Joint Resolution ___ (2025) (LC 1900), and applies to rules adopted by state agencies on or after January 1, 2027.

Relating to legislative approval of administrative rules; prescribing an effective date.

Relating to legislative approval of administrative rules; creating new provisions; amending ORS 183.335, 183.710, 183.720 and 183.722; and prescribing an effective date.

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 476	SB 476 INTRO	Sen Jama (Presession filed)	Health Care (S)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB476/Introduced		OR	

Requires professional licensing boards to provide culturally responsive training to specified staff members and publish guidance on pathways to professional authorization for internationally educated individuals.

Digest: The Act says licensing boards have to train their staff and that the OMB cannot set a time limit for someone to complete the USMLE. The Act also tells DHS to make a grant program to help people who went to school out of state get jobs in this state. (Flesch Readability Score: 78.2).
Requires professional licensing boards to provide culturally responsive training to specified staff members and publish guidance on pathways to professional authorization for internationally educated individuals.
Prohibits the Oregon Medical Board from imposing a time limitation on the completion of the United States Medical Licensing Examination. Allows the board to issue a limited license to practice medicine to specified individuals for practice under the supervision of another licensed physician.
Establishes the Internationally Educated Workforce Reentry Grant Program within the Department of Human Services to award grants to specified entities that provide eligible career guidance and support services to internationally educated residents of Oregon who are seeking to enter the Oregon workforce in certain professions.
Declares an emergency, effective July 1, 2025.

Relating to professional workforce; declaring an emergency.

Relating to professional workforce; creating new provisions; amending ORS 677.132; and declaring an emergency.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 482	SB 482 INTRO	Sen Smith DB (Presession filed)	Rules (S)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB482/Introduced		OR	

Provides that a state agency may not adopt rules without statutory authority.

Digest: The Act says that an agency may not make rules without statutory authority to make the rules. (Flesch Readability Score: 60.1).
Provides that a state agency may not adopt rules without statutory authority.

Relating to administrative rules.

Relating to administrative rules.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 609	SB 609 INTRO	Rep Bowman; Sen Campos; Sen Patterson; Sen Reynolds (Presession filed)	Health Care (S)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB609/Introduced		OR	

Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

Digest: The Act tells OHA and CCOs to set minimum rates for reimbursing certain health care providers. (Flesch Readability Score: 63.6).
Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

Relating to equitable access to health care services.

Relating to equitable access to health care services.

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 800	SB 800 INTRO	Presession filed (at the request of Governor Tina Kotek for Department of Revenue)	Finance and Revenue (S)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB800/Introduced		OR	

Expands provisions requiring tax compliance as a condition of receiving a license to conduct a business, trade or profession or of entering into a contract with a state agency or political subdivision.

Digest: The Act requires people who seek licenses to show tax compliance. (Flesch Readability Score: 64.9).
Expands provisions requiring tax compliance as a condition of receiving a license to conduct a business, trade or profession or of entering into a contract with a state agency or political subdivision. Requires licensees and contractors to provide a tax compliance certificate from the Department of Revenue, unless a certain compliance rate is demonstrated by holders of the type of license.
Applies to licenses issued, reissued, reinstated or renewed and contracts entered into on or after January 1, 2026.
Takes effect on the 91st day following adjournment sine die.

Relating to compliance with tax laws; prescribing an effective date.

Relating to compliance with tax laws; creating new provisions; amending ORS 9.565, 305.380 and 305.385; and prescribing an effective date.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 835	SB 835 INTRO	Presession filed (at the request of Governor Tina Kotek for Oregon Health Authority)	Health Care (S)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB835/Introduced		OR	

Directs the Oregon Health Authority, in collaboration with the Department of Human Services and the nine federally recognized Indian tribes in Oregon, to adopt rules governing the collection, storage and use of data on tribal affiliation.

Digest: The Act tells OHA and ODHS to work with the nine tribes in Oregon to adopt rules for collecting tribal data. (Flesch Readability Score: 68.6).
Directs the Oregon Health Authority, in collaboration with the Department of Human Services and the nine federally recognized Indian tribes in Oregon, to adopt rules governing the collection, storage and use of data on tribal affiliation.
Declares an emergency, effective on passage.

Relating to tribal affiliation data; declaring an emergency.

Relating to tribal affiliation data; creating new provisions; amending ORS 413.161, 413.163, 413.164 and 442.373; and declaring an emergency.

BillTracker

Custom Report

Report Date: February 12, 2025

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 844	SB 844 INTRO	Presession filed (at the request of Governor Tina Kotek for Oregon Health Authority)	Health Care (S)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB844/Introduced		OR	

Changes the date by which the Oregon Health Authority report on opioid and opiate overdoses is due to the Legislative Assembly.

Digest: The Act changes some laws about labs, overdose reports and terms about the environment. The Act makes a new law to keep some information secret. The Act also lets OHA have more contracts for school-based health centers and tells OHA to sign up some people for medical assistance. (Flesch Readability Score: 63.6).
Changes the date by which the Oregon Health Authority report on opioid and opiate overdoses is due to the Legislative Assembly.
Changes the definition of "hemodialysis technician."
Requires the authority to keep confidential specified information related to psilocybin licensees, license applicants and permit holders.
Defines "environmental health." Changes requirements for authorizations for certain environmental health occupations and professions.
Aligns state regulations of clinical laboratories with federal law.
Broadens the authority's ability to enter into contracts for purposes of supporting school-based health centers.
Requires the authority or the Department of Human Services to enroll an eligible individual in a correctional facility in pre-release medical assistance.

Relating to public health.

Relating to public health; creating new provisions; amending ORS 411.447, 413.223, 413.225, 413.550, 413.561, 432.141, 438.010, 438.040, 438.060, 438.150, 438.160, 438.220, 438.310, 438.435, 438.450, 438.705, 438.990, 475A.586, 672.060, 676.177, 676.595, 676.992, 688.625, 700.010, 700.025, 700.030, 700.035, 700.053, 700.062, 700.220, 700.240, 813.160 and 830.535; and repealing ORS 438.030, 438.050, 438.055, 438.070, 438.110, 438.120, 438.130, 438.140, 438.210, 438.320, 438.420, 438.510, 700.050, 700.052 and 700.059.

Bill Number	Bill Number	Bill Sponsor	Current Committee	Bill URL	Next Hearing Date	State	Effective
SB 5512	SB 5512 INTRO	Presession filed (at the request of Oregon Department of Administrative Services)	Ways and Means (J)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB5512/Introduced	2/18/2025 1:00:00 PM	OR	

Limits biennial expenditures 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.

Digest: The Act creates an agency budget. (Flesch Readability Score: 73.8).
Limits biennial expenditures 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.
Declares an emergency, effective July 1, 2025.

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

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

2025 Mid-Year Preliminary Meeting Program

Friday, April 11th

1:00 pm - 6:00 pm

All times are Central Time

11:00 a.m. – 6:00 p.m.	**Registration**
12:00 p.m. – 6:00 p.m.	**AADB Attorney Round Table Meeting** *This closed session is for Attorneys who represent State/Territory Dental Boards.*

General Session

1:00 p.m. – 1:10 p.m.	**AADB President's Opening Remarks** Art Jee, DDS, AADB President
1:10 p.m. – 1:15 p.m.	**Executive Director's Welcome & Report** Kimber Cobb, RDH, Executive Director
1:15 p.m. – 1:45 p.m.	**Council on Dental Education & Licensure (CDEL) Update**
1:45 p.m. – 2:15 p.m.	**Joint Commission on Nat'l Dental Examinations (JCNDE) Update**
2:15 p.m. – 3:15 p.m.	**AADB State Dental Board Forum: State/Jurisdictions Board Issues** Bobby Carmen, DDS, MAGD, AADB Treasurer and Moderator
3:15 p.m. – 3:30 p.m.	**Exhibits & Networking Break**
3:30 p.m. – 4:30 p.m.	**CE Session 1 – Let There Be Light!** **Lasers & Red Light Therapy**
4:30 p.m. – 5:30 p.m.	**CE Session 2 – Let There Be Light!** **Regulation of Lasers & Red Light Therapy**
6:30 p.m.	**Presidential Reception** *Please join President Art Jee, DDS, the AADB Board of Directors, AADB team, and invited speakers for light hors d'oeuvres and drinks.*

2025 Mid-Year Preliminary Meeting Program

Saturday, April 12th
Caucuses 8:00 am - 9:30 am General Session 9:30 am - 1:00 pm
All times are Central Time

8:00 a.m. – 10:00 a.m.	**Registration**
7:30 a.m. – 8:00 a.m.	**Hot Breakfast Buffet**
8:00 a.m. – 8:30 a.m.	**AADB Member Hygienist Caucus Meeting** Diane Klemann, RDH AADB Dental Hygiene Board Member *This closed session is for AADB member hygienists.*
8:00 a.m. – 8:30 a.m.	**AADB Member Investigator Caucus Meeting** Jeff Puckett Chief Investigator and Asst. Executive Director Oklahoma Board of Dentistry
8:00 a.m. – 8:30 a.m.	**AADB Member Administrator Caucus Meeting** Dr. Arthur 'Rusty' Hickham Louisiana State Dental Board AADB Administrator Member
8:30 a.m. – 9:30 a.m.	**Regional Caucus Meetings** *North Caucus* *South Caucus* *East Caucus* *West Caucus*

General Session

9:30 a.m. – 9:45 a.m.	**Sponsorship Recognition**
9:45 a.m. – 10:45 a.m.	**IDDLC - Compact Discussion & Update**
10:45 a.m. – 11:00 a.m.	**Exhibits & Networking Break**
11:00 a.m. – 11:45 p.m.	**Caucus Reports** **North:** Frank Maggio, DDS, AADB Caucus Chair **South**: Melodie Jones, DMD, AADB Caucus Chair **East**: Maxine Feinberg, DDS, AADB Caucus Chair **West**: Byron Killpack, DDS, AADB Caucus Chair **Investigators Caucus**: Jeff Puckett, Chair **Dental Hygiene Caucus**: Diane Klemann, Chair **Administrators Caucus**: Dr. Arthur "Rusty" Hickham
11:45 p.m. – 1:00 p.m.	**Attorney Roundtable** Susan Rogers, Chair Casey Nichols, Co-Chair Brittney Novotny, Co-Chair
1:00 p.m.	**Adjournment**

UNFINISHED BUSINESS & RULES

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.
MEMBERSHIP AND EXAMINATION
ACCEPTANCE AGREEMENT

THIS AGREEMENT is entered into this_____ day of , 20__, by and between Central Regional Dental Testing Service, Inc., a Kansas nonprofit corporation (CRDTS), and the Oregon Board of Dentistry (the "Board") of the State of Oregon (the "State").

WHEREAS, CRDTS, is a not-for-profit, membership corporation, the voting members of which are the Boards of the several States responsible for the qualification and licensure or credentialing of dentists, dental hygienists, or other dental care providers; and

WHEREAS, CRDTS has adopted examinations for the testing of candidates for licensure or credentialing in Dentistry, Dental Hygiene, and other dental care professions; and

WHEREAS, the Board desires to become a voting member of CRDTS and to accept the results of the clinical examinations conducted by CRDTS as one of the factors to be considered by the Board in determining the qualifications of candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers, in the respective States Boards which are Members of CRDTS.

NOW, THEREFORE, in consideration of the mutual covenants stated herein and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, it is agreed:

1. Membership. The Board does hereby agree to become a Member of CRDTS within the meaning of Article Two, Section 2, of the CRDTS Bylaws, a copy of which has been provided to and reviewed by the Board and its counsel. The Board agrees to abide by and adhere to all the provisions of the CRDTS Bylaws. The Member will designate a representative to serve on the CRDTS Steering Committee who meets the requirements stated in the Bylaws, both the Board as a Member of CRDTS and the Board's designated member of the CRDTS Steering Committee shall comply with all of the terms and provisions of the CRDTS Bylaws. CRDTS does hereby accept the Board as a Member of CRDTS.

2. Examination. CRDTS shall conduct clinical examinations of candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers which shall meet or exceed the minimum standards for licensure or credentialing required by the State. The State Board does hereby confirm that it will support the administration of CRDTS dental and/or dental hygiene examinations within their Member State. The clinical examinations (the Examinations) shall be sufficiently comprehensive and realistic as to fairly and reasonably test the clinical knowledge and competence of the candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers using valid and reliable standards of psychometric measurement.

3. Acceptance and Use of Results. The Board, in its capacity as an agency of the State has reviewed the Examinations, the content format and grading standards and has determined that the Examinations are sufficient to meet the clinical examination requirements of the State, with respect to the measurement of the clinical abilities of candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers. CRDTS will make available to the Board complete details concerning the Examinations, the standards for conduct of the Examinations, and the results of the Examinations for any candidate who has taken a CRDTS Examination who is applying for licensure or credentialing in the State. Notwithstanding any provision of this Agreement to the contrary, the Board is not required to consider the Examination results of any candidate for licensure or credentialing, as either a dentist or dental hygienist, who is not otherwise qualified for licensure or credentialing under the laws and regulations of the State. The Board is not required to license any candidate for licensure as a dentist or dental hygienist based solely upon completion of the applicable Examination. No provision of this Agreement shall be construed to qualify a candidate for Examination or create any benefit hereunder for any candidate for licensure or credentialing as either a dentist or a dental hygienist if that person is not otherwise eligible for licensure or credentialing in the State.

4. Recognition. The Board will grant full recognition and credit, as herein above required, to the results of an examination given by CRDTS for a minimum period of five (5) years following the date of such examination regardless of the locality at which the examination was administered.

5. Board Authority. The Board does hereby affirm and CRDTS acknowledges that the Board has the statutory authority and duty to examine candidates for licensure or credentialing as dentists and dental hygienist and to determine the suitability and effectiveness of the Examinations it conducts or which are conducted for the Board. The Board has the right to consider the results of such Examinations for the same purposes in the same manner as the results of any Examination conducted independently and separately by the Board. The Board is not by the execution of this Agreement either expressly or by implication waiving its right to require or conduct such further Examination(s) as it may deem necessary to determine the suitability of candidates for licensure or credentialing in either dentistry or dental hygiene nor is it precluded from considering any other matter reasonably calculated to aid in its determination of the professional competence and eligibility of each candidate.

Nothing contained in this Agreement shall be construed to effect or impair the power, authority and discretion given by statute to the Board acting within the territorial limits of the State to make and enforce laws, rules, and regulations governing the practice of Dentistry and Dental Hygiene therein. The authority and discretion of the Board shall not be superseded or suspended in any respect by reason of this Agreement and all candidates for Examination and licensure or credentialing shall comply with and conform to all applicable, laws, rules, and regulations of the State.

6. Participation in Examinations. The Board shall have, as part of its statutory powers to conduct clinical examinations, the right to participate in the conduct of CRDTS examinations, and to consider the results of such examination for the same purpose and in the same manner as those obtained from clinical examinations independently and separately conducted by the Board.

7. Steering Committee Representation. The Board is entitled to have one of its duly qualified members elected as a member of the Steering Committee of CRDTS, pursuant to the CRDTS Bylaws, in order to maintain the equal representation of each Member participating in the testing services of CRDTS. It will be the obligation of the Steering Committee member, as the representative of the Member, to assist in the preparation, administration, and promotion of the CRDTS examinations. Representation on the Steering Committee will continue during the term of this Agreement and shall be deemed to be terminated simultaneously with this Agreement.

8. Examination Cost. The reasonable and necessary cost incurred in conducting such examinations shall be borne entirely by those applicants taking the examination and the examination fee required to be paid by such applicants shall be fixed by CRDTS in the amount necessary to defray such costs. The CRDTS examination fee shall be in addition to that which may be prescribed by the statutes and regulations of the State and the Board will not be required to defray the costs of examination incurred by CRDTS.

9. Confidentiality. The Board acknowledges that the Examinations and all protocols and other materials developed or used by CRDTS with respect to the Examinations, their administration, scoring of Examinations and the reporting of results and all other matters with respect to the Examinations are the intellectual property of CRDTS or have been licensed by CRDTS for use only by authorized CRDTS examiners are and shall be deemed "Confidential Information." The Board, all of the members of the Board, all persons engaged as examiners or otherwise participating in the administration of a CRDTS Examination acknowledge all such materials are confidential and shall not disclose, either directly or indirectly in whole or in part, the Examination materials provided to the Board by CRDTS or any of the information contained therein, or learned by such person or persons during the course of the conduct, administration, scoring, reporting and analysis of the results of the Examinations. The Board, its employees and agents, shall not alter or change the Examinations or other materials provided by CRDTS and shall not cause or allow any such materials to be delivered, transferred, sold or disclosed to any other person or entity. The Board, its employees and agents, shall only receive and use the Examinations and other materials for the limited purpose of administering the Examinations to candidates. No such person shall make any public disclosure of any information concerning the CRDTS Examinations unless such disclosure is made in compliance with the Oregon Public Records Law, (ORS 192.311 through 192.431), or the lawful order of a court of competent jurisdiction.

10. Term and Termination. The term of this Agreement shall commence on the date stated in the first paragraph and shall continue until terminated by either party, without cause, upon written notice, delivered not less than one hundred twenty (120) days before June 30, of any calendar year, during the term of this Agreement. This Agreement may be terminated by either party, for cause, which is defined as material breach of the terms of this Agreement, upon sixty (60) days written notice delivered by the party terminating the Agreement to the other party. Such notice shall state

the cause for termination and the party receiving such notice shall have a period of forty-five (45) days to cure the alleged breach to the satisfaction of the other party.

11. Survival Beyond Termination. Any and all obligations arising under Examination Cost, Defense Against Actions and Hold Harmless, and Limitation of Liability provisions shall survive the termination of this Agreement, and such survival shall specifically include any other terms and provisions of this Agreement necessary to give full force and effect to said provisions.

12. Defense Against Actions and Hold Harmless. CRDTS shall be responsible to the Board for the defense of actions, including third party claims, and for any resulting liability, deficiencies, or damages, incurred by the Board, together with reasonable attorney's fees and costs, arising from a breach or failure of CRDTS to perform its obligations under this Agreement.

The Board shall be responsible to CRDTS for the defense of actions, including third party claims, and for any resulting liability, deficiencies, or damages, incurred by CRDTS, arising from a breach or failure of the Board to perform its obligations under this Agreement; provided that the Board's liability for such damage or injury has been determined by a court or agreed to by the State. The party responsible for defense shall secure counsel of its choice and pay the costs of such legal representation; provided that no counsel selected or appointed by CRDTS to defend the State or the Board may act or purport to act as counsel for the State or the Board without first being appointed by the Attorney General for the State of Oregon. The other party may be separately represented by counsel of its choice at its own cost.

13. Limitation of Liability. Except for willful misconduct or gross negligence, neither party shall be liable to the other for punitive, exemplary, special, indirect, or consequential damages, including, without limitation, lost profits and costs. The liability of the Board and the State is subject to Article IX, Section 4, and Article XI, Section 7, of the Oregon Constitution and the limitations of the Oregon Tort Claims Act, ORS 30.2260 through 30.400.

14. Contractual Relationship. CRDTS and the Board are independent contractors: nothing herein shall be deemed to create a partnership, a joint venture, or employment relationship between the parties.

15. Notices. All notices which are required or which may be given pursuant to the terms of this Agreement shall be in writing and shall be sufficient in all respects if given in writing and delivered personally or by registered or certified mail, return receipt requested, or by a comparable commercial delivery system, and notice shall be deemed to be given on the date hand delivered or on the date deposited in United States mail, or with a comparable commercial delivery system, with postage or other delivery charges thereon prepaid, addressed as follows:

If to CRDTS:	If to the State:
Central Regional Dental State Dental Board Testing Service, Inc. 1725 Gage Boulevard Topeka, KS 66604-3333 Attn: Richael Cobler, Executive Director	Oregon Board of Dentistry [Address for notices]

16. Binding Effect and Assignment. All provisions of this Agreement shall be deemed to be binding upon the parties hereto, their successors and permitted assigns; provided, however, that neither party hereto shall have the right to assign any of the rights or obligations accruing to that party by reason of this Agreement without the prior written consent of the other party.

17. Law to Control. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Kansas; provided that the laws of the State of Oregon shall govern issues related to the authority of the Board or the State, and to issues of the sovereign and governmental immunity. Nothing herein shall be construed as consent by the Board or the State to the jurisdiction of any court, or a waiver by the Board or by the State of their immunity from suit in federal courts under the 11th Amendment to the United States Constitution.

18. Amendment. This Agreement may only be amended by an Agreement in writing executed with the same formality as this Agreement.

19. Prior Negotiations. This Agreement supersedes all prior negotiations and agreements between the parties hereto relative to the transactions contemplated by this Agreement. This Agreement contains the entire understanding of the parties hereto and may only be modified as has heretofore been provided.

20. Waiver of Breach. The waiver by any party hereto of breach of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach by any party.

21. Invalid Provision. The invalidity or unenforceability of any provision of this Agreement shall not affect any other provision hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision was omitted.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement on this_____day of _____, 20__.

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC. (CRDTS) By:_____ Dr. _____, President ATTEST: _____ Secretary	OREGON BOARD OF DENTISTRY By:_____ [Name, Title] ATTEST: _____ [Title]

Pacific University Oregon

Dental Hygiene Studies
222 SE 8th Ave., Suite 271
Hillsboro OR 97123
p: 503-352-7373
f: 503-352-7260

April 26, 2024

Oregon Board of Dentistry
15000 SW 1st Ave. #770
Portland, OR 97201

RE: Central Region Dental Testing Services (CRDTS) Examiner Process

Dear Mr. Prisby,

I am writing to you regarding an opportunity I have to become an examiner with CRDTS for their Restorative Examination Board. I have been leading the Restorative program at Pacific University since fall of 2012 and have used both WREB (Western Regional Examining Board) and CRDTS to credential our students to great success.

Recently, there has been a call from CRDTS for more Restorative Graders and I am at a time in my career that enables me to take this opportunity to improve my understanding of the procedures within our examining bodies and help influence student success internally and externally. I reached out to Kelly Mandella at CRDTS, who is the Director of Dental Hygiene Exams, and spoke with her about submitting my credentials to be considered. However, there appears to be some challenges associated with the State of Oregon that I am seeking your help in navigating.

At the time of our conversation, Kelly indicated to me that Oregon is not a member state and CRDTS does not officially allow examiners from non-member states to be a part of their team. But, there appears to be an alternative pathway for this issue where an interested person may seek a recommendation from their state board of dentistry to be sent to CRDTS supporting the individual for the role of CRDTS examiner. I would like to ask if you would be willing to write such a letter on my behalf to Kelly Mandella in support of my interest in this new role.

If you would be willing to do this for me, Kelly indicated that CRDTS is meeting at the end of June to discuss this policy and there may be a potential change to amend CRDTS bylaws to allow non-member states with qualified, interested individuals to be appointed to grading positions. However, should this change in bylaws not be approved, we thought it prudent to have a letter of support from the OBD ready so that I might be still considered.

If you have any questions, concerns, feedback, please do not hesitate to reach out to me or to Kelly. Her contact email is: kelly@crdts.org.

I appreciate your time and attention in considering this matter.

Sincerely,

Kristen L. Moses

Kristen L. Moses, MSEd, DT, EPDH, RDH
Restorative Lead | Assistant Professor | Pacific University
t: 503-352-7245 | f: 503-352-7260 | e: kristen.moses@pacificu.edu

OBD proposal to change Cultural Competency and add Substance Abuse CE Requirement

Submitted by OBD Board Member, Dr. Terrence A. Clark for the Board to review and discuss at the February 28, 2025 Board Meeting.

These two proposals would apply to Dentists, Dental Hygienists and Dental Therapists.

Proposal 1
Add that at least one (1) hour of continuing education must be related to alcohol and substance abuse by oral health care providers, current treatment modalities, and legal and ethical obligations to report abuse.

Proposal 2
Reduce the number of hours of continuing education related to cultural competency from 2 hours to one (1) hour.

818-021-0060 Continuing Education — Dentists
(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

818-021-0070 Continuing Education — Dental Hygienists
(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

818-021-0076 Continuing Education —Dental Therapists
(6) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

All three CE rules for Dentists, Dental Hygienists and Dental Therapists are included at end of this document. HB 2011 (2019) is also attached for reference.

Rational for Proposal 2
Whereas dentists have been required to have two hours of continuing education in cultural competency since 2021, then on average for the last two renewal cycles, every licensed dentist has taken at least 4 hours on this topic. This is not a rapidly changing topic and one hour is adequate to review the subject and include any new developments.

Rational for Proposal 1
The problem…
According to the National Institute of Health, about 10% of the population may currently be experiencing a substance abuse disorder. Although it not well documented, some researchers believe it may be higher for health care providers because of their easy access to drugs and the stress related to the profession. According to the Oregon Health Authority, there are over 8000 oral health care providers in the State of Oregon. If only 10% are estimated to have a substance abuse problem, that's potentially over 800 Oregon providers practicing dentistry with some level of a substance abuse impairment. Over the last decade, we generally have less than ten dentists a year in our state directed rehab programs; therefore 95% of those with a substance abuse disorder may not be receiving professional help. This is a very serious

problem. In fire control language, we have about 5% containment, and we must do better than this!

The State Board of Dentistry is charged with protecting the public safety from any form of malpractice, and practicing dentistry while impaired by a substance abuse disorder is one quintessential type of safety risk for any patient under their care. Some providers may think that their level of substance abuse may not be a safety issue for routine dentistry, however when a medical emergency arises, a clear head and unimpaired judgment are essential for an ideal outcome.

Many believe that the primary reasons health care providers do not seek help is because they are afraid it will affect their relationships with their families, their patients, their practice, their insurance coverage, their reputation among their peers, and their license to practice dentistry. This proposal addresses the obvious need to educate health care providers to recognize when there's a problem, to understand there is help available, and when voluntarily sought, there will be complete confidentiality in their treatment, and their license will not be jeopardized. It's also critical for health care providers to understand if they do not voluntarily seek help, and their substance abuse disorder becomes public knowledge, all their worst fears may be realized. As a profession, we must be part of the solution; we have a moral and ethical obligation to our peers and colleges to help them get help. As members of the Oregon State Board of Dentistry we have a legal mandate to do all we can to ensure the patient's safety, health, comfort, and well-being are protected in every way. Proposal 1 is a solid, objective method to begin to address this widespread problem and to increase the awareness within the profession.

818-021-0060
Continuing Education — Dentists

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

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

(3) Continuing education includes:

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

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

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

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon;

authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

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

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

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

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

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

818-021-0070
Continuing Education — Dental Hygienists

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

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

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

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

(d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional

journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.

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

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.

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

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

818-021-0076
Continuing Education - Dental Therapists

(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

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

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

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

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

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

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

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

(7) At least one (1) hour of continuing education must be related to pain management.

Enrolled
House Bill 2011

Sponsored by Representatives KENY-GUYER, KOTEK, Senator FREDERICK, Representative ALONSO LEON, Senator MONNES ANDERSON; Representatives BYNUM, GREENLICK, HAYDEN, MCLAIN, POWER, PRUSAK, SANCHEZ, SCHOUTEN, WILLIAMSON, Senators DEMBROW, FAGAN

CHAPTER .....

AN ACT

Relating to cultural competency continuing education; creating new provisions; amending ORS 676.850 and 676.855; and prescribing an effective date.

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

SECTION 1. ORS 676.850, as amended by section 24, chapter 61, Oregon Laws 2018, is amended to read:

676.850. (1) As used in this section, "board" means the:

(a) State Board of Examiners for Speech-Language Pathology and Audiology;

(b) State Board of Chiropractic Examiners;

(c) State Board of Licensed Social Workers;

(d) Oregon Board of Licensed Professional Counselors and Therapists;

(e) Oregon Board of Dentistry;

(f) Board of Licensed Dietitians;

(g) State Board of Massage Therapists;

(h) Oregon Board of Naturopathic Medicine;

(i) Oregon State Board of Nursing;

(j) Long Term Care Administrators Board;

(k) Oregon Board of Optometry;

(L) State Board of Pharmacy;

(m) Oregon Medical Board;

(n) Occupational Therapy Licensing Board;

(o) Physical Therapist Licensing Board;

(p) Oregon Board of Psychology;

(q) Board of Medical Imaging;

(r) State Board of Direct Entry Midwifery;

(s) State Board of Denture Technology;

(t) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(u) Home Care Commission;

(v) Oregon Health Authority, to the extent that the authority licenses emergency medical service providers; and

(w) Health Licensing Office, to the extent that the office licenses lactation consultants.

[*(2)(a) In collaboration with the Oregon Health Authority, a board may adopt rules under which the board may require a person authorized to practice the profession regulated by the board to receive cultural competency continuing education approved by the authority under ORS 413.450.*]

(2)(a) A board shall adopt rules to require a person authorized to practice the profession regulated by the board to complete cultural competency continuing education. Completion of the continuing education described in this subsection shall be a condition of renewal of an authorization to practice the profession regulated by the board every other time that the person's authorization is subject to renewal.

(b) Cultural competency continuing education courses may be taken in addition to or, if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, instead of any other continuing education requirement imposed by the board.

(c) A board shall consider the availability of the continuing education described in this subsection when adopting rules regarding the required number of credits of continuing education.

(d) A board shall encourage, but may not require, the completion of continuing education approved by the Oregon Health Authority under ORS 413.450. A board shall accept as meeting the requirements of this subsection continuing education that meets the skills requirements established by the authority by rule.

(3) The requirements of subsection (2) of this section do not apply to a person authorized to practice a profession regulated by a board if the person is:

(a) Retired and not practicing the profession in any state;

(b) Not practicing the profession in this state; or

(c) Residing in this state but not practicing the profession in any state.

[*(3)(a) A board, or the Health Licensing Office for those boards for which the office issues and renews authorizations to practice the profession regulated by the board, shall document participation in cultural competency continuing education by persons authorized to practice a profession regulated by the board.*]

[*(b) For purposes of documenting participation under this subsection, a board may adopt rules requiring persons authorized to practice the profession regulated by the board to submit documentation to the board, or to the office for those boards for which the office issues and renews authorizations to practice the profession regulated by the board, of participation in cultural competency continuing education.*]

[*(4) A board shall report biennially to the authority on the participation documented under subsection (3) of this section.*]

[*(5) The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (4) of this section.*]

SECTION 2. ORS 676.855 is amended to read:

676.855. Each public university listed in ORS 352.002 and each community college, as defined in ORS 341.005, may require persons authorized to practice a profession regulated by a board, as defined in ORS 676.850, who provide services to students at health care facilities located on a campus of the public university or community college to provide proof of [*participating at least once every two years in a*] **completing cultural competency** continuing education [*opportunity relating to cultural competency*] approved by the Oregon Health Authority under ORS 413.450.

SECTION 3. The amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act apply to applicants for initial authorization and to persons applying for renewal of authorization on or after the operative date of this 2019 Act.

SECTION 4. (1) The amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act become operative on July 1, 2021.

(2) The Oregon Health Authority, the Health Licensing Office and a board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority, the office and the board to exercise, on and after the operative date

specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority, the office or the board by the amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act.

SECTION 5. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eighteenth Legislative Assembly adjourns sine die.

Passed by House April 18, 2019

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Tina Kotek, Speaker of House

Passed by Senate May 22, 2019

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2019

Approved:

.....M.,....., 2019

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2019

.....
Bev Clarno, Secretary of State

CORRESPONDENCE

From: Vadi, Rama >
Sent: Friday, February 14, 2025 2:50 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>; Sonia Vazquez < >; Brittany Nguyen < >
Cc: Simmons, Kristen < >
Subject: Proposal to Amend OAR 818-012-0006 (3)

Good afternoon Stephen,

We hope this email finds you well. We would like to submit a proposal to the Oregon Board of Dentistry for inclusion into the agenda for the 2/28/25 meeting. We are requesting consideration from the Board for a change in OAR 818-012-0006 (3) to allow delegation of vaccine administration to dental therapists, dental hygienists, and expanded functions dental assistants. Please see the attached document for our full proposal and letters of support from the Oregon Dental Association, Oregon Dental Hygienist Association, and Oregon Dental Assistants Association. We look forward to discussing the matter further in person at the 2/28/25 board meeting. Let us know if you have any further questions or concerns.

Thank you in advance for your consideration to receive our proposal,
Rama Vadi, BSDH(c), Brittany Nguyen, BSDH(c), Sonia Vazquez, BSDH(c)

February 14th 2025

Oregon Board of Dentistry

1500 SW 1st Ave. #770

Portland, OR 97201

RE: Proposal to Amend OAR 818-012-0006 (3) to Allow Dental Therapists, Dental Hygienists, and Expanded Functions Dental Assistants to Administer Vaccinations

Dear Members of the Oregon Board of Dentistry,

We are senior dental hygiene students requesting an amendment to OAR 818-012-0006 (3) to permit the delegation of vaccine administration to Dental Therapists (DT), Dental Hygienists (DH), and Expanded Functions Dental Assistants (EFDA) under the indirect supervision of a dentist. This amendment aims to increase vaccination rates in Oregon by improving accessibility to vaccine services. With support from various stakeholders such as the Oregon Dental Hygiene Association (ODHA), the Oregon Dental Association (ODA), and the Oregon Dental Assisting Association (ODAA), we believe that this amendment will positively impact the communities in Oregon and allow for increased accessibility to vaccination.

CDC Guidelines currently recommend the following vaccinations: diphtheria, pertussis, tetanus (4 doses), poliovirus (3 doses), measles, mumps, rubella (1 dose), hepatitis b (3 doses), hemophilus influenza type b (3 doses), varicella (1 dose), and pneumococcal infections (4 doses). According to the Oregon Health Authority, the completion rate for these recommended vaccines in the state of Oregon was 68.3% in 2023. For the HPV series specifically, the completion rate was 57% in 2023.[1] HPV vaccination is especially important for young children and adolescents. Many children and adolescents complete the first series of the HPV vaccination but fail to complete the last dose to complete the vaccine series and provide immunity. These gaps are concerning for diseases that have significant health implications. The Oral Cancer Foundation describes “HPV is the leading cause of oropharyngeal cancers”.[2] Dentists, dental therapists, and dental hygienists are able to screen patients on a routine basis for oral cancer. According to the Centers for Disease Control and Prevention (CDC), missed opportunities to vaccinate during

[1] Oregon Immunization Program Data and reports. Oregon Health Authority : Oregon Immunization Program Data and Reports : Vaccines and Immunization : State of Oregon. (n.d.). https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/Pages/research.aspx

[2] HPV / oral cancer facts - oral cancer foundation: Information and resources about oral head and neck cancer. Oral Cancer Foundation | Information and Resources about Oral Head and Neck Cancer. (2019, February 1). https://oralcancerfoundation.org/understanding/hpv/hpv-oral-cancer-facts/#:~:text=HPV%20and%20Oral%20Cancer:%0A%0AHPV%20is%20the%20leading,front%20of%20the%20mouth%2C%20oral%20cavity%20cancers.

routine healthcare visits are a leading cause of incomplete vaccination series.[3] Incorporating vaccine administration into dental visits could bridge this gap. As dental professionals, patients are typically seen twice a year. This enables dental professionals to provide dental treatment as necessary and act as preventative specialists for oral health while working in tandem with the patient's medical care team.

In a recent anonymous survey of practicing dental hygienists within Oregon distributed by ODHA, 49% of the 57 respondents strongly agreed with the statement, "I feel that adding vaccine administration to the dental assisting scope of practice would benefit the public." In this same survey, 81% of the 57 respondents strongly agreed with the statement, "I feel adding vaccine administration to the dental therapist and dental hygiene scope of practice would benefit the public." Additionally, 67% of the 57 respondents strongly agreed with the statement, "I would support a change in the state dental practice act to allow the administration of vaccinations." Some voluntary comments include: "The Dentist at the private practice that I worked at during COVID was trained to give COVID vaccines. It was a great benefit to our patients.", "Please look into also adding "to administer vaccinations under the supervision, direction, and control of a pharmacist, dentist or physician. It would possibly open up an opportunity for medical-dental integration and possibly non-clinical opportunities.", "I do think it should be under general supervision for Hygienists and Dental Therapists. Both currently can provide anesthesia to their patients under general supervision, and this rule should be the same." [4]

During the COVID-19 pandemic, dental offices were shut down for three months. During this time, dental professionals could not utilize their skills and suffered from decreased income. Under OAR 818-012-0006 rule in the Oregon Dental Practice Act, dentists could administer vaccinations with the required training to use their skills and supplement their income. However, dental therapists, dental hygienists, and dental assistants could not do so despite the similarities in scope of practice. "Not unlike many other professions in the United States, challenges persist in dental hygienist employment. The COVID-19 pandemic has exacerbated a voluntary reduction in the dental hygiene workforce and may persist, as some dental hygienists are choosing to leave the profession permanently," said Rachel W. Morrissey, M.A., senior research analyst with the ADA Health Policy Institute.[5] Public health and clinicians benefit by allowing dental therapists, dental hygienists, and dental assistants to administer vaccines. During the COVID-19 pandemic, dental hygienists in California, Connecticut, Kentucky, Nevada, and New York were able to administer vaccinations. [6] Increased availability of providers to administer vaccinations and increased public access to acquiring vaccination would be beneficial factors in serving public

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[3] Oregon Immunization Program Data and reports. Oregon Health Authority : Oregon Immunization Program Data and Reports : Vaccines and Immunization : State of Oregon. (n.d.). https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/Pages/research.aspx

[4] Pacific University IRB# 2253357-1

[5]Research reveals impact of covid-19 on dental hygienists. American Dental Association. (n.d.). https://www.ada.org/about/press-releases/research-reveals-impact-of-covid-19-on-dental-hygienists

[6] American Dental Education Association. (n.d.). States Permitting Dentists to Administer Vaccinations for COVID-19.https://www.adea.org/docs/default-source/default-document-library/adea/advocacy/policy/2021/states-permitting-dentists-to-administer-vaccinations-for-covid-19-(6).pdf?sfvrsn=1de426cf_1

health needs and reducing preventable diseases in Oregon. For dental auxiliaries, an additional stream of production and increase in scope of practice would benefit the practice needs and allow professionals to practice at the top of their scope of practice. In the event of another unforeseeable pandemic, the suffering of dental providers and dental offices could be minimized by adopting duties that are within the scope of practice.

To administer vaccines through the OAR 818-012-0006 rule in the Oregon Dental Practice Act, dentists must have completed a course of training approved by the Board to be able to learn how to administer the vaccine safely and effectively. Any healthcare professional administering vaccines should have the necessary training and skills to do so, as directed by their respective state practice act. If the dentist is able to delegate the administration of vaccines, the delegation must be given to a dental auxiliary who has also completed a course of training approved by the Board.

Some organizations that support public health, such as Virginia Garcia and Neighborhood Health Center, have medical and dental integration in their facilities. This helps providers from both medical and dental fields participate in providing holistic care to their patient populations. Providers can easily see and discuss immunization records with patients in these organizations. Allowing dentists to delegate vaccinations to dental therapists, dental hygienists, and dental assistants would increase the opportunities available for these patients to complete their vaccinations and improve public health outcomes in Oregon.

Our primary goal is to address Oregon's low vaccination rates by expanding access to dental professionals in dental settings. We believe that allowing dental hygienists, dental therapists, and expanded functions dental assistants to administer vaccines will benefit the general public. It will provide more opportunities and help close the low vaccination rate gap in Oregon.

Thank you in advance for your consideration to receive our proposal,

Rama Vadi, BSDH(c), Brittany Nguyen, BSDH(c), Sonia Vazquez, BSDH(c)

Proposed Amendment to OAR Dental Practice Act

818-012-0006

Qualifications - Administration of Vaccines

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

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

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

(b) The vaccines are administered in accordance with the "Model Standing Orders" approved by the Oregon Health

Authority (OHA).

(3) The dentist may ~~not~~ delegate the administration of vaccines to ~~another person~~ a licensed dental therapist, licensed dental hygienist or an EFDA dental assistant.

(a) The administration of vaccines must be performed under the indirect supervision of the authorizing dentist.

(b) The licensed dental therapist, dental hygienist or EFDA dental assistant must have completed the vaccine training required for dentists.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented:

History: OBD 2-2019, adopt filed 10/29/2019, effective 01/01/2020

Relevant ORS/OAR Information

ORS 679.552 Prescription and administration of vaccines; approved training course; rules. (1)(a) In accordance with rules adopted by the Oregon Board of Dentistry, a dentist may prescribe and administer vaccines to a person with whom the dentist has established a patient relationship.

(b) The board shall approve a training course on the prescription and administration of vaccines. The board may approve a training course offered by the Centers for Disease Control and Prevention, the American Dental Association or its successor organization or other similar federal agency or professional organization.

(c) The board may adopt other rules as necessary to carry out this section.

(2) The board shall adopt rules relating to the prescription and administration of vaccines by dentists, including rules requiring dentists to:

(a) Report the prescription and administration of vaccines to the immunization registry created by the Oregon Health Authority pursuant to ORS 433.094;

(b) Prior to administering a vaccine, review the patient's vaccination history in the immunization registry described in this subsection;

(c) Comply with protocols established by the authority for the prescription and administration of vaccines under subsection (1) of this section; and

(d) Comply with any applicable rules adopted by the authority related to vaccines.

(3) In consultation with the board, the authority may adopt rules related to vaccines prescribed and administered by dentists. [2019 c.58 §2]

OAR 818-012-0007

Procedures, Record Keeping and Reporting of Vaccines

(1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.

(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.

(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated staff must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.

(4) The dentist or designated staff must document in the patient record:

(a) The date and site of the administration of the vaccine;

(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;

(c) The name or identifiable initials of the administering dentist;

(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;

(e) The date of publication of the VIS; and

(f) The date the VIS was provided and the date when the VIS was published.

(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.

(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.

(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.

(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).

(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

February 10, 2025

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

Members of the Board of Dentistry:

ODA is supportive of the proposed amendment to OAR 818-012-0006 to permit the delegation of vaccine administration to Dental Therapists, Dental Hygienists, and Expanded Functions Dental Assistants under the indirect supervision of a dentist after completing Board of Dentistry approved training.

In 2019 legislation was passed allowing Oregon licensed dentists to administer vaccines. The Board then implemented new rules in the Oregon Dental Practice Act regarding dentists administering vaccinations: OAR 818-012-0006 and OAR 818-012-0007.

To administer vaccines through Oregon Dental Practice Act dentists must complete a course of training approved by the Board to be able to learn how to administer the vaccine safely and effectively. However, currently a dentist may not delegate the administration of vaccines to another person.

As we learned during the COVID-19 pandemic, increasing the number of health care providers who can administer vaccines can directly benefit public health and safety. Furthermore, oral health providers have the potential to play an important role in promoting overall health by making vaccines more accessible to the public.

Thank you,

Sincerely,

Caroline Zeller, DDS
President, Oregon Dental Association

February 5, 2025

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

The Oregon Dental Hygienists' Association (ODHA) is pleased to support a proposal from Pacific University to amend the Oregon Administrative Rules to allow dentists to delegate the administration of vaccines to dental therapists, dental hygienists, and expanded functions dental assistants under the indirect supervision of the dentist.

The ODHA is a constituent of the American Dental Hygienists' Association (ADHA). The ADHA has policy that "supports the education and training of dental hygienists in the procedure of vaccine administration to advance the effort of protecting and preserving public health."

As we learned during the COVID-19 pandemic, increasing the number of health care providers who can administer vaccines can directly benefit public health and safety. Oral health providers can play an important role in promoting overall health by making vaccines more accessible to the public.

Thank you for considering this proposal.

Sincerely,

Lisa J. Rowley

Lisa J. Rowley, MS, CDA, RDH, FADHA
Advocacy & Membership Director
Oregon Dental Hygienists' Association
lisajrowley.rdh@outlook.com

February 14th, 2025

Oregon Board of Dentistry

1500 SW 1stAve. #770

Portland, OR 97201

RE: Proposal to Amend OAR 818-012-006 (3) to Allow Dental Therapists, Dental Hygienists, and Expanded Functions Dental Assistants to Administer Vaccinations

Dear Members of the Oregon Board of Dentistry,

The Oregon Dental Assistants Association (ODAA) is in support of the proposed amendment to OAR 818-012-006 developed by Pacific University Senior Dental Hygiene students; Rama Vadi, Brittany Nguyen and Sonia Vazquez.

The information in the proposal includes detailed scientific research data to support the benefits to Oregon citizens by having additional healthcare providers and personnel trained to provide preventable disease vaccines in the dental setting under indirect supervision of an Oregon licensed dentist.

To support this proposal is to support the goal of expanding and increasing vaccine availability to more Oregonians who all deserve to receive this protection and to live a healthy life.

We thank you for your consideration.

Respectfully,

Ginny Jorgensen, ODAA President

From: Michelle Cummins <cumminsm@lanecc.edu>
Sent: Tuesday, January 21, 2025 5:15 PM
To: PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>; SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>
Cc: Miner, Cory <MinerJC@lanecc.edu>; Tavernier, Jennifer <TavernierJ@lanecc.edu>
Subject: Dental Assistant LA Course Proposal

Mr. Prisby and Dr. Smorra,

Lane Community College is requesting Board Approval of a Local Anesthesia Dental Assistant (Non-Credit Certification Course) that is intended to prepare Expanded Functions Dental Assistants for the Local Anesthesia Functions Certificate in accordance with OAR 818-042-0096.

Attached is our course proposal for Board review at the February 28, 2025 Meeting.

Please let me know if you need additional information.

Thank You.

Michelle Cummins, BSDH MEd, RDH EP
Dental Hygiene Program Coordinator/Faculty
Health Professions, Health, & Physical Education
Lane Community College
4000 E. 30th Ave.
Eugene, OR 97405

Lane Community College SM

Health Professions, Health, and Physical Education Division

January 20, 2025

Oregon Board of Dentistry
1500 S.W. 1st Avenue, Suite 770
Portland, OR 97201

RE: Expanded Functions Dental Assistant Local Anesthesia Course Proposal

Dear Board of Dentistry Members:

Lane Community College is requesting the approval of a Continuing Education course to prepare Expanded Function Dental Assistants (EFDA) for the administration of local anesthesia under the direct supervision of dentists in Oregon.

As a Commission on Dental Accreditation (CODA) approved Dental Hygiene Program located in Eugene, Oregon, the Dental Hygiene Faculty have the knowledge, expertise, skill, and clinical facilities to deliver a certification course that will assist in the skill development of dental assistants who are choosing to obtain this additional function.

Please review the attached curriculum proposal for the "Local Anesthesia Certification Course for Dental Assistants" that we would like to offer at our institution.

Thank you. We look forward to hearing from you.

Michelle Cummins, RDH, MEd
Dental Hygiene Program Coordinator

Jill Jones, RDH MS
Dental Hygiene Program Faculty

Course Proposal

Course Title: Local Anesthesia Certification Course for Dental Assistants

Course Description:

Current science, theories and implementation of local anesthesia. Review of anatomy, physiology, pharmacology, and emergency procedures associated with local anesthesia. Foundational skill development in the administration of infiltration and block anesthesia in dental hygiene procedures. Students will complete all laboratory and clinical experience in administration of local anesthesia in a supervised clinical laboratory setting.

This course meets the requirements for Local Anesthesia Certification for EFDA Dental Assistants in Oregon. Participants should consult the Oregon Practice Act available from the Oregon Board of Dentistry for complete local anesthesia requirements.

This course will meet the requirements for the Dental Assisting Local Anesthesia Functions Certificate (LAFC).

Course Prerequisites: Prior to the beginning of this course, participants must provide proof of:

1. Current Expanded Functions Dental Assistant (EFDA) certification from the Oregon Board of Dentistry.
2. BLS/CPR for Healthcare Providers Certification
3. Current Professional Liability Insurance
4. One year of clinical practice experience as a Dental Assistant

Course Requirements: In order to successfully complete this course, the participant must:

1. Complete a minimum of ***30 hours Lecture***, to include online readings, videos, recorded lectures, and unit assessments.
2. Pass written exams at 75% or higher.
3. Complete minimum of ***24 hours Lab*** with hands-on learning experiences, at Lane Community College in Eugene, OR.
4. Demonstrate correct administration of the following injections: *SP (infiltration), PSA, MSA, ASA, GP, AMSA, NP, IA, GG, LB, Incisive*.
5. Complete a final competency skill assessment for the IA and the PSA, at 75% or higher.

Preparation for the Course:	Using the study materials provided in an online learning system (Moodle), all course participants must complete the assigned readings of the required textbook, view the assigned videos and successfully pass the assigned quizzes prior to the hands-on portion of the certification course.
Required Text	Local Anesthesia for Dental Professionals, Second Edition, 2022 update, Bassett, DiMarco and Naughton
Additional Reference	Handbook of Local Anesthesia, Seventh Edition, 2019, Malamed.
Course Topics:	Anatomy Review, Armamentarium, Neurophysiology, Pharmacology of Local Anesthetics and Vasoconstrictors, Systemic and Local Complications, Maxillary Injection Techniques (Infiltration, PSA, MSA, ASA, GP, AMSA, NP) and Mandibular Injection Techniques (IA/L, LB, Incisive, GG), Supplemental Injection Techniques, Injection Troubleshooting Techniques, Anxiety and Dental Fears, Legal & Ethical Considerations, Future Trends in Local Anesthesia.
Unit Objectives:	See attachment.
Lab Evaluation Criteria:	Students will be evaluated using a local anesthesia clinical board evaluation format. The Dental Assisting Local Anesthesia Basic Skill Evaluation form will be completed for each course injection. Students must pass all critical areas at a satisfactory level on this form to receive credit. A final competency evaluation for the IA and PSA nerve blocks will be completed at the end of the course.

COURSE TOPICS and UNIT OBJECTIVES
Dental Assisting Local Anesthesia Course

Topic 1: Orientation, Armamentarium and Basic Injection Techniques

Unit Objectives:

1. Review Pre-Exam answers and re-familiarize yourself with the content.
2. Review and understand head and neck anatomy as it relates to the administration of local anesthesia.
3. On a lab partner, correctly identify specific anatomical landmarks critical to the administration of local anesthesia.
4. Describe and define the complete armamentarium essential for the administration of a local anesthetic agent
5. Demonstrate how to safely load and unload an anesthetic syringe.
6. Demonstrate how to safely uncap and recap an anesthetic syringe using the one-handed scoop technique.
7. Describe the steps for the basic injection technique.

Topic 2: Neurophysiology

Unit Objectives:

1. Describe the structure of a nerve.
2. Explain nerve impulse transmission.
3. Describe the chemical structure of local anesthetics.
4. Explain the mechanism of action of local anesthetics.
5. Explain the factors affecting local anesthetic activity, including physiologic effect, dissociation constant, effects of inflammation, lipid solubility and protein binding.
6. Identify the anesthesia landmarks for a superperiosteal (SP) injection on a lab partner.

Topic 3: Pharmacology of Local Anesthetics & Vasoconstrictors

Unit Objectives:

1. Describe the mechanism of action and pharmacokinetics of local anesthetic agents.
2. Discuss the efficacy, safety, duration of action and recommended dosages of local anesthetic agents.
3. Describe the clinical manifestations of local anesthetic overdose.
4. Give the rationale for adding vasoconstrictors to local anesthetic agents.
5. Describe the mechanism of action of vasoconstrictors used in local anesthetic agents.
6. Describe the clinical manifestations of vasoconstrictor overdose.
7. Review SP documents previously provided.
8. Administer the inferior alveolar (IA) injection at a basic skill level on a lab partner. .

Topic 4: Physical and Psychological Evaluation Overview

Unit Objectives:

1. Discuss patient assessment tools for the evaluation of physical and psychological tolerance to local anesthesia.
2. Utilize the American Society of Anesthesiologists' Physical Status Classification System to determine which patients are at medical risk for the administration of local anesthetics/vasoconstrictors.
3. Understand relative and absolute contraindications for the administration of local anesthetics/vasoconstrictors.
4. Assess the significance of drug interactions that can occur when administering local anesthetics/vasoconstrictors.
5. Identify and evaluate treatment modifications that can be made to increase patient safety and comfort with local anesthesia.
6. Evaluate situations that require a medical consultation before treatment.
7. Describe the dose limitation with a vasoconstrictor when cardiovascular disease is reported.
8. Identify signs and symptoms of undiagnosed medical conditions that can affect local anesthetic administration.
9. Discuss the importance of postanesthetic care.
10. Develop methods to utilize for stress reduction/patient management.
11. Administer the Posterior Superior Alveolar (PSA) Nerve Injection at a basic skill level on a lab partner.

Topic 5: Techniques of Maxillary Pain Control Overview

Unit Objectives:

1. Describe indications and technique features of the ASA and MSA injections.
2. Demonstrate basic technique steps for safe and effective administration of the ASA and MSA injections.
3. Administer the ASA and MSA injections at a basic skill level on a lab partner.

Topic 6: Supplemental Mandibular Injection Techniques

Unit Objectives:

1. Describe the relevant anatomy and technique features for the injections below.
2. Understand the difference between the mental nerve block and the incisive nerve block.
3. Describe the basic technique steps for safe and effective administration for the following injections:
    1. Long buccal nerve block
    2. Incisive nerve block
4. Administer the Long Buccal (LB) and Incisive (I) injections at a basic skill level on a lab partner.

Topic 7: Palatal Pain Control

Unit Objectives:

1. Discuss the Gate Control theory for pain.
2. Understand and apply the knowledge and application of pressure anesthesia.
3. Describe the basic injection technique steps for safe and effective administration of the following injections:
    1. Nasopalatine nerve block
    2. Greater palatine nerve block
    3. Anterior middle superior alveolar nerve block
    4. Administer the Nasopalatine (NP), Greater Palatine (GP), Anterior middle superior alveolar (AMSA) nerve block Injections at a basic skill level on a lab partner.

Topic 8: Supplemental Injection Techniques and Local and Systemic Complications

Unit Objectives:

1. Understand supplemental injection techniques, including:
    1. Periodontal ligament (PDL)
    2. Intraosseous
    3. Intraseptal
    4. Intrapulpal
2. Describe the physiological and anatomical basis of inadequate anesthesia.
3. Develop critical thinking skills to help overcome frustrating anesthetic challenges.
4. Identify and discuss the most common adverse local events that may occur during and after local anesthetic drug administration.
5. Evaluate and discuss appropriate response and management of adverse events.
6. Define and identify idiosyncratic events and analyze their management.
7. Discuss and apply appropriate preventive strategies to avoid local anesthesia complications.
8. Describe the basic technique steps for safe and effective administration of the following injections:
    1. Gow-Gates nerve block
    2. Posterior Superior Alveolar nerve block
9. Describe alternative positioning for a left PSA, if a right-handed operator.
10. Administer the Gow-Gates (GG) and Posterior Superior Alveolar (PSA) nerve block injections at a basic skill level on a lab partner.

Topic 9: Local Anesthetic Considerations: Dental Fears & Anxiety, Legal Considerations and Future Trends

Unit Objectives:

1. Differentiate between the terms fear, anxiety and phobia.
2. Discuss and apply fundamental concepts of treatment for fearful and anxious patients.
3. Name and explain four useful types of control for anxious patients receiving injections.
4. Describe the management of anesthetic failure, including psychological management of the patient and technical reassessment.
5. Identify specific needs and problems associated with pain control in dental specialties.
6. Apply the principles of local anesthetic drug toxicity to compute safe doses for pediatric patients based on body weight.
7. Describe injection technique modifications for small children.
8. Recognize and manage post-anesthetic trauma.
9. Discuss anesthetic techniques for oral and maxillofacial surgery.
10. Determine effective treatment options for maxillary anesthesia in periodontics.
11. Discuss how anesthetic challenges are addressed in endodontics.
12. Understand legal considerations associated with the administration of local anesthesia.
13. Identify future trends in pain control in dentistry.
14. Appreciate the need for lifelong learning to keep informed of new techniques and products.
15. Describe the basic technique steps for safe and effective administration of the following injections: Gow-Gates nerve block and the Posterior Superior Alveolar nerve block
16. Describe alternative positioning for a left PSA, if a right-handed operator.
17. Administer the Gow-Gates (GG) and Posterior Superior Alveolar (PSA) nerve block injections at a basic skill level on a lab partner.

Topic 10: Mock Anesthesia Board: IA and PSA injections

In an anesthesia mock board environment:

1. administer and pass to competence level (75% or higher), the Inferior Alveolar (IA) nerve block on a patient
2. administer and pass to competence level (75% or higher), the Posterior Superior Alveolar (PSA) nerve block on a patient.

TMJ Clinic
John Summer D.D.S.

833 S.W. 11th Ave., Suite 810 · Portland, OR 97205
Phone 503.241.7353 · Fax 503.525.2966
www.portlandtmjclinic.com

Oregon Dental Board
1500 SW 1st Ave.
Suite 770
Portland OR 97201

1/28/25

Dear Executive Staff,

I have a scope of practice question regarding treatments for edentulous sleep apnea patients. I've developed and tested a new soft palate elevator and a new tongue holding device which can be carried on denture base plates and used to treat these people. The soft palate elevator was recently FDA cleared, and the tongue holding device is in the final clinical study requested by the FDA, already with IRB approval. It's known that edentulous people have more frequent and more severe obstructive sleep apnea than the general population, and their soft tissues cannot tolerate the pressures of mandibular advancement. For those who refuse surgery and cannot tolerate CPAP, these new devices could save their lives. Dentists will soon be able to make them through a specialty lab. However, denturists have unique access to this population and the skills to provide the new treatment modalities on denture base plates, after some training, which I would be glad to provide. Their charter states, "Denturists construct, repair, reline, reproduce, duplicate, supply, fit or alter removeable prosthetic dental appliances, otherwise known as dentures." In this case, the prosthetic dental appliances that I suggest they be able to provide are different from what is "otherwise known as dentures", which is why there is some legal clarification needed here. These are certainly removeable prosthetic devices and not orthodontic devices. Will denturists be permitted to treat these patients and fabricate the devices? I would be glad to demonstrate the devices at a meeting or provide any information you would need to make a judgement about this matter before it becomes relevant for treatment of the general public in the near future. Short notice is fine. I'm downtown anyway.

Sincerely,

John Summer DDS

OTHER ISSUES

Oregon
Tina Kotek, Governor

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

TO: OBD Board Members
FROM: Stephen Prisby, OBD Executive Director
DATE: Feb 17, 2025
SUBJECT: HB 2676, CSG Model Compact & PT Compact Overview

At the Feb 28 Board Meeting I will provide you a number of documents regarding HB 2676, the CSG Dental/Dental Hygiene License Compact Commission and an overview of the Physical Therapy Compact's implementation in Oregon.

I ask that you all take a thorough review of the provided documents and that the Board discuss the merits and concerns of Oregon joining the CSG Compact. It is time for the Board to discuss candidly and to potentially take an official position on it that I can share with the Governor's office and interested parties.

House Bill 2676

Sponsored by Representatives DIEHL, JAVADI, Senator HAYDEN; Representative VALDERRAMA, Senators BONHAM, MEEK, SOLLMAN (Presession filed.)

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 **as introduced.** The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act makes Oregon join a compact to let dentists and dental hygienists from other states work in this state. (Flesch Readability Score: 68.0).

Enacts the interstate Dentist and Dental Hygienist Compact. Permits the Oregon Board of Dentistry to disclose specified information to the Dentist and Dental Hygienist Compact Commission. Exempts individuals authorized by compact privilege from requirement to obtain licensure from the board to practice as a dentist or dental hygienist. Allows the board to use moneys to meet financial obligations imposed on the State of Oregon as a result of participation in the compact.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to an interstate dental professionals compact; creating new provisions; amending ORS 676.177, 679.025, 679.260 and 680.020; and prescribing an effective date.

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

SECTION 1. The provisions of the Dentist and Dental Hygienist Compact are as follows:

DENTIST AND DENTAL HYGIENIST COMPACT

SECTION 1. TITLE AND PURPOSE

This statute shall be known and cited as the Dentist and Dental Hygienist Compact. The purposes of this Compact are to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by providing dentists and dental hygienists licensed in a participating state the ability to practice in participating states in which they are not licensed. This Compact does this by establishing a pathway for dentists and dental hygienists licensed in a participating state to obtain a Compact privilege that authorizes them to practice in another participating state in which they are not licensed. This Compact enables participating states to protect the public health and safety with respect to the practice of such dentists and dental hygienists, through the state's authority to regulate the practice of dentistry and dental hygiene in the state. This Compact:

A. Enables dentists and dental hygienists who qualify for a Compact privilege to practice in other participating states without satisfying burdensome and duplicative requirements associated with securing a license to practice in those states;

B. Promotes mobility and addresses workforce shortages through each participating state's acceptance of a Compact privilege to practice in that state;

C. Increases public access to qualified, licensed dentists and dental hygienists by creating a responsible, streamlined pathway for licensees to practice in participating states;

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.

D. Enhances the ability of participating states to protect the public's health and safety;

E. Does not interfere with licensure requirements established by a participating state;

F. Facilitates the sharing of licensure and disciplinary information among participating states;

G. Requires dentists and dental hygienists who practice in a participating state pursuant to a Compact privilege to practice within the scope of practice authorized in that state;

H. Extends the authority of a participating state to regulate the practice of dentistry and dental hygiene within its borders to dentists and dental hygienists who practice in the state through a Compact privilege;

I. Promotes the cooperation of participating states in regulating the practice of dentistry and dental hygiene within those states; and

J. Facilitates the relocation of military members and their spouses who are licensed to practice dentistry or dental hygiene.

SECTION 2. DEFINITIONS

As used in this Compact, unless the context requires otherwise, the following definitions shall apply:

A. "Active military member" means any person with full-time duty status in the Armed Forces of the United States, including members of the National Guard and Reserve.

B. "Adverse action" means disciplinary action or encumbrance imposed on a license or Compact privilege by a state licensing authority.

C. "Alternative program" means a nondisciplinary monitoring or practice remediation process applicable to a dentist or dental hygienist approved by a state licensing authority of a participating state in which the dentist or dental hygienist is licensed. This includes, but is not limited to, programs to which licensees with substance abuse or addiction issues are referred in lieu of adverse action.

D. "Clinical assessment" means examination or process, required for licensure as a dentist or dental hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.

E. "Commissioner" means the individual appointed by a participating state to serve as the member of the Commission for that participating state.

F. "Compact" means this Dentist and Dental Hygienist Compact.

G. "Compact privilege" means the authorization granted by a remote state to allow a licensee from a participating state to practice as a dentist or dental hygienist in a remote state.

H. "Continuing professional development" means a requirement, as a condition of license renewal, to provide evidence of successful participation in educational or professional activities relevant to practice or area of work.

I. "Criminal background check" means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. 20.3(d), from the Federal Bureau of Investigation and the state's criminal history record repository, as defined in 28 C.F.R. 20.3(f).

J. "Data system" means the Commission's repository of information about licensees, including but not limited to information about examinations, licensure, investigations, adverse actions, alternative programs and Compact privilege.

K. "Dental hygienist" means an individual who is licensed by a state licensing authority to practice dental hygiene.

L. "Dentist" means an individual who is licensed by a state licensing authority to practice dentistry.

M. "Dentist and Dental Hygienist Compact Commission" or "Commission" means a joint government agency established by this Compact comprised of each state that has enacted this Compact and a national administrative body comprised of a commissioner from each state that has enacted this Compact.

N. "Encumbered license" means a license that a state licensing authority has limited in any way other than through an alternative program.

O. "Executive board" means the chair, vice chair, secretary and treasurer and any other commissioners as may be determined by Commission rule or bylaw.

P. "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of dentistry or dental hygiene, as applicable, in a state.

Q. "License" means current authorization by a state, other than authorization pursuant to a Compact privilege or other privilege, for an individual to practice as a dentist or dental hygienist in that state.

R. "Licensee" means an individual who holds an unrestricted license from a participating state to practice as a dentist or dental hygienist in that state.

S. "Model compact" means the model for this Dentist and Dental Hygienist Compact on file with the Council of State Governments, or its successor organization, or another entity as designated by the Commission.

T. "Participating state" means a state that has enacted this Compact and been admitted to the Commission in accordance with the provisions herein and Commission rules.

U. "Qualifying license" means a license that is not an encumbered license issued by a participating state to practice dentistry or dental hygiene.

V. "Remote state" means a participating state where a licensee who is not licensed as a dentist or dental hygienist is exercising or seeking to exercise the Compact privilege.

W. "Rule" means a regulation promulgated by an entity that has the force of law.

X. "Scope of practice" means the procedures, actions and processes a dentist or dental hygienist licensed in a state is permitted to undertake in that state and the circumstances under which the licensee is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means including, but not limited to, statute, regulations, case law and other processes available to the state licensing authority or other government agency.

Y. "Significant investigative information" means information, records and documents received or generated by a state licensing authority pursuant to an investigation for which a determination has been made that there is probable cause to believe that the licensee has violated a statute or regulation that is considered more than a minor infraction for which the state licensing authority could pursue adverse action against the licensee.

Z. "State" means any state, commonwealth, district or territory of the United States that regulates the practices of dentistry and dental hygiene.

AA. "State licensing authority" means an agency or other entity of a state that is re-

sponsible for the licensing and regulation of dentists or dental hygienists.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

A. In order to join this Compact and thereafter continue as a participating state, a state must:

1. Enact a version of this Compact that is not materially different from the model compact as determined in accordance with Commission rules;

2. Participate fully in the Commission's data system;

3. Have a mechanism in place for receiving and investigating complaints about its licensees and license applicants;

4. Notify the Commission, in compliance with the terms of this Compact and Commission rules, of any adverse action or the availability of significant investigative information regarding a licensee and license applicant;

5. Fully implement a criminal background check requirement, within a time frame established by Commission rule, by receiving the results of a qualifying criminal background check;

6. Comply with the Commission rules applicable to a participating state;

7. Accept the national board examinations of the Joint Commission on National Dental Examinations, or its successor organization, or another examination accepted by Commission rule as a licensure examination;

8. Accept for licensure that applicants for a dentist license graduate from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or its successor organization, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

9. Accept for licensure that applicants for a dental hygienist license graduate from a dental hygiene education program accredited by the Commission on Dental Accreditation, or its successor organization, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;

10. Require for licensure that applicants successfully complete a clinical assessment;

11. Have continuing professional development requirements as a condition for license renewal; and

12. Pay a participation fee to the Dentist and Dental Hygienist Compact Commission as established by Commission rule.

B. Providing alternative pathways for an individual to obtain an unrestricted license does not disqualify a state from participating in this Compact.

C. When conducting a criminal background check the state licensing authority shall:

1. Consider that information in making a licensure decision;

2. Maintain documentation of completion of the criminal background check and background check information to the extent allowed by state and federal law; and

3. Report to the Commission whether it has completed the criminal background check and whether the individual was granted or denied a license.

D. A licensee of a participating state who has a qualifying license in that state and does not hold an encumbered license in any other participating state shall be issued a Compact

privilege in a remote state in accordance with the terms of this Compact and Commission rules. If a remote state has a jurisprudence requirement, a Compact privilege will not be issued to the licensee unless the licensee has satisfied the jurisprudence requirement.

SECTION 4. COMPACT PRIVILEGE

A. To obtain and exercise the Compact privilege under the terms and provisions of this Compact, the licensee shall:

1. Have a qualifying license as a dentist or dental hygienist in a participating state;

2. Be eligible for a Compact privilege in any remote state in accordance with subsections D, G and H of this section;

3. Submit to an application process whenever the licensee is seeking a Compact privilege;

4. Pay any applicable Commission and remote state fees for a Compact privilege in the remote state;

5. Meet any jurisprudence requirement established by a remote state in which the licensee is seeking a Compact privilege;

6. Have passed a national board examination of the Joint Commission on National Dental Examinations, or its successor organization, or another examination accepted by Commission rule;

7. For a dentist, have graduated from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or its successor organization, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

8. For a dental hygienist, have graduated from a dental hygiene education program accredited by the Commission on Dental Accreditation, or its successor organization, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;

9. Have successfully completed a clinical assessment for licensure;

10. Report to the Dentist and Dental Hygienist Compact Commission adverse action taken by any nonparticipating state when applying for a Compact privilege within 30 days from the date the adverse action is taken;

11. Report to the Commission when applying for a Compact privilege the address of the licensee's primary residence and thereafter immediately report to the Commission any change in the address of the licensee's primary residence; and

12. Consent to accept service of process by mail at the licensee's primary residence on record with the Commission with respect to any action brought against the licensee by the Commission or a participating state, and consent to accept service of a subpoena by mail at the licensee's primary residence on record with the Commission with respect to any action brought or investigation conducted by the Commission or a participating state.

B. The licensee must comply with the requirements of subsection A of this section to maintain the Compact privilege in the remote state. If those requirements are met, the Compact privilege will continue as long as the licensee maintains a qualifying license in the state through which the licensee applied for the Compact privilege and pays any applicable Compact privilege renewal fees.

C. A licensee providing dentistry or dental hygiene in a remote state under the Compact privilege shall function within the scope of practice authorized by the remote state for a

dentist or dental hygienist licensed in that state.

D. A licensee providing dentistry or dental hygiene pursuant to a Compact privilege in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, by adverse action revoke or remove a licensee's Compact privilege in the remote state for a specific period of time and impose fines or take any other necessary actions to protect the health and safety of its citizens. If a remote state imposes an adverse action against a Compact privilege that limits the Compact privilege, that adverse action applies to all Compact privileges in all remote states. A licensee whose Compact privilege in a remote state is removed for a specified period of time is not eligible for a Compact privilege in any other remote state until the specific time for removal of the Compact privilege has passed and all encumbrance requirements are satisfied.

E. If a license issued by a participating state is an encumbered license, the licensee shall lose the Compact privilege in a remote state and shall not be eligible for a Compact privilege in any remote state until the license is no longer encumbered.

F. Once an encumbered license in a participating state is restored to good standing, the licensee must meet the requirements of subsection A of this section to obtain a Compact privilege in a remote state.

G. If a licensee's Compact privilege in a remote state is removed by the remote state, the individual shall lose or be ineligible for the Compact privilege in any remote state until the following occur:

1. The specific period of time for which the Compact privilege was removed has ended; and

2. All conditions for removal of the Compact privilege have been satisfied.

H. Once the requirements of subsection G of this section have been met, the licensee must meet the requirements in subsection A of this section to obtain a Compact privilege in a remote state.

SECTION 5. ACTIVE MILITARY MEMBERS OR THEIR SPOUSES

An active military member and their spouse shall not be required to pay to the Commission for a Compact privilege the fee otherwise charged by the Commission. If a remote state chooses to charge a fee for a Compact privilege, it may choose to charge a reduced fee or no fee to an active military member and their spouse for a Compact privilege.

SECTION 6. ADVERSE ACTIONS

A. A participating state in which a licensee is licensed shall have exclusive authority to impose adverse action against the qualifying license issued by that participating state.

B. A participating state may take adverse action based on the significant investigative information of a remote state, so long as the participating state follows its own procedures for imposing adverse action.

C. Nothing in this Compact shall override a participating state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the participating state's laws. Participating states must require licensees who enter any alternative program in lieu of discipline to agree not to practice pursuant to a Compact privilege in any other participating state during the term of the alternative program without prior authorization from such other participating state.

D. Any participating state in which a licensee is applying to practice or is practicing

pursuant to a Compact privilege may investigate actual or alleged violations of the statutes and regulations authorizing the practice of dentistry or dental hygiene in any other participating state in which the dentist or dental hygienist holds a license or Compact privilege.

E. A remote state shall have the authority to:

1. Take adverse actions as set forth in Section 4.D of this Compact against a licensee's Compact privilege in the state;

2. In furtherance of its rights and responsibilities under the Compact and the Commission's rules, issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a state licensing authority in a participating state for the attendance and testimony of witnesses, or the production of evidence from another participating state, shall be enforced in the latter state by any court of competent jurisdiction according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located; and

3. If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

F. Joint Investigations

1. In addition to the authority granted to a participating state by its dentist or dental hygienist licensure act or other applicable state law, a participating state may jointly investigate licensees with other participating states.

2. Participating states shall share any significant investigative information, litigation or compliance materials in furtherance of any joint or individual investigation initiated under this Compact.

G. Authority to Continue Investigation

1. After a licensee's Compact privilege in a remote state is terminated, the remote state may continue an investigation of the licensee that began when the licensee had a Compact privilege in that remote state.

2. If the investigation yields what would be significant investigative information had the licensee continued to have a Compact privilege in that remote state, the remote state shall report the presence of such information to the data system as required by section 8.B.6 of this Compact as if it were significant investigative information.

SECTION 7. ESTABLISHMENT AND OPERATION OF THE COMMISSION

A. The Compact participating states hereby create and establish a joint government agency whose membership consists of all participating states that have enacted this Compact. The Commission is an instrumentality of the participating states acting jointly and not an instrumentality of any one state. The Commission shall come into existence on or after the effective date of this Compact as set forth in Section 11.A of this Compact.

B. Participation, Voting and Meetings

1. Each participating state shall have and be limited to one commissioner selected by that participating state's state licensing authority or, if the state has more than one state licensing authority, selected collectively by the state licensing authorities.

2. The commissioner shall be a member or designee of such authority or authorities.

3. The Commission may by rule or bylaw establish a term of office for commissioners and

may by rule or bylaw establish term limits.

4. The Commission may recommend to a state licensing authority or authorities, as applicable, removal or suspension of an individual as the state's commissioner.

5. A participating state's state licensing authority or authorities, as applicable, shall fill any vacancy of its commissioner on the Commission within 60 days of the vacancy.

6. Each commissioner shall be entitled to one vote on all matters that are voted upon by the Commission.

7. The Commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws. The Commission may meet by telecommunication, video conference or other similar electronic means.

C. The Commission shall have the following powers:

1. Establish the fiscal year of the Commission;

2. Establish a code of conduct and conflict of interest policies;

3. Adopt rules and bylaws;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take such actions as are consistent with the provisions of this Compact, the Commission's rules and the bylaws;

6. Initiate and conclude legal proceedings or actions in the name of the Commission, provided that the standing of any state licensing authority to sue or be sued under applicable law shall not be affected;

7. Maintain and certify records and information provided to a participating state as the authenticated business records of the Commission, and designate a person to do so on the Commission's behalf;

8. Purchase and maintain insurance and bonds;

9. Borrow, accept or contract for services of personnel, including, but not limited to, employees of a participating state;

10. Conduct an annual financial review;

11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;

12. As set forth in the Commission rules, charge a fee to a licensee for the grant of a Compact privilege in a remote state and thereafter, as may be established by Commission rule, charge the licensee a Compact privilege renewal fee for each renewal period in which that licensee exercises or intends to exercise the Compact privilege in that remote state. Nothing herein shall be construed to prevent a remote state from charging a licensee a fee for a Compact privilege or renewals of a Compact privilege, or a fee for the jurisprudence requirement if the remote state imposes such a requirement for the grant of a Compact privilege;

13. Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials and services, and receive, utilize and dispose of the same, provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;

14. Lease, purchase, retain, own, hold, improve or use any property, real, personal or mixed, or any undivided interest therein;

15. Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;

16. Establish a budget and make expenditures;

17. Borrow money;

18. Appoint committees, including standing committees, which may be composed of members, state regulators, state legislators or their representatives, consumer representatives and such other interested persons as may be designated in this Compact and the bylaws;

19. Provide and receive information from, and cooperate with, law enforcement agencies;

20. Elect a chair, vice chair, secretary and treasurer and such other officers of the Commission as provided in the Commission's bylaws;

21. Establish and elect an executive board;

22. Adopt and provide to the participating states an annual report;

23. Determine whether a state's enacted compact is materially different from the model compact language such that the state would not qualify for participation in this Compact; and

24. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact.

D. Meetings of the Commission

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least 30 days prior to the public meeting.

2. Notwithstanding subsection D.1 of this section, the Commission may convene an emergency public meeting by providing at least 24 hours' prior notice on the Commission's website, and any other means as provided in the Commission's rules, for any of the reasons it may dispense with notice of proposed rulemaking under section 9.L of this Compact. The Commission's legal counsel shall certify that one of the reasons justifying an emergency public meeting has been met.

3. Notice of all Commission meetings shall provide the time, date and location of the meeting, and if the meeting is to be held or accessible via telecommunication, video conference or other electronic means, the notice shall include the mechanism for access to the meeting through such means.

4. The Commission may convene in a closed, nonpublic meeting for the Commission to receive legal advice or to discuss:

a. Noncompliance of a participating state with its obligations under this Compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current or threatened discipline of a licensee or Compact privilege holder by the Commission or by a participating state's licensing authority;

d. Current, threatened or reasonably anticipated litigation;

e. Negotiation of contracts for the purchase, lease or sale of goods, services or real estate;

f. Accusing any person of a crime or formally censuring any person;

g. Trade secrets or commercial or financial information that is privileged or confidential;

h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

i. Investigative records compiled for law enforcement purposes;

j. Information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this Compact;

k. Legal advice;

L. Matters specifically exempted from disclosure to the public by federal or participating state law; and

m. Other matters as promulgated by the Commission by rule.

5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

6. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.

2. The Commission may accept any and all appropriate sources of revenue, donations and grants of money, equipment, supplies, materials and services.

3.a. The Commission may levy on and collect an annual assessment from each participating state and impose fees on licensees of participating states when a Compact privilege is granted, to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each fiscal year for which sufficient revenue is not provided by other sources. The aggregate annual assessment amount for participating states shall be allocated based upon a formula that the Commission shall promulgate by rule.

b. An assessment levied, or other financial obligation imposed, under this Compact is effective against the State of Oregon only to the extent that moneys necessary to pay the assessment or meet the financial obligation have been deposited in the Oregon Board of Dentistry Account established under ORS 679.260.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any participating state, except by and with the authority of the participating state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

F. The Executive Board

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

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

b. Recommending to the Commission changes to the rules or bylaws, changes to this Compact legislation, fees charged to Compact participating states, fees charged to licensees and other fees;

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

d. Preparing and recommending the budget;

e. Maintaining financial records on behalf of the Commission;

f. Monitoring Compact compliance of participating states and providing compliance reports to the Commission;

g. Establishing additional committees as necessary;

h. Exercising the powers and duties of the Commission during the interim between Commission meetings, except for adopting or amending rules, adopting or amending bylaws and exercising any other powers and duties expressly reserved to the Commission by rule or bylaw; and

i. Other duties as provided in the rules or bylaws of the Commission.

2. The executive board shall be composed of up to seven members:

a. The chair, vice chair, secretary and treasurer of the Commission and any other members of the Commission who serve on the executive board shall be voting members of the executive board; and

b. Other than the chair, vice chair, secretary and treasurer, the Commission may elect up to three voting members from the current membership of the Commission.

3. The Commission may remove any member of the executive board as provided in the Commission's bylaws.

4. The executive board shall meet at least annually.

a. An executive board meeting at which it takes or intends to take formal action on a matter shall be open to the public, except that the executive board may meet in a closed, nonpublic session of a public meeting when dealing with any of the matters covered under subsection D.4 of this section.

b. The executive board shall give five business days' notice of its public meetings posted on its website and as it may otherwise determine to provide notice to persons with an interest in the public matters the executive board intends to address at those meetings.

5. The executive board may hold an emergency meeting when acting for the Commission to:

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

b. Prevent a loss of Commission or participating state funds; or

c. Protect public health and safety.

G. Qualified Immunity, Defense and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability

caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

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

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

4. Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a participating state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act or any other state or federal antitrust or anticompetitive law or regulation.

6. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the participating states or by the Commission.

SECTION 8. DATA SYSTEM

A. The Commission shall provide for the development, maintenance, operation and utilization of a coordinated database and reporting system containing licensure, adverse action and the presence of significant investigative information on all licensees and applicants for a license in participating states.

B. Notwithstanding any other provision of state law to the contrary, a participating state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse actions against a licensee, license applicant or Compact privilege and infor-

mation related thereto;

4. Nonconfidential information related to alternative program participation, the beginning and ending dates of such participation and other information related to such participation;

5. Any denial of an application for licensure and the reason for such denial (excluding the reporting of any criminal history record information where prohibited by law);

6. The presence of significant investigative information; and

7. Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the rules of the Commission.

C. The records and information provided to a participating state pursuant to this Compact or through the data system, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a participating state.

D. Significant investigative information pertaining to a licensee in any participating state will only be available to other participating states.

E. It is the responsibility of the participating states to monitor the database to determine whether adverse action has been taken against a licensee or license applicant. Adverse action information pertaining to a licensee or license applicant in any participating state will be available to any other participating state.

F. Participating states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

G. Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the participating state contributing the information shall be removed from the data system.

SECTION 9. RULEMAKING

A. The Commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer the purposes and provisions of this Compact. A Commission rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of this Compact or the powers granted hereunder or based upon another applicable standard of review.

B.1. The rules of the Commission shall have the force of law in each participating state, provided however that where the rules of the Commission conflict with the laws of the participating state that establish the participating state's scope of practice as held by a court of competent jurisdiction, the rules of the Commission shall be ineffective in that state to the extent of the conflict.

2. Notwithstanding subsection B.1 of this section, the Oregon Board of Dentistry shall review the rules of the Commission. The board may approve and adopt the rules of the Commission as rules of the board. The State of Oregon is subject to a rule of the Commission only if the rule of the Commission is adopted by the board.

C. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules shall become binding as of the date specified by the Commission for each rule.

D. If a majority of the legislatures of the participating states rejects a Commission rule

or portion of a Commission rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any participating state or to any state applying to participate in this Compact.

E. Rules shall be adopted at a regular or special meeting of the Commission.

F. Prior to adoption of a proposed rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions and arguments.

G. Prior to adoption of a proposed rule by the Commission, and at least 30 days in advance of the meeting at which the Commission will hold a public hearing on the proposed rule, the Commission shall provide a notice of proposed rulemaking:

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

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

3. In such other ways as the Commission may by rule specify.

H. The notice of proposed rulemaking shall include:

1. The time, date and location of the public hearing at which the Commission will hear public comments on the proposed rule and, if different, the time, date and location of the meeting where the Commission will consider and vote on the proposed rule;

2. If the hearing is held via telecommunication, video conference or other electronic means, the Commission shall include the mechanism for access to the hearing in the notice of proposed rulemaking;

3. The text of the proposed rule and the reason therefor;

4. A request for comments on the proposed rule from any interested person; and

5. The manner in which interested persons may submit written comments.

I. All hearings will be recorded. A copy of the recording and all written comments and documents received by the Commission in response to the proposed rule shall be available to the public.

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

K. The Commission shall, by majority vote of all Commissioners, take final action on the proposed rule based on the rulemaking record.

1. The Commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.

2. The Commission shall provide an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

3. The Commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in subsection L of this section, the effective date of the rule shall be no sooner than 30 days after the Commission issues the notice that it adopted or amended the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule with 24 hours' notice, with opportunity to comment, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days

after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

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

2. Prevent a loss of Commission or participating state funds;

3. Meet a deadline for the promulgation of a rule that is established by federal law or rule; or

4. Protect public health and safety.

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

N. No participating state's rulemaking requirements shall apply under this Compact.

SECTION 10. OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

1. The executive and judicial branches of state government in each participating state shall enforce this Compact and take all actions necessary and appropriate to implement this Compact.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct or any such similar matter.

3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact or Commission rule and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance and Termination

1. If the Commission determines that a participating state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall provide written notice to the defaulting state. The notice of default shall describe the default, the proposed means of curing the default and any other action that the Commission may take, and shall offer training and specific technical assistance regarding the default.

2. The Commission shall provide a copy of the notice of default to the other participating states.

C. If a state in default fails to cure the default, the defaulting state may be terminated from this Compact upon an affirmative vote of a majority of the Commissioners, and all rights, privileges and benefits conferred on that state by this Compact may be terminated

on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

D. Termination of participation in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, the defaulting state's state licensing authority or authorities, as applicable, and each of the participating states' state licensing authority or authorities, as applicable.

E. A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

F. Upon the termination of a state's participation in this Compact, that state shall immediately provide notice to all licensees of the state, including licensees of other participating states issued a Compact privilege to practice within that state, of such termination. The terminated state shall continue to recognize all Compact privileges then in effect in that state for a minimum of 180 days after the date of said notice of termination.

G. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from this Compact, unless agreed upon in writing between the Commission and the defaulting state.

H. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

I. Dispute Resolution

1. Upon request by a participating state, the Commission shall attempt to resolve disputes related to this Compact that arise among participating states and between participating states and non-participating states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

J. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions of this Compact and the Commission's rules.

2. By majority vote, the Commission may initiate legal action against a participating state in default in the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of this Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or the defaulting participating state's law.

3. A participating state may initiate legal action against the Commission in the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of

such litigation, including reasonable attorney fees.

4. No individual or entity other than a participating state may enforce this Compact against the Commission.

SECTION 11. EFFECTIVE DATE, WITHDRAWAL AND AMENDMENT

A. This Compact shall come into effect on the date on which this Compact statute is enacted into law in the seventh participating state.

1. On or after the effective date of this Compact, the Commission shall convene and review the enactment of each of the states that enacted the Compact prior to the Commission convening ("charter participating states") to determine if the statute enacted by each such charter participating state is materially different than the model compact.

a. A charter participating state whose enactment is found to be materially different from the model compact shall be entitled to the default process set forth in section 10 of this Compact.

b. If any participating state is later found to be in default, or is terminated or withdraws from this Compact, the Commission shall remain in existence and this Compact shall remain in effect even if the number of participating states should be less than seven.

2. Participating states enacting this Compact subsequent to the charter participating states shall be subject to the process set forth in section 7.C.23 of this Compact to determine if their enactments are materially different from the model compact and whether they qualify for participation in this Compact.

3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of this Compact prior to the effective date of this Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

4. Any state that joins this Compact subsequent to the Commission's initial adoption of the rules and bylaws shall be subject to the Commission's rules and bylaws as they exist on the date on which this Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day this Compact becomes law in that state.

B. Any participating state may withdraw from this Compact by enacting a statute repealing that state's enactment of this Compact.

1. A participating state's withdrawal shall not take effect until 180 days after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's licensing authority or authorities to comply with the investigative and adverse action reporting requirements of this Compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing from this Compact, the state shall immediately provide notice of such withdrawal to all licensees within that state. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing state shall continue to recognize all Compact privileges to practice within that state granted pursuant to this Compact for a minimum of 180 days after the date of such notice of withdrawal.

C. Nothing contained in this Compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a participating state and a nonparticipating state that does not conflict with the provisions of this Compact.

D. This Compact may be amended by the participating states. No amendment to this Compact shall become effective and binding upon any participating state until it is enacted into the laws of all participating states.

SECTION 12. CONSTRUCTION AND SEVERABILITY

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of this Compact. Provisions of this Compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any participating state, a state seeking participation in this Compact or the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

C. Notwithstanding subsection B of this section, the Commission may deny a state's participation in this Compact or, in accordance with the requirements of section 10.B of this Compact, terminate a participating state's participation in this Compact, if it determines that a constitutional requirement of a participating state is a material departure from this Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any participating state, this Compact shall remain in full force and effect as to the remaining participating states and in full force and effect as to the participating state affected as to all severable matters.

SECTION 13. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS

A. Nothing herein shall prevent or inhibit the enforcement of any other law of a participating state that is not inconsistent with this Compact.

B. Any laws, statutes, regulations or other legal requirements in a participating state in conflict with this Compact are superseded to the extent of the conflict.

C. All permissible agreements between the Commission and the participating states are binding in accordance with their terms.

SECTION 2. The Legislative Assembly of the State of Oregon hereby ratifies the Dentist and Dental Hygienist Compact set forth in section 1 of this 2025 Act.

SECTION 3. ORS 676.177 is amended to read:

676.177. (1) Notwithstanding any other provision of ORS 676.165 to 676.180 and except as provided in subsection (5) of this section, a health professional regulatory board, upon a determination by the board that it possesses otherwise confidential information that reasonably relates to the regulatory or enforcement function of another public entity, may disclose that information to the other public entity.

(2) Any public entity that receives information pursuant to subsection (1) of this section shall agree to take all reasonable steps to maintain the confidentiality of the information, except that the public entity may use or disclose the information to the extent necessary to carry out the regulatory or enforcement functions of the public entity.

(3) For purposes of this section, "public entity" means:

(a) A board or agency of this state, or a board or agency of another state with regulatory or enforcement functions similar to the functions of a health professional regulatory board of this state;

(b) A district attorney;

(c) The Department of Justice;

(d) A state or local public body of this state that licenses, franchises or provides emergency medical services; or

(e) A law enforcement agency of this state, another state or the federal government.

(4) Notwithstanding subsections (1) to (3) of this section[*,*]**:**

(a) The Oregon Board of Physical Therapy may disclose information described in subsection (1) of this section to the Physical Therapy Compact Commission [*established*] **described** in ORS 688.240.

(b) The Oregon Board of Dentistry may disclose information described in subsection (1) of this section to the Dentist and Dental Hygienist Compact Commission described in section 1 of this 2025 Act.

(5) A health professional regulatory board may not disclose the information described in subsection (1) of this section to another public entity if the information relates to the provision of or referral for reproductive or gender-affirming health care services.

SECTION 4. ORS 679.025 is amended to read:

679.025. (1) A person may not practice dentistry or purport to be a dentist without a valid license to practice dentistry issued by the Oregon Board of Dentistry.

(2) Subsection (1) of this section does not apply to:

(a) Dentists licensed in another state or country making a clinical presentation sponsored by a bona fide dental society or association or an accredited dental educational institution approved by the board.

(b) Bona fide full-time students of dentistry who, during the period of their enrollment and as a part of the course of study in an Oregon accredited dental education program, engage in clinical studies on the premises of such institution or in a clinical setting located off the premises of the institution if the facility, the instructional staff and the course of study to be pursued at the off-premises location meet minimum requirements prescribed by the rules of the board and the clinical study is performed under the indirect supervision of a member of the faculty.

(c) Bona fide full-time students of dentistry who, during the period of their enrollment and as a part of the course of study in a dental education program located outside of Oregon that is accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, engage in community-based or clinical studies as an elective or required rotation in a clinical setting located in Oregon if the community-based or clinical studies meet minimum requirements prescribed by the rules of the board and are performed under the indirect supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry.

(d) Candidates who are preparing for a licensure examination to practice dentistry and whose application has been accepted by the board or its agent, if the clinical preparation is conducted in a clinic located on premises approved for that purpose by the board and if the procedures are limited to examination only. This exception shall exist for a period not to exceed two weeks immediately prior to a regularly scheduled licensure examination.

(e) Dentists practicing in the discharge of official duties as employees of the United States Government and any of its agencies.

(f) Instructors of dentistry, whether full- or part-time, while exclusively engaged in teaching activities and while employed in accredited dental educational institutions.

(g) Dentists who are employed by public health agencies and who are not engaged in the direct delivery of clinical dental services to patients.

(h) Persons licensed to practice medicine in the State of Oregon in the regular discharge of their duties.

(i) Persons qualified to perform services relating to general anesthesia or sedation under the direct supervision of a licensed dentist.

(j)(A) Dentists licensed in another country and in good standing, while practicing dentistry without compensation for no more than five consecutive days in any 12-month period, provided the dentist submits an application to the board at least 10 days before practicing dentistry under this subparagraph and the application is approved by the board.

(B) Dentists licensed in another state or United States territory and practicing in this state under ORS 676.347.

(k) Persons practicing dentistry upon themselves as the patient.

(L) Dental hygienists, dental assistants or dental technicians performing services under the supervision of a licensed dentist in accordance with the rules adopted by the board.

(m) A person licensed as a denturist under ORS 680.500 to 680.565 engaged in the practice of denture technology.

(n) An expanded practice dental hygienist who renders services authorized by a permit issued by the board pursuant to ORS 680.200.

(o) A person authorized under compact privilege as defined in section 1 of this 2025 Act.

SECTION 5. ORS 679.260 is amended to read:

679.260. (1) The Oregon Board of Dentistry Account is established in the State Treasury separate and distinct from the General Fund.

(2) All moneys received by the Oregon Board of Dentistry under this chapter shall be paid to the State Treasury and credited to the [*Oregon Board of Dentistry*] account. Any interest or other income derived from moneys paid into the account shall be credited monthly to the account.

(3) Moneys in the [*Oregon Board of Dentistry*] account are appropriated continuously **to the board** and shall be used only for the administration and enforcement of ORS 676.850 and 680.010 to 680.205 and this chapter **and for the purpose of meeting the financial obligations imposed on the State of Oregon as a result of this state's participation in the Dentist and Dental Hygienist Compact described in section 1 of this 2025 Act**.

(4) Ten percent of the annual license fee to be paid by each licensee of the [*Oregon Board of Dentistry*] **board** shall be used by the board to ensure the continued professional competence of licensees. Such activities shall include the development of performance standards and professional peer review.

SECTION 6. ORS 680.020 is amended to read:

680.020. (1) It is unlawful for any person not otherwise authorized by law to practice dental hygiene or purport to be a dental hygienist without a valid license to practice dental hygiene issued by the Oregon Board of Dentistry.

(2) Subsection (1) of this section does not apply to:

(a) Dental hygienists licensed in another state making a clinical presentation sponsored by a bona fide dental or dental hygiene society or association or an accredited dental or dental hygiene education program approved by the board.

(b) Bona fide students of dental hygiene who engage in clinical studies during the period of their enrollment and as a part of the course of study in an Oregon dental hygiene education program. The

program must be accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor agency, and approved by the board. The clinical study may be conducted on the premises of the program or in a clinical setting located off the premises. The facility, the instructional staff and the course of study at the off-premises location must meet minimum requirements prescribed by the rules of the board, and the clinical study at the off-premises location must be performed under the indirect supervision of a member of the faculty.

(c) Bona fide students of dental hygiene who engage in community-based or clinical studies as an elective or required rotation in a clinical setting located in Oregon during the period of their enrollment and as a part of the course of study in a dental hygiene education program located outside of Oregon. The program must be accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency. The community-based or clinical studies must:

(A) Meet minimum requirements prescribed by the rules of the board; and

(B) Be performed under the indirect supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry or another Oregon institution with an accredited dental hygiene education program approved by the board.

(d) Students of dental hygiene or graduates of dental hygiene programs who engage in clinical studies as part of a course of study or continuing education course offered by an institution with a dental or dental hygiene program. The program must be accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency.

(e) Candidates who are preparing for licensure examination to practice dental hygiene and whose application has been accepted by the board or its agent, if the clinical preparation is conducted in a clinic located on premises approved for that purpose by the board and if the procedures are limited to examination only.

(f) Dental hygienists practicing in the discharge of official duties as employees of the United States Government and any of its agencies.

(g) Instructors of dental hygiene, whether full- or part-time, while exclusively engaged in teaching activities and while employed in accredited dental hygiene educational programs.

(h) Dental hygienists who are employed by public health agencies and who are not engaged in direct delivery of clinical dental hygiene services to patients.

(i) Counselors and health assistants who have been trained in the application of fluoride varnishes to the teeth of children and who apply fluoride varnishes only to the teeth of children enrolled in or receiving services from the Women, Infants and Children Program, the Oregon Prenatal to Kindergarten Program or a federal Head Start grant program.

(j) Persons acting in accordance with rules adopted by the State Board of Education under ORS 336.213 to provide dental screenings to students.

(k) Dental hygienists licensed in another state or United States territory and practicing in this state under ORS 676.347.

(L) Persons authorized under compact privilege as defined in section 1 of this 2025 Act.

SECTION 7. (1) The amendments to ORS 676.177 by section 3 of this 2025 Act apply to information disclosed on or after the operative date specified in section 8 of this 2025 Act.

(2) The amendments to ORS 679.025 by section 4 of this 2025 Act apply to persons authorized to practice by compact privilege on or after the operative date specified in section 8 of this 2025 Act.

(3) The amendments to ORS 679.260 by section 5 of this 2025 Act apply to moneys received by the Oregon Board of Dentistry on or after the operative date specified in section 8 of this

2025 Act.

(4) The amendments to ORS 680.020 by section 6 of this 2025 Act apply to persons authorized by compact privilege on or after the operative date specified in section 8 of this 2025 Act.

SECTION 8. (1) Sections 1 and 2 of this 2025 Act and the amendments to ORS 676.177, 679.025, 679.260 and 680.020 by sections 3 to 6 of this 2025 Act become operative on January 1, 2026.

(2) The Oregon Board of Dentistry may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified (1) of this section, all of the duties, functions and powers conferred on the board by sections 1 and 2 of this 2025 Act and the amendments to ORS 676.177, 679.025, 679.260 and 680.020 by sections 3 to 6 of this 2025 Act.

SECTION 9. This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.

Staff:
Brian Nieubuurt, LPRO Analyst
Alexandra Kihn-Stang, LPRO Analyst
Timothy Merrill, Committee Assistant

HOUSE COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

Oregon State Capitol
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Phone: 503-986-1509
Email: hbhhc.exhibits@oregonlegislature.gov

AGENDA

Revision 2 Posted: FEB 14 03:05 PM

TUESDAY

Date: **February 18, 2025**
Time: **3:00 PM**
Room: **HR C**

Please note: This meeting is scheduled from 3:00-6:30 pm

The following bills are scheduled solely for the purpose of moving them to another committee.

Work Session

HB 2311
Provides that the Oregon Health Authority is not required to use administrative law judges from the Office of Administrative Hearings for contested case hearings involving the Oregon State Hospital.

HB 3321 ** **Subsequent Referral(s) to Ways and Means
Directs the Alcohol and Drug Policy Commission to develop and implement a primary prevention state strategy to prevent the onset of substance use.

HB 2929
Modifies the Alcohol and Drug Policy Commission's membership, functions and powers.

HB 2028 ** **Subsequent Referral(s) to Ways and Means
Requires the Oregon Health Authority to study the funding formula under Ballot Measure 110 (2020).

HB 3080
Modifies provisions regarding who can act as a health care representative for an incapacitated person who has not appointed a health care representative or does not have an advance directive.

HB 3375
Directs the Alcohol and Drug Policy Commission to inventory and assess existing primary prevention programs and youth substance use screening, intervention and referral programs.

HB 2954 ** **Subsequent Referral(s) to Ways and Means
Appropriates moneys from the General Fund to the Oregon Health Authority for distribution to local health departments and federally recognized Indian tribes in Oregon to provide addiction prevention services.

AGENDA (cont.)
February 18, 2025

Public Hearing

HB 3045
Authorizes the State Board of Pharmacy to require a person under investigation by the board to undergo a mental, physical, chemical dependency or competency evaluation.

HB 3046
Clarifies that a pharmacist may prescribe, dispense and administer medications for treatment of opioid use disorder.

HB 3044
Defines "Advanced Practice Registered Nurse," "diagnosing" and "medication aide.

HB 3043
Defines "monitoring agreement" and "workplace monitor" for purposes of the impaired health professional program.

HB 3042
Specifies additional reasons for which the Oregon Board of Naturopathic Medicine may impose discipline.

HB 3339
Enacts the Psychology Interjurisdictional Compact.

HB 3351
Enacts the interstate Counseling Compact.

HB 2357
Enacts the interstate Occupational Therapy Licensure Compact.

HB 2554 ** **Subsequent Referral(s) to Ways and Means
Enacts the interstate Social Work Licensure Compact.

HB 2676 ** **Subsequent Referral(s) to Ways and Means
Enacts the interstate Dentist and Dental Hygienist Compact.

HB 3060
Enacts the PA Licensure Compact.

Please Note: Public Hearing for HB 2993 has been removed.Work Sessions added for HB 2311, HB 3321, HB 2929, HB 2028, HB 3080, HB 3375, HB 2954.

For information on how to submit written testimony or register to testify on bills scheduled for a public hearing:
https://www.oregonlegislature.gov/citizen_engagement
Written testimony may be submitted up to 48 hours after the committee meeting is scheduled to begin. Public testimony registration closes 30 minutes before the meeting is scheduled to begin.

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

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

Testimony on House Bill 2676

Submitted February 16, 2025 by Stephen Prisby, Executive Director, Oregon Board of Dentistry (OBD) stephen.prisby@obd.oregon.gov 971-673-3200

The 10 Board Members of the OBD will be reviewing HB 2676 and the CSG Dental/Dental Hygiene License Compact Commission in greater detail at its February 28th Board Meeting, and at this time the OBD is neutral has taken no position on HB 2676.

A very brief overview of concerns with Oregon joining the CSG Dental/Dental Hygiene License Compact Commission via HB 2676 that the executive director is noting.

Patient Safety Concerns

- Continuing Education (CE) and practice requirements currently required of Oregon Licensees - enshrined in statute:
    - Cultural Competency
    - Pain Management
    - OHA Health Care Workforce Reporting Survey
    - Health Care Interpreters
    - Dental Therapists have to be supervised by an Oregon licensed dentist and a collaborative agreement itemizes procedures & supervision level
    - Dental Hygienists with an Expanded Practice Permit may also enter into a collaborative agreement with an Oregon licensed dentist for certain care and procedures

- The OBD has some unique CE Rules:
    - Dental Implant (Initial 56 hours – 7 hours per renewal)
    - Sedation Permits – 4 levels in Oregon
    - Supervision of the dental team – Dental Hygienists and Dental Assistants

HB 2676 as introduced would not require dentists and dental hygienists practicing in Oregon through the Compact to complete Oregon required CE. The OBD may have to consider abolishing all CE, as it would not seem fair or equitable to make Oregon Licensees complete requirements when compact practitioners would not have to complete any besides what is required of their home state.

Finances

An assessment levied, or other financial obligation imposed, under this Compact is effective against the State of Oregon only to the extent that moneys necessary to pay the assessment or meet the financial obligation have been deposited in the Oregon Board of Dentistry Account established under ORS 679.260.

The Compact Commission could theoretically empty the OBD's account to cover any fees or assessments levied on it by the Compact. The Compact may also borrow money.

Rules

The Oregon Board of Dentistry shall review the rules of the Commission. The board may approve and adopt the rules of the Commission as rules of the board. The State of Oregon is subject to a rule of the Commission only if the rule of the Commission is adopted by the board.

ORS 676.177
Disclosure of confidential information to another public entity

(1) Notwithstanding any other provision of ORS 676.165 (Complaint investigation) to 676.180 (Notice prior to disclosure), a health professional regulatory board, upon a determination by the board that it possesses otherwise confidential information that reasonably relates to the regulatory or enforcement function of another public entity, may disclose that information to the other public entity.
(2) Any public entity that receives information pursuant to subsection (1) of this section shall agree to take all reasonable steps to maintain the confidentiality of the information, except that the public entity may use or disclose the information to the extent necessary to carry out the regulatory or enforcement functions of the public entity.
(3) For purposes of this section, “public entity” means:
(a) A board or agency of this state, or a board or agency of another state with regulatory or enforcement functions similar to the functions of a health professional regulatory board of this state;
(b) A district attorney;
(c) The Department of Justice;
(d) A state or local public body of this state that licenses, franchises or provides emergency medical services; or
(e) A law enforcement agency of this state, another state or the federal government.
(4) Notwithstanding subsections (1) to (3) of this section, the Oregon Board of Physical Therapy may disclose information described in subsection (1) of this section to the Physical Therapy Compact Commission established in ORS 688.240 (Physical Therapy Licensure Compact). [1999 c.751 §2; 2016 c.13 §3; 2019 c.43 §7]

ORS 670.275
Policy statement

In enacting chapter 753, Oregon Laws 1971, it is the intention of the Legislative Assembly to provide for the more effective coordination of the administrative functions of boards charged with responsibility for protecting the public through the licensing and regulating of certain professions practiced in this state. Further, it is the intention of the Legislative Assembly to retain responsibility for decisions on qualifications, standards of practice, licensing, discipline and other discretionary functions relating to professional activities in the professional licensing boards, members of which are qualified by education, training and experience to make the necessary judgments. [Formerly 184.575]

Physical Therapy Compact

Overview

“If you’ve seen one Compact, you’ve seen one Compact.”

February 2025

Physical Therapy Compact Implementation Timeline

2016 Legislative Session

- Oregon 1st state to enact Compact Act via SB 1504 (2016).
- The Model Act was modified to address Oregon constitutional issues (liability limitation & lawmaking authority).

Apr 25, 2017

PT Compact officially enacted in April 2017 with enacting of compact legislation by 10th member state.

July 9, 2018

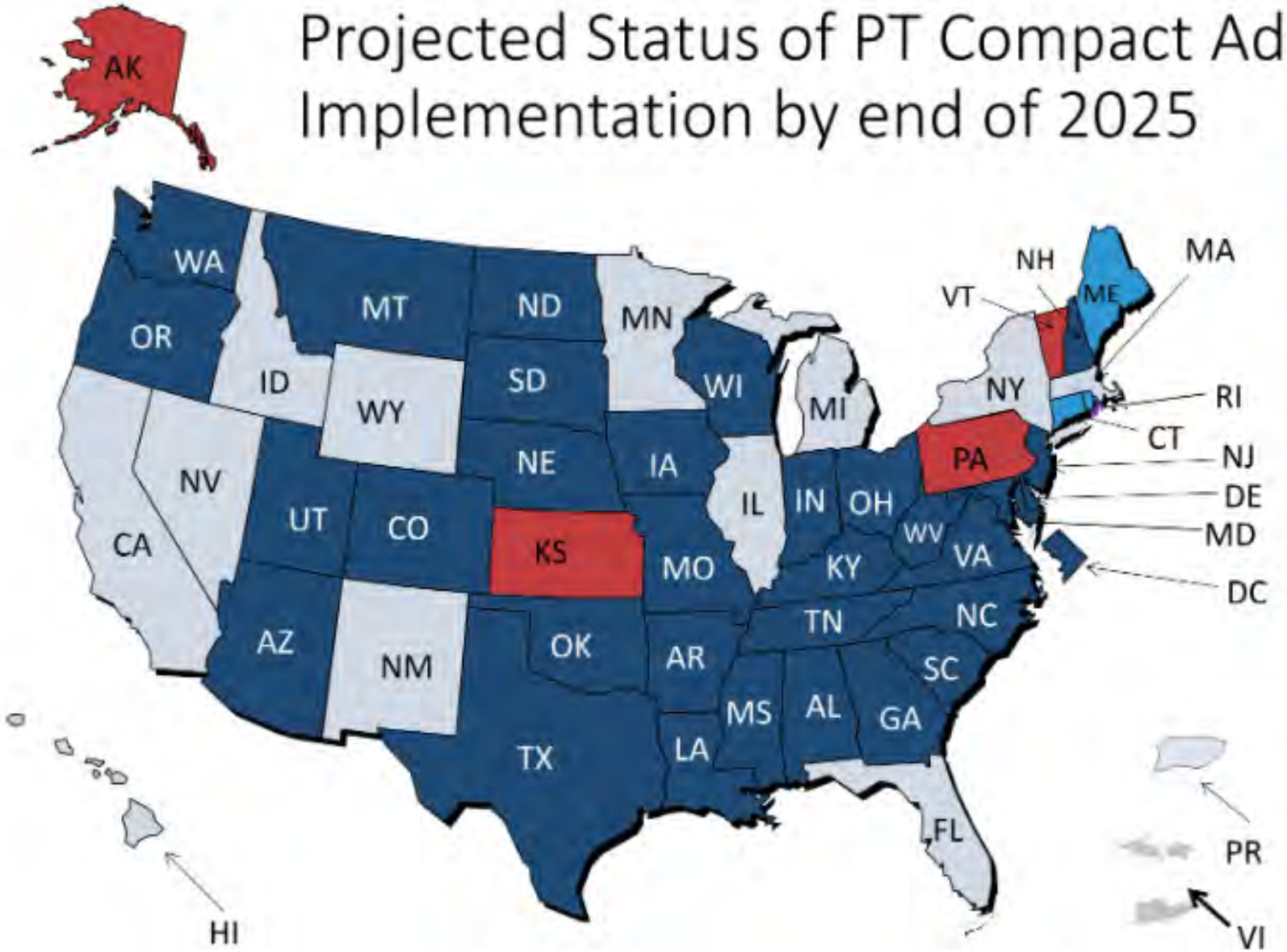
First Compact Privilege (CP) issued July 9th, 2018.

July 30, 2018

Oregon becomes 5th state issuing privileges; 1st Oregon CP sold that same day.

Oregon delayed due to need for exemption/consent for use of SSN.

Projected Status of PT Compact Adoption and Implementation by end of 2025



Jurisdictions Issuing Privileges as of 11/21/24 (32)

PT Compact Legislation Enacted – Not Yet Issuing or Accepting Compact Privileges (7)

Additional Jurisdictions Projected to be Ready in 2025 (4)

Scope of PT Compact

The purpose of the PT Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services.

The practice of physical therapy occurs in, **and under the laws of,** the state where the patient/client is located at the time of the patient/client encounter.

Active licensees in good standing in a Compact member state may purchase a privilege to practice in another member state.

Home state is defined by state of residence or deployment, if military.	A privilege is valid until the expiration of the home state license.	A separate privilege is required for practice in each member state.	A privilege must be renewed separate from home state license.

Scope of PT Compact

Investigations

- Sharing of Investigative Data/Joint Investigative Authority (& Requirement for Confidentiality of Investigations).
- Automatic notification of "under investigation" flag in any member state; or final action in any member state.
- Violations by privilege holders in Oregon investigated by Oregon; under Oregon law includes due process, cost recovery, subpoena, etc.
- Action in any state against a privilege or license results in revocation of all *privileges* immediately, and moratorium on purchase of any privileges for two years from final action. However, licenses are not impacted until or unless that state takes action.

Licensing

- Background checks required by home state as part of licensure; not at time of privilege purchase.
- Member states may require jurisprudence exam before or after purchase; at initial or renewal or both.
- Member states may establish and change state portion of the privilege fee.
- Member states may require contact information or place of practice disclosure.
- The PT Compact Commission is the primary source for privilege verification.

PT Compact Commission Governance

- Comprised of one delegate from each member state.
  - Must be a current board member or board staff
- Two ex officio, non-voting members.
  - FSBPT and APTA
- Duties:
  - Establish bylaws
  - Promulgate rules
  - Establish budget
  - Elect Executive Board
  - Terminate a State from the Compact for non-Compliance
  - Establish committees and task forces.

PT Compact Commission Governance

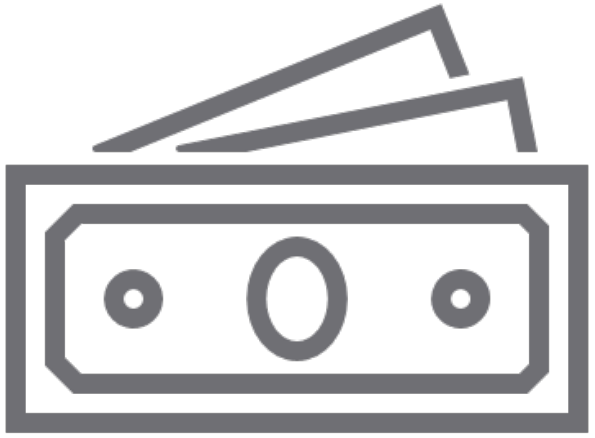
- Executive Board
  - Elected by the Compact Commission Membership (the Member States)
  - 9 Members
    - 7 elected
    - 2 non-voting ex officio
  - The Executive Board has the power to act on behalf of the Commission according to the Terms of the Compact.

PT Compact Commission Governance

- LCASO – PTCC Operating Company

- Operates key information systems.
- Linked to existing licensing data from FSBPT.
- Offshoot of Federation of Regulatory Boards; not affiliated with Professional Association.

PT Compact Commission Funding Sources



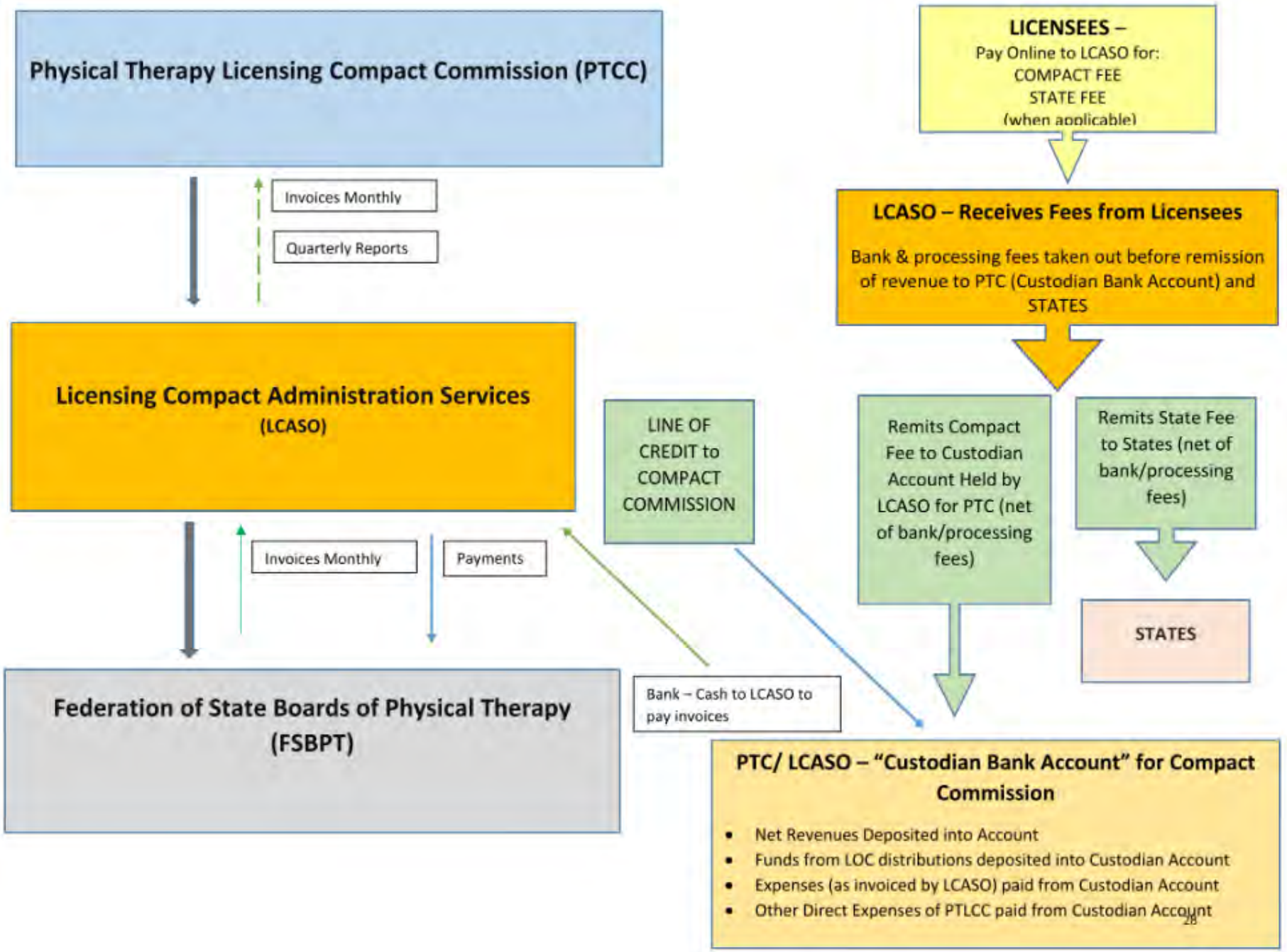
- Per Privilege Purchase Fee
  - The total fee is comprised of two parts:
    - The PTCC gets $45 of each purchase
    - Member states may charge any amount
      - Currently ranges from $0 AZ to $264 DC
- Membership Fee from States
  - Currently waived since inception
- Grants/Loans

OVERVIEW OF THE COMPACT and FLOW OF FUNDS

COMPACT – *Compact Commission formed by States*
Oversees the Compact Agreements, Decisions on Fees, etc.
Legal entity that is "owner" of the Compact operations – Revenue, Expenses, Liabilities

LCASO - *Licensing Compact Administration Services Corporation*
Acts as the Administrator for the Compact Commission. Handles the fee collection for both the Compact and the States (if they charge the licensee a fee for the Compact Privilege).
The COMPACT Commission will appoint 60% of the Board of Directors and FSBPT will 40% of the Board of LCASO.

FSBPT – *Federation of State Boards of Physical Therapy*
Employs the staff who serves as the LCASO administrator for the Compact.
FSBPT owns the required software which enables purchasing privileges, etc. FSBPT has provided a Line of Credit (LOC) to the Compact Commission to cover expenses.


Physical Therapy Licensing Compact Commission (PTCC)
LICENSEES –
Pay Online to LCASO for:
COMPACT FEE
STATE FEE
(when applicable)
Invoices Monthly
Quarterly Reports
LCASO – Receives Fees from Licensees
Bank & processing fees taken out before remission of revenue to PTC (Custodian Bank Account) and STATES
Licensing Compact Administration Services
(LCASO)
LINE OF CREDIT to COMPACT COMMISSION
Remits Compact Fee to Custodian Account Held by LCASO for PTC (net of bank/processing fees)
Remits State Fee to States (net of bank/processing fees)
Invoices Monthly
Payments
STATES
Federation of State Boards of Physical Therapy (FSBPT)
Bank – Cash to LCASO to pay invoices
PTC/ LCASO – "Custodian Bank Account" for Compact Commission
Net Revenues Deposited into Account
Funds from LOC distributions deposited into Custodian Account
Expenses (as invoiced by LCASO) paid from Custodian Account
Other Direct Expenses of PTLCC paid from Custodian Account

Physical Therapy Compact

OBPT: Operational Impact

Physical Therapy Compact

Upsides

- Better, faster access to disciplinary information from other jurisdictions.
- Discipline in other member states against an Oregon licensee's privilege does not automatically impact their Oregon license. Only Oregon holds that authority.
- Lower licensing workload, but not as low as initially anticipated.
- For practitioner:
  - Faster processing times
  - Can facilitate job search prior to move
  - Only CE required for home state
  - Simpler license expiration tracking
  - Can be lower cost; but not always

Downsides

- Potential loss of revenue if compact privilege fees not established to cover costs.
- Oregon Privilege holders are not subject to any of the CE requirements legislatively established for other health professionals (pain management, cultural competency, suicide prevention).
- Oregon Privilege holders are not required to complete the Oregon Healthcare Workforce Survey tied to Oregon license renewal.
- Effectiveness tied to full participation of member state.
- For practitioner:
  - Discipline against any license is automatic revocation of all *privileges;* not true of licenses.

Annual Costs to Member State

Annual Membership Fee (waived to date); covers operating costs of Compact entity.

Stipends if PTCC Delegate is Board Member

- 1-3 Meetings (unless elected to Executive Board)
- Meetings are virtual since 2021; previously, travel expenses incurred

Oregon Rulemaking

- To review/adopt any PTCC rulemaking
- Typically, once per year

NOTE: 1st year startup costs higher; rulemaking, outreach, training, DOJ.

Per Privilege Costs

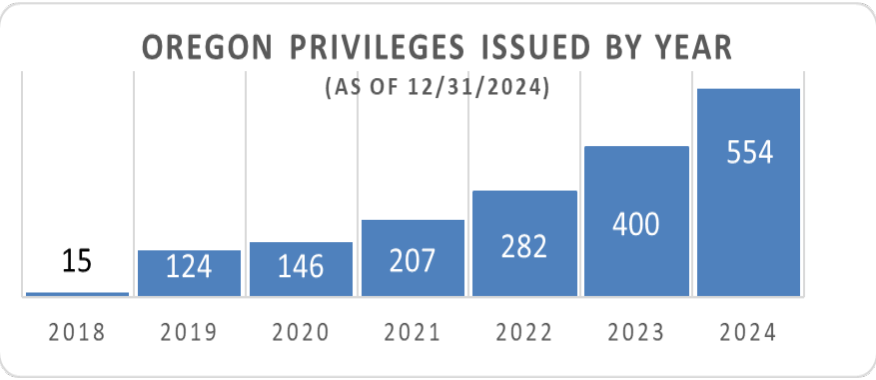
- **Initial "Licensing" Process**
  - Verify completion of OR Jurisprudence exam.
  - Verify good standing and completion of privilege requirements.
  - Capture Place of Practice and Contact Information.
  - Capture and Enter Privilege information into Oregon licensing lookup system.
  - Email Privilege holder with key Oregon information.
  - Update Oregon system as appropriate with revocations, renewals, expirations.
  - Fee for licensing system entry.

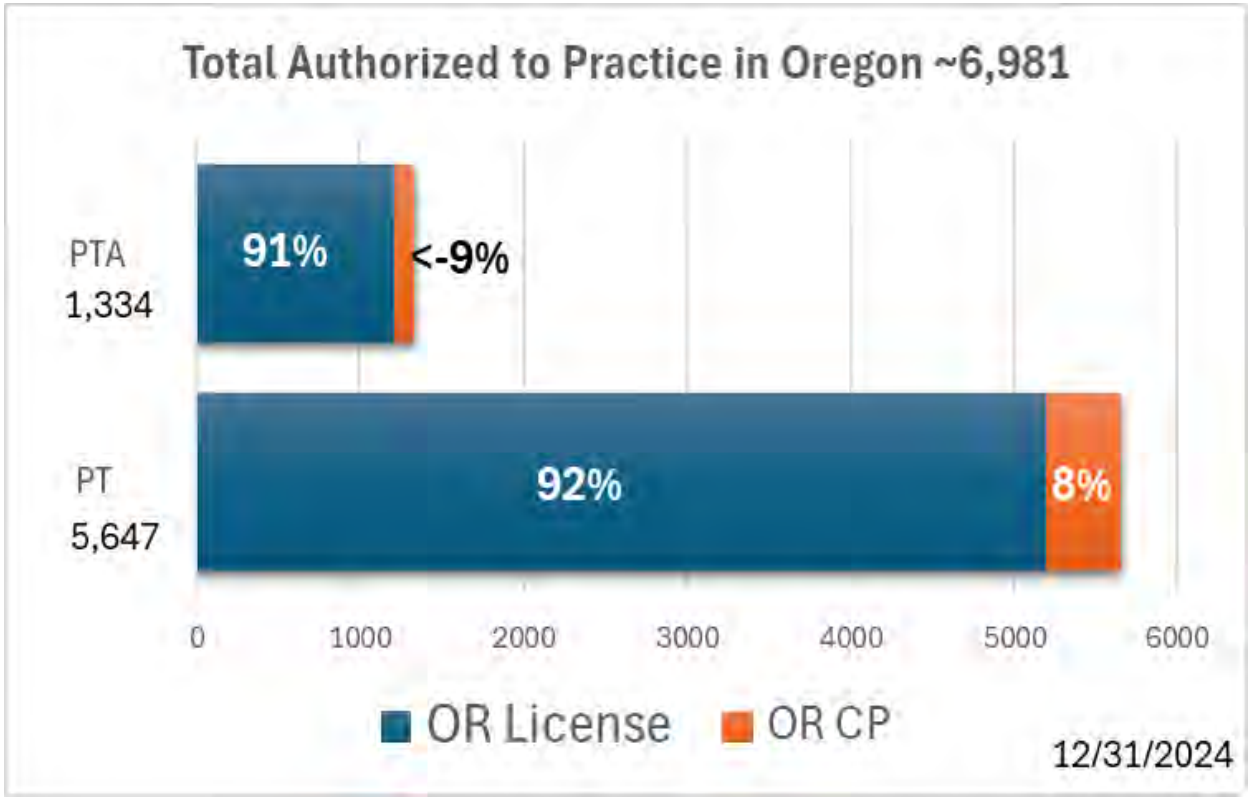
- **Investigative Process**
  - Same as for Oregon licensee.

- **Ongoing (Monitoring, Education, Support Services)**
  - Same as for Oregon licensee.

Oregon PT/PTA Workforce by the Numbers

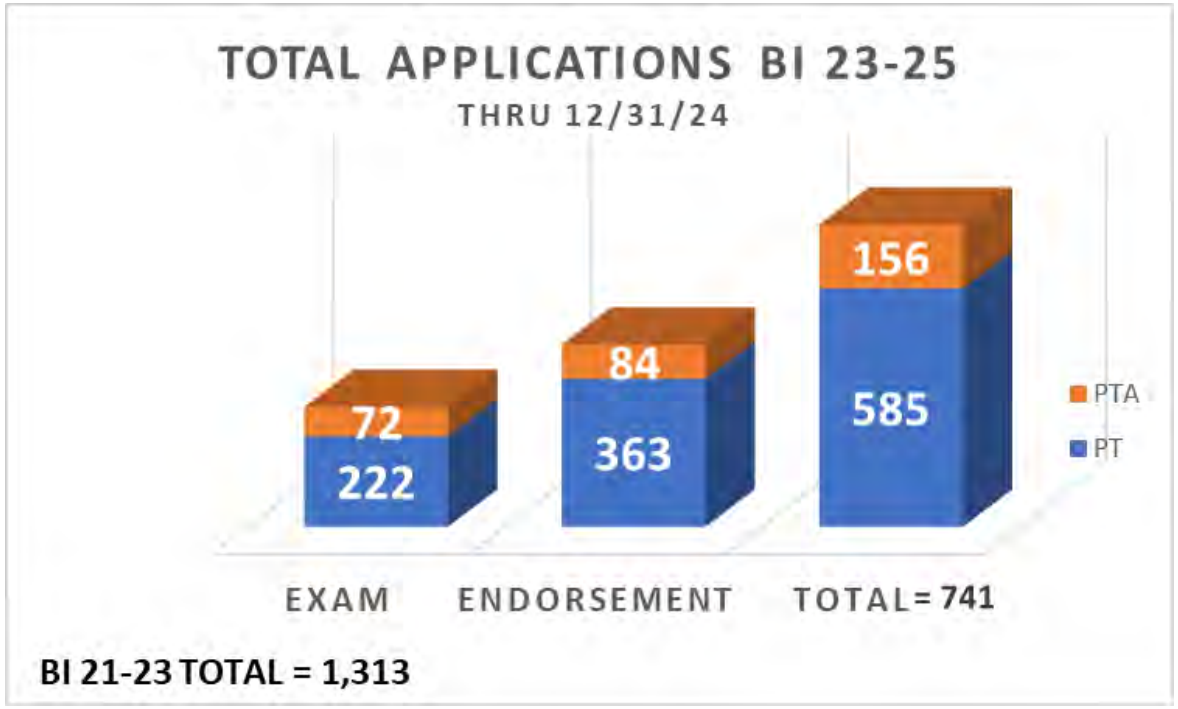
- Compact Privileges currently make up 8-9% of the available workforce.
- Privilege growth has been steady and increasing as more member states have joined compact.





- Oregon has always seen a drop off in non-renewal of licenses at each two-year renewal period because physical therapy has a large percentage of “traveler” workforce.
- These numbers do not appear to be substantively impacted by Privilege purchases; may be offset by Privilege purchasers ultimately applying for Oregon license.

Oregon PT/PTA Workforce by the Numbers



- However, new applications do appear to be down below anticipated for the current biennium, which may be due in part to Privilege purchases, but also due to reimbursement rates and employer staffing practices.

Oregon PT/PTA Workforce by the Numbers

Conclusions & Recommendations

- Compacts that are not self-sufficient without requiring annual membership fee from member states could prove cost prohibitive for smaller boards, or require fee increases for privilege holders and licensees.
- A strong compact entity with effective data systems is essential for realizing public protection and information sharing benefits; differences in how investigations are handled in member states can impede joint investigations.
- Boards should price privilege fees to account not just for privilege processing costs, but total cost of that "license" to cover ongoing services to privilege holders and the public, as well as to cover investigative and audit program costs.
- Many legislative trainings and the workforce survey itself are tied to renewal or initial application; 8-9% of the PT workforce never completes these trainings or the workforce survey. This is a disconnect that would be amplified if more compacts come online, potentially making invisible any workforce impact from adopting the compact in the first place. A legislative fix to include compact privilege holders is recommended.

For More Information

Oregon Board of Physical Therapy

- Physical.Therapy@obpt.Oregon.gov
- www.Oregon.gov/PT

Physical Therapy Compact Commission

- www.ptcompact.org

From: Matt Shafer <mshafer@csg.org>
Sent: Wednesday, January 15, 2025 11:09 AM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Sacksteder, Jamie <jamie.sacksteder@dhp.virginia.gov>; Roner-Reiter, Catharine M (DOH) <catharine.roner-reiter@doh.wa.gov>; Tiffany Allison <tiffany.allison@iowa.gov>; Anderson, Bridgett (HLB) <bridgett.anderson@state.mn.us>; Daniel Logsdon <dlogsdon@csg.org>; Jason Moseley <jmoseley@csg.org>
Subject: Re: Request for CSG-ADA Contract

Stephen,

Thank you for reaching out with this request. CSG does not share contracts. However, I'm happy to share information on how CSG/compact commissions typically engage with professional membership associations and state regulatory board federations/associations.

In addition to the ADA and ADHA, CSG has contracts with the following entities for technical support related to interstate compacts.

- Academy of Nutrition and Dietetics
- American Counseling Association
- American Occupational Therapy Association
- Association of Social Work Boards
- American Speech Language Hearing Association
- Association of State and Provincial Psychology Boards
- Federation of State Massage Therapy Boards
- Federation of State Medical Boards
- Future of the Beauty Industry Coalition
- National Association of School Psychologists

All our contracts to provide technical assistance for occupational licensure compacts include two components: 1) providing educational information during the legislative process 2) providing interim staffing support to compact commissions. I've attached our template for scope of work on which our contract deliverables are based.

Because the compacts are not immediately operational and generating their own revenue, outside support is needed. From our experience, states are willing to receive outside support rather than their state generating the necessary funds.

In addition to providing financial support for CSG's services, professional associations typically provide direct financial support to the commissions themselves. I provided some examples of this type of support below

- Counseling Compact Commission: Up to $1.2 million available from American Counseling Association (ACA) and $150,000 from National Board for Certified Counselors (NBCC).
- OT Compact Commission: $300,000 per year for 3 years from American Occupational Therapy Association (AOTA) and National Board for Certification of Occupational Therapists (NBCOT).

- Audiology/Speech Language Pathology Compact Commission: $228,000 over first 3 years from American Speech Language Hearing Association (ASHA). $330,000 over 3 years from American Association of Audiologists (AAA).

Some of these associations are also supporting the development of the shared compact data system. You can read more about that effort here: https://compactconnect.org/.

It is also important to note that the federal government also supports the development of licensure compacts and the operations of compact commissions. The Health Resource Services Administration (HRSA) awarded grants to the Federation of State Medical Boards to support the Interstate Medical Licensure Compact (IMLC) and the Physician Associates Compact (PA Compact). HRSA also awarded a grant to the Association of State and Provincial Psychology Boards (ASPPB) to support the development of the Interjurisdictional Psychology Compact (PSYPACT) and is continuing to support the PSYPACT commission.

Since 2016, over 370 separate pieces of licensure compact legislation have been enacted by states. One reason states are willing to enact licensure compacts is because the financial support provided by these associations limits or eliminates any fiscal impact to states for operationalizing the compact commission.

I'll note that reception of any financial support from an outside entity would be a decision that the commission makes. This is not a decision that CSG would be involved in. Reception of funds from these outside entities is typically governed by a MOU between the commission and the associations.

Lastly, Oregon is a founding member of the PT Compact. The PT Compact Commission delegate is the executive director of the Oregon Board of Physical Therapy Michelle Sigmund-Gaines. If you have questions or concerns about how compact commissions interface with outside organizations within PT, you could speak with her about her experience on the PT Compact Commission.

I've CC'd CSG's general counsel if you have any questions about our ability to share the contract. I hope this information is helpful and please let me know if we can be of any additional assistance.

Matt Shafer
Deputy Policy Director | National Center for Interstate Compacts
The Council of State Governments
1776 Avenue of the States, Lexington, KY 40511
(502) 298-5263

National Center for Interstate Compacts
THE COUNCIL OF STATE GOVERNMENTS

From: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Date: Tuesday, January 14, 2025 at 4:56 PM

To: Matt Shafer <mshafer@csg.org>
Cc: "Sacksteder, Jamie" <jamie.sacksteder@dhp.virginia.gov>, "Roner-Reiter, Catharine M (DOH)" <catharine.roner-reiter@doh.wa.gov>, Tiffany Allison <tiffany.allison@iowa.gov>, "Anderson, Bridgett (HLB)" <bridgett.anderson@state.mn.us>
Subject: Request for CSG-ADA Contract

Matt,

May I get a copy of the contract between ADA and CSG as referenced in the D/DH License Compact Commission's meeting minutes?

Finances and Staff Hiring

a. **Commission Finances**: M. Shafer discussed funding, staffing, and the role of the secretariat. No questions received.
   i. M. Shafer discusses the unique opportunity for the DDH commissior with existing data systems from other commissions.
   ii. Overview of commission finances, staffing, and secretariat duties.
   iii. CSG's involvement is covered by a contract with ADA until the end of 2025.
   iv. Decisions on additional staffing will be made later.

Future Rules

Thank you,
Stephen

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

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

National Center for Interstate Compacts
THE COUNCIL OF STATE GOVERNMENTS

Scope of Work Summary

State Enactment Support (Year 1 – Year 2)

CSG, will track introductions the interstate compact legislation and provide technical support to state legislative staff to ensure the legislation as introduced conforms to standard and accepted interstate compact language and structures. CSG will follow the legislation throughout the legislative process to ensure that no substantive amendments or other changes are made to the interstate compact legislation.

- Provide Legal Support and Technical Assistance
  - CSG provides legal services and staff support to answer technical questions from bill drafters and make legal determinations on substantial changes to model compact legislation
  - Planning (or otherwise organizing), attending/participating in or providing direct technical assistance to stakeholders at in-person, on-site state briefings or virtual meetings related to compact enactment with state advocates.
- Track Compact Model Legislation and State Enactments:
  - CSG tracks of compact model legislation filings, sponsorships, co-sponsorships, legislative readings, committee assignments, committee hearings, committee votes, floor debates and legislative votes as well as executive approvals and rejections.
- Attendance, Participation in or Support at Legislative Hearings/Meetings:
  - CSG will attend legislative hearings and/or other relevant stakeholder meetings where opportunities exist to educate policymakers and stakeholders about the interstate agreement. CSG will provide information in an education-only format providing an overview and details about the initiative and responding to specific policy and operational questions regarding the compact such as constitutionality, impacts to state sovereignty, rulemaking provisions, and potential financial implications of enactment.

"Standing Up" the Interstate Commission (Year 2 - Year 3)

CSG will oversee the process of operationalizing the interstate compact commission to ensure proper adherence to the provisions of the compact. CSG will manage state notifications, commissioner appointments by member states, drafting of commission bylaws and rules, meeting planning, create meeting agenda, public notice of the commission meeting, preliminary business docket, etc. CSG will conduct the inaugural commission meeting and advise commission on the approval of commission bylaws and rules, committee structure and membership, budget and finance formulas, additional education in the states, and other deliverables identified by the interstate commission.

- Pre-commission transition activities: CSG leads the process for state notifications, commissioner appointments, drafting by-laws, meeting planning, public notice, preliminary business docket.
- Inaugural commission meeting: CSG plans and hosts inaugural commission meeting which includes approval of commission bylaws, strategy for data system development, establishing committee structure and membership, budget and finance formulas, and additional educational support in states.
- CSG generally serves as interim secretariat and chief administrator for the first 6-9 months until the commission makes staffing determinations.

Dentist and Dental Hygienist Compact Commission

Title of Rule: Rule on Rulemaking

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

Chapter 1: Rulemaking

Authority:

Section 7: Establishment and Operation of the Commission

Section 9: Rulemaking

Section 11: Effective Date, Withdrawal, and Amendment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) The text of the proposed Rule and a Statement of Need and Reasonableness for the proposed Rule.

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

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

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

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

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

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

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

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

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

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

1.8 Status of Rules Upon Adoption of Compact By Additional Participating States; Applicability: Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes

law in that state. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

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

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

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

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

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

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

DENTIST AND DENTAL HYGIENIST COMPACT

BYLAWS

ARTICLE I

Commission Purpose, Function and Bylaws

Section 1. Purpose.

Pursuant to the terms of the Dentist and Dental Hygienist Compact, (the "Compact"), the Dental and Dental Hygienist Compact Commission (the "Commission") is established to fulfill the objectives of the Compact, through a means of joint cooperative action among the Compacting States, namely, to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by establishing a pathway for licensed Dentists and Dental Hygienists to obtain privileges to practice in other states participating in the Compact. The Commission is a joint government agency established by this Compact comprised of each State that has enacted the Compact and a national administrative body comprised of a Commissioner from each State that has enacted the Compact.

Section 2. Functions.

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

Section 3. Bylaws.

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

ARTICLE II

Membership

Section 1. Purpose.

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

Section 2. Commissioners.

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

ARTICLE III

Officers

Section 1. Election and Succession.

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

Section 2. Duties.

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

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

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

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

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

Section 3. Costs and Expense Reimbursement.

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

ARTICLE IV

Executive Board

Section 1. Powers, Duties, and Responsibilities.

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

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

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

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

d. Preparing and recommending the budget;

e. Maintaining financial records on behalf of the Commission;

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

g. Establishing additional committees as necessary;

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

Section 2. Composition of Executive Board

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

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

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

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

Section 3. Executive Board Meetings.

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

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

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

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

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

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

ARTICLE V

Qualified Immunity, Defense and Indemnification

Section 1. Immunity.

The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for

damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

Section 2. Defense.

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

Section 3. Indemnification.

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

ARTICLE VI

Meetings of the Commission

Section 1. Meetings and Notice.

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

public meeting. A meeting may be closed to the public where the Commission determines by two-thirds (2/3rds) vote of its Members that there exists at least one of the conditions for closing a meeting, as provided by the Compact or Commission Rules.

Section 2. Quorum.

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

Section 3. Voting.

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

Section 4. Procedure.

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

ARTICLE VII

Committees

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

ARTICLE VIII

Finance

Section 1. Fiscal Year.

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

Section 2. Budget.

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

Section 3. Accounting and Audit.

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

Section 4. Public Participation in Meetings.

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

Section 5. Debt Limitations.

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

Section 6. Travel Reimbursements.

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

ARTICLE IX

Withdrawal, Default, and Termination

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

ARTICLE X

Adoption and Amendment of Bylaws

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

ARTICLE XI

Dissolution of the Compact

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

DDH Dentist and Dental Hygienist Compact

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DDH Dentist and Dental Hygienist Compact

DDH COMPACT COMMISION AGENDA – January 21, 2025

9:30 a.m.	**Breakfast Provided**
10:00 a.m.	**Welcome**
	Call to Order
	Roll Call
	Adoption of Agenda*
	Review and Adopt Minutes from August Meeting*
	Commission Delegate Training
	Discussion of By-Laws
	Adoption of By-Laws*
12:00 – 1:00 p.m.	**Lunch Provided**
	Legislative Update
	Executive Board Election*
	Discussion of Rule on Rulemaking
	Adoption of Rule on Rulemaking*
2:30 – 2:45 p.m.	**Break**
	Discussion of Rule on Clinical Assessment
	Adoption of Rule on Clinical Assessment*
	Update on CompactConnect Data System
	Discussion of Commission Committees
	Public Comment and Questions
	Meeting Summary and Next Steps
5:00 p.m.	**Adjourn**

DDH Dentist and Dental Hygienist Compact

DDH Compact Commission Inaugural Meeting Minutes– August 28, 2024

August 28, 2024

I. **Attendees**
   a. **Delegates Present:**
      i. Tiffany Allison – Iowa
      ii. Catherine Roner-Reiter – Washington
      iii. Ailene Macias – Tennessee
      iv. Matthew Bistan – Wisconsin
      v. Jaime Sacksteder – Virginia
      vi. Lane Hemsley – Kansas
      vii. Penny Vaillancourt – Maine
      viii. Yukon Morford – Colorado
      ix. Bridgett Anderson – Minnesota
      x. Corey Schaal – Ohio
   b. **Interim Chair Present:**
      i. Stephanie Lotridge
   c. **Legal Counsel Present:**
      i. Samantha Nance, EMWN
   d. **CSG Staff Present:**
      i. Matt Shafer, CSG
      ii. Dan Logsdon, CSG
      iii. Kaitlyn Bison, CSG
      iv. Isabel Eliassen, CSG

II. **Welcome and Introductions**
   a. **CSG Staff**: M. Shafer Shafer outlined housekeeping and introduced interim staff, including Dan Logsdon and Samantha Nance.
   b. **Interim Chair**: S. Lotridge welcomed delegates.
   c. **CSG's Role**: M. Shafer Shafer detailed CSG's involvement and role with DDH compact.

III. **Call to Order**
   a. **Roll Call**: S. Lotridge took attendance.
   b. **Delegate Introductions**: Delegates from various states introduced themselves
   c. **Agenda Review**: Interim Chair reviewed and asked for questions about the agenda (none received).

IV. **Legislative Update**
   a. **Legislative Overview**: M. Shafer provided an update on state enactments and pending bills. No material deviations reported.

b. S. Nance explains non-material changes and requests delegates to flag any potential amendments to compact legislation in their states.
c. M. Shafer invites questions from delegates (none received)

V. **Virginia Lawsuit**: S. Nance discussed ongoing litigation about the compact's constitutionality and will be providing an affidavit supporting its legality.
   a. M. Shafer invites questions (Corey Schaal inquires about the reasons for the constitutional challenge; S. Nance explains possible misinterpretation of the compact).

VI. **Transition and Implementation**
   a. **Transition Plan**: Overview of the DDH commission's transition, including bylaws adoption and data system development. Questions about RFP processes were addressed.
      i. M. Shafer gives an overview of the transition plan in the meeting packet, including the timeline for the implementation of the DDH commission.
      ii. The commission will meet in Q1 of next year to adopt bylaws, rules, elect officers, and populate subcommittees.
      iii. M. Shafer describes the effort to secure a vendor and begin development of the compact data system.
      iv. M. Shafer invites questions (Bridgett asks about the RFP process for the data system; S. Nance clarifies it's an option but not a requirement; M. Shafer points to a later agenda item for more details).

VII. **Governance Structure**
   a. S. Lotridge hands over to S. Nance to review the commission governance structure.
   b. S. Nance provides an overview of the governance structure, including the delegates' responsibilities.
   c. S. Nance invites questions (none received).

VIII. **By-Laws**: S. Nance reviewed the compact's by-laws and governance structure, addressing delegate questions on state withdrawal and chair roles.
   a. S. Nance continues with an overview of the by-laws and rulemaking within the confines of the compact language.
   b. S. Nance addresses questions:
   c. Matthew Bistan asks about state withdrawal procedures.
      i. S. Nance explains the process and high bar for default.
   d. Corey Schaal inquires about the past chair's voting status.
      i. S. Nance explains this depends on commission preferences and election breakdown.
   e. Bridgett supports the idea of including a past chair voting position but is open to other suggestions.

i. S. Nance requests feedback on by-laws before the next meeting.

IX. **Rulemaking**
   a. **Rules Overview**: S. Nance discussed rulemaking processes and common misconceptions. No questions received.

X. **Break (15 minutes)**

XI. **Officer Elections**
   a. *Officer Positions*: Chair, Vice Chair, Treasurer, Secretary, and 2-3 members at large.
   b. *Nomination Process:* CSG will send a form for nominations; voting will be in early 2025.
   c. *Time Commitments*: Executive board meets monthly or bimonthly; Chair and Treasurer have the most commitment
   d. *Vice Chair*: Expected to be the Chair-elect; feedback is welcome on that in future meetings.
   e. Penny Vaillancourt asks who will be employer for personnel and staff.
      i. S. Nance clarifies that the commission is the employer, but various arrangements are possible.

XII. **Data System**
   a. **Introduction**: I. Eliassen presented the data system's importance, steps to development, and Compact Connect. A demo will be available at a later date.

XIII. **Finances and Staff Hiring**
   a. **Commission Finances**: M. Shafer discussed funding, staffing, and the role of the secretariat. No questions received.
      i. M. Shafer discusses the unique opportunity for the DDH commission with existing data systems from other commissions.
      ii. Overview of commission finances, staffing, and secretariat duties.
      iii. CSG's involvement is covered by a contract with ADA until the end of 2025.
      iv. Decisions on additional staffing will be made later.

XIV. **Future Rules**
   a. **Potential Rules**: M. Shafer introduced potential rules for future consideration, including clinical assessments and administrative issues. CSG will provide more information on clinical examination landscape.
      i. M. Shafer introduces potential rules for adoption at the next meeting.
      ii. Includes clinical assessment definitions, interstate compact authority, and administrative issues.
      iii. S. Nance explains the intention behind broad language in rules to allow flexibility.
      iv. M. Shafer requests questions:

v. Matthew Bistan shares his perspective on new Wisconsin licensure pathway.
vi. Penny Vaillancourt asks about research on clinical examinations and how it affects commission work. M. Shafer responds that CSG can provide this information at the next meeting.

XV. **Comments and Questions**
   a. **General Comments**: Discussions included the exclusion of dental therapy, funding issues, and future meeting formats. Feedback on meeting preferences (in-person or hybrid) was collected.

XVI. **Meeting Summary and Next Steps**
   a. **Next Meeting**: Planned for Q1 2025, with a scheduling poll for format preferences. Minutes will be posted online.

XVII. **Adjournment**

Roberts Rules of Order – Simplified

Guiding Principles:

- Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.
- Everyone has the right to know what is going on at all times. Only urgent matters may interrupt a speaker.
- Only one thing (motion) can be discussed at a time.

A **motion** is the topic under discussion (e.g., "I move that we add a coffee break to this meeting"). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. If there is no second, the matter is not considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

How to do things:

You want to bring up a new idea before the group.

After recognition by the president of the board, present your motion. A second is required for the motion to go to the floor for discussion, or consideration.

You want to change some of the wording in a motion under discussion.

After recognition by the president of the board, move to amend by

- adding words,
- striking words or
- striking and inserting words.

You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.

Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

You want more study and/or investigation given to the idea being discussed.

Move to refer to a committee. Try to be specific as to the charge to the committee.

You want more time personally to study the proposal being discussed.

Move to postpone to a definite time or date.

You are tired of the current discussion.

Move to limit debate to a set period of time or to a set number of speakers. Requires a 2/3^{rds} vote.

You have heard enough discussion.

Move to close the debate. Also referred to as calling the question. This cuts off discussion and brings the assembly to a vote on the pending question only. Requires a 2/3^{rds} vote.

You want to postpone a motion until some later time.

Move to table the motion. The motion may be taken from the table after 1 item of business has been conducted. If the motion is not taken from the table by the end of the next meeting, it is dead. To kill a motion at the time it is tabled requires a 2/3^{rds} vote. A majority is required to table a motion without killing it.

You believe the discussion has drifted away from the agenda and want to bring it back.
"Call for orders of the day."

You want to take a short break.
Move to recess for a set period of time.

You want to end the meeting.
Move to adjourn.

You are unsure the president of the board announced the results of a vote correctly.
Without being recognized, call for a "division of the house." A roll call vote will then be taken.

You are confused about a procedure being used and want clarification.
Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

You have changed your mind about something that was voted on earlier in the meeting for which you were on the winning side.
Move to reconsider. If the majority agrees, the motion comes back on the floor as though the vote had not occurred.

You want to change an action voted on at an earlier meeting.
Move to rescind. If previous written notice is given, a simple majority is required. If no notice is given, a 2/3^{rds} vote is required.

Unanimous Consent:
If a matter is considered relatively minor or opposition is not expected, a call for unanimous consent may be requested. If the request is made by others, the president of the board will repeat the request and then pause for objections. If none are heard, the motion passes.

- **You may INTERRUPT a speaker for these reasons only**:
  - to get information about business –point of information to get information about rules– parliamentary inquiry
  - if you can't hear, safety reasons, comfort, etc. –question of privilege
  - if you see a breach of the rules –point of order
  - if you disagree with the president of the board's ruling –appeal
  - if you disagree with a call for Unanimous Consent –object

Quick Reference					
	Must Be Seconded	Open for Discussion	Can be Amended	Vote Count Required to Pass	May Be Reconsidered or Rescinded
Main Motion	√	√	√	Majority	√
Amend Motion	√	√		Majority	√
Kill a Motion	√			Majority	√
Limit Debate	√		√	2/3^{rds}	√
Close Discussion	√			2/3^{rds}	√
Recess	√		√	Majority	
Adjourn (End meeting)	√			Majority	
Refer to Committee	√	√	√	Majority	√
Postpone to a later time	√	√	√	Majority	√
Table	√			Majority	
Postpone Indefinitely	√	√	√	Majority	√

DENTIST AND DENTAL HYGIENIST COMPACT

BYLAWS

ARTICLE I

Commission Purpose, Function and Bylaws

Section 1. Purpose.

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

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

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

Section 2. Commissioners.

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

ARTICLE III

Officers

Section 1. Election and Succession.

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

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

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

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

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

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

Section 3. Costs and Expense Reimbursement.

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

ARTICLE IV

Executive Board

Section 1. Powers, Duties, and Responsibilities.

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

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

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

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

d. Preparing and recommending the budget;

e. Maintaining financial records on behalf of the Commission;

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

g. Establishing additional committees as necessary;

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

Section 2. Composition of Executive Board

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

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

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

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

Section 3. Executive Board Meetings.

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

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

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

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

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

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

c. Protect public health and safety.

ARTICLE V

Qualified Immunity, Defense and Indemnification

Section 1. Immunity.

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

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

Section 2. Defense.

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

Section 3. Indemnification.

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

ARTICLE VI

Meetings of the Commission

Section 1. Meetings and Notice.

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

Section 2. Quorum.

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

Section 3. Voting.

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

Section 4. Procedure.

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

ARTICLE VII

Committees

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

ARTICLE VIII

Finance

Section 1. Fiscal Year.

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

Section 2. Budget.

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

Section 3. Accounting and Audit.

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

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

Section 4. Public Participation in Meetings.

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

Section 5. Debt Limitations.

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

Section 6. Travel Reimbursements.

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

ARTICLE IX

Withdrawal, Default, and Termination

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

ARTICLE X

Adoption and Amendment of Bylaws

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

ARTICLE XI

Dissolution of the Compact

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

DDH Dentist and Dental Hygienist Compact

Legislative Update as of January 9, 2025

State	Bill Number	Status
Indiana	HB 1031	Filed
Maryland	SB 0021, HB 0045	Prefiled
Missouri	HB 56/ SB 327	Prefiled
New Hampshire	2025-0997	Prefiled
New Jersey	S 702, A 1896	Filed
Texas	HB 1803	Filed

DDH Compact Member States

Colorado
Iowa
Kansas
Maine
Minnesota Ohio
Tennessee
Virginia
Washington
Wisconsin

DDH Dentist and Dental Hygienist Compact

Elections Information: Positions and Duties

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

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

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

A. Chair: The Chair shall call and preside at Commission and Executive Board meetings; prepare agendas for the meetings; act on Commission's behalf between Commission meetings.

B. Vice Chair: The Vice Chair shall perform the duties of the Chair in their absence or at the Chair's direction. In the event of a vacancy in the Chair's office, the Vice Chair shall serve until the Commission elects a new Chair.

C. Treasurer: The Treasurer, with the assistance of the Executive Director of the Compact, shall monitor the Commission's fiscal policies and procedures and serve as chair of the Finance Committee.

D. Secretary: The Secretary, with the assistance of the Executive Director of the Compact, shall keep minutes of all Commission meetings and shall act as the custodian of all documents and records pertaining to the status of the Compact and business of the Commission. The Commission may allow for the Executive Director to serve as Secretary of the Commission provided that the Executive Director will not be a member of the Commission.

DDH Dentist and Dental Hygienist Compact

E. Members-at-large (3 positions open): fulfill duties of the executive board as outlined below.

The Executive Board shall:

a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget in consultation with the Treasurer;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Perform other duties as provided in rules or bylaws and administer the affairs of the Commission in a manner consistent with the Bylaws and purpose of the Commission.

DDH Dentist and Dental Hygienist Compact

Dr. Matthew Bistan

I am a dentist practicing in a group practice for over 25 years. I have served on the Wisconsin Dentistry Examining Board since 2015 and have served as the Chair for the past 6 years. During my time on the DEB, Wisconsin has looked closely into all aspects of licensure and as a practicing dentist I will bring a unique and practice perspective to the Compact.

Jamie Sacksteder

Jamie has worked in Virginia state government for 13 years serving in a variety of executive and senior management positions in health and human service agencies. She has an extensive background in developing and implementing laws and regulations to protect the public as well as direct experience in conducting investigations and audits to address accountability in service delivery. She brings a collaborative approach to her work, leveraging both her analytical skills and creativity to solve complex challenges and drive successful outcomes. Prior to working in state government, she worked for 8 years in the private sector working in the mental health field as a Licensed Professional Counselor. Jamie began working with the Board of Dentistry in 2019 as the Deputy Executive Director and oversaw disciplinary procedures of licensees of the Board. Jamie became the Executive Director in July 2022. Jamie is currently the Vice President of the American Association of Dental Administrators and is currently a workgroup representative, chosen by her peers, on the Dental Assisting National Board to develop a National Workgroup Model for Dental Assistants. Her commitment to professional growth and her keen insight into emerging trends has made her a respected voice and sought-after expert. Jamie's unique experience in the private and public sector makes her a good candidate for Vice-Chair. She will be collaborative and support the chair and the executive committee in making decisions that help ensure public safety.

Bridgett Anderson

Bridgett Anderson has over 20 years of experience in the dental field, including working as a licensed dental assistant and clinic manager for 9 years before her position as Director of Regulatory Affairs at the Minnesota Dental Association. Currently, she is the Executive Director at the Minnesota Board of Dentistry, which is the state agency responsible for licensure and regulation of over 17,000 dental professionals in MN. She is responsible for Board of Dentistry operations, including all legislative efforts regarding policy changes, rulemaking, and advocacy. She has led several successful projects related to public policy. She holds a bachelor’s degree in Biology, with a minor in Anthropology, and a master’s degree in Business Administration. She is very active in the dental community providing leadership, education, and resources for clinics on regulatory and practice management issues.

Dentist and Dental Hygienist Compact Commission

Title of Rule: Rule on Rulemaking

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

Chapter 1: Rulemaking

Authority:

Section 7: Establishment and Operation of the Commission

Section 9: Rulemaking

Section 11: Effective Date, Withdrawal, and Amendment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dentist and Dental Hygienist Compact Commission

Rules Document

Title of Rule: Rule on Clinical Assessment

Vote on Rule: This rule will be discussed and voted on at the Dentist and Dental Hygienist Compact Commission meeting on January 21.

Public comment: Interested persons may electronically submit written comments on the proposed rule to **dentalcompact@csg.org** with the subject line "DDH Compact Rule Comment" or by registering to attending the meeting at which the rule will be discussed and voted on. Register to speak here. Written comments on the proposed rule must be submitted by 2pm ET the day before the meeting.

Effective: Upon passage

Reason for Rule: To further define Clinical Assessment pursuant to Article 2, Article 3, and Article 4 of the Dentist and Dental Hygienist Compact.

History for Rule: January 21, 2025: Rule Proposed at Dentist and Dental Hygienist Compact Commission Meeting

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Chapter 2: Rule on Clinical Assessment

Authority: Section 2: Definitions

Section 3: State Participation in the Compact

Section 4: Compact Privilege

Section 9: Rulemaking

1.0 Purpose:

Pursuant to Section 9, the Dentist and Dental Hygienist Compact Commission shall promulgate reasonable and lawful uniform rules to facilitate and coordinate implementation and administration of the Dentist

and Dental Hygienist Compact. This rule will become effective upon passage by the Dentist and Dental Hygienist Compact Commission as provided in Article 9.

1.1 Clinical Assessment:

A. As set forth in Section 2-G, Clinical Assessment shall not be interpreted to include pathways that provide licensure upon graduation from an accredited institution.

CompactConnect Summary Sheet

In 2023, three occupational licensure compact commissions (the Audiology and Speech-Language Pathology, Counseling, and Occupational Therapy Compact Commissions) decided to work together to build a compact data system which all three could tailor and use for their collective needs. None of the three compact professions had an existing data system upon which otherwise to readily build. Working together enables each compact commission to spend less funds on the system overall than if they were each individually build one.

CompactConnect is being built through an agile development process, where future users of the system are consulted regularly for their input on system requirements. The process is managed by CSG, who helps coordinate communication between the stakeholder commissions and the developer, InspiringApps.

The development of a data system is a foundational piece to operationalize a licensure compact. Data systems facilitate the functions of a licensure compact by providing states the ability to exchange data on licensee information and disciplinary actions and by enabling eligible licensees to apply for a compact authorization to practice.

The creation, operation and utilization of a data system is defined in the model legislation for licensure compacts. Compact commissions are accountable for the development and operations of the system, while compact member states are responsible for participating in the connection and reporting to the system.

Compact data systems also represent the costliest and most time intensive component of operationalizing a licensure compact. When available, compact data systems have been developed from existing systems utilized by a profession and its regulators.

CompactConnect is financially supported by the three compact commissions through their respective funding organizations. Funding is also being contributed by The Council of State Governments through its cooperative agreement with the Department of Defense, so that the system can also be used by additional compacts in the future.

If a compact commission decides to use CompactConnect, they will gain access to the base features the three primary commissions developed together at no cost. Typically, in order to be granted access to a software system, an organization would be required to pay a licensing fee. CompactConnect, however, is an open-source platform and does not have this requirement. While there is no licensing fee for access to the system, any modification, maintenance, or implementation costs would still be borne by the respective compact commission.

The joint data system project kicked off in May 2024 and is expected to result in a minimum viable product of the system in 2025.

Further information about CompactConnect may be found at https://compactconnect.org/.

DDH Dentist and Dental Hygienist Compact

Time Commitment: Committees typically meet virtually once a month or once every two months for one hour. Committees may decide to meet for a longer session based on needs.

1. **Rules Committee:** A Rules Committee shall be established as a standing committee to:
    a. develop uniform Compact rules and bylaw amendments and policies for consideration by the Commission and concurrent implementation by the states;
    b. review existing rules and recommend necessary changes to the Commission for consideration;
    c. draft frequently asked questions to clarify questions arising regarding statute, rule, bylaws, policies, and advisory opinions.

2. **Compliance Committee:** A Compliance Committee shall be established as a standing committee to:
    a. monitor a participating state's compliance with the terms of the Compact and its authorized rules;
    b. develop resources for compliance reviews; and
    c. develop best practices for party state compliance.

3. **Finance Committee:** A Finance Committee shall be established as a standing committee to:
    a. provide financial oversight and ensure the Commission is operating within its budget;
    b. developing financial resources to achieve its purposes;
    c. propose fees as authorized in the Compact;
    d. investigate potential funding resources; and
    e. suggest a fiscal year for the commission.

4. **Elections Committee:** An Elections Committee shall be established as a standing committee to:
    a. inform the Commissioners on the responsibilities of the office;
    b. encourage participation by the Commissioners in the elections process;
    c. announce nominations deadline and anticipated vacancies of the Executive Committee of the Commission;
    d. communicate with incumbents to determine if they wish to run for re-election.
    e. accept qualified nominees and prepare a slate of candidates for the election of the officers or members at large of the Executive Committee; and

f. present a list of candidates to the Commission including the terms of office expiration dates.

5. **Communications Committee:** A Communications Committee shall be a standing committee to, in consultation with the Chair of the Commission and the Executive Director:
    a. onboard new participating state commissioners and administrative staff;
    b. create press releases;
    c. suggest updates to the website and informational items to media sources;
    d. create additional public relations documents and provide presentations regarding the work of the Commission if needed.

DDH Dentist and Dental Hygienist Compact

Dentist and Dental Hygienist Compact

This project is funded by the Department of Defense.

The following language must be enacted into law by a state to officially join the Dentist and Dental Hygienist Compact.

No substantive changes should be made to the model language. Any substantive changes may jeopardize the enacting state's participation in the Compact.

The Council of State Governments National Center for Interstate Compacts reviews state compact legislation to ensure consistency with the model language. Please direct inquiries to Jessica Thomas at JThomas@csg.org.

DENTIST AND DENTAL HYGIENIST COMPACT

SECTION 1. TITLE AND PURPOSE

This statute shall be known and cited as the Dentist and Dental Hygienist Compact. The purposes of this Compact are to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by providing Dentists and Dental Hygienists licensed in a Participating State the ability to practice in Participating States in which they are not licensed. The Compact does this by establishing a pathway for a Dentists and Dental Hygienists licensed in a Participating State to obtain a Compact Privilege that authorizes them to practice in another Participating State in which they are not licensed. The Compact enables Participating States to protect the public health and safety with respect to the practice of such Dentists and Dental Hygienists, through the State's authority to regulate the practice of dentistry and dental hygiene in the State. The Compact:

A. Enables Dentists and Dental Hygienists who qualify for a Compact Privilege to practice in other Participating States without satisfying burdensome and duplicative requirements associated with securing a License to practice in those States;

B. Promotes mobility and addresses workforce shortages through each Participating State's acceptance of a Compact Privilege to practice in that State;

C. Increases public access to qualified, licensed Dentists and Dental Hygienists by creating a responsible, streamlined pathway for Licensees to practice in Participating States.

D. Enhances the ability of Participating States to protect the public's health and safety;

E. Does not interfere with licensure requirements established by a Participating State;

F. Facilitates the sharing of licensure and disciplinary information among Participating States;

G. Requires Dentists and Dental Hygienists who practice in a Participating State pursuant to a Compact Privilege to practice within the Scope of Practice authorized in that State;

H. Extends the authority of a Participating State to regulate the practice of dentistry and dental hygiene within its borders to Dentists and Dental Hygienists who practice in the State through a Compact Privilege;

I. Promotes the cooperation of Participating State in regulating the practice of dentistry and dental hygiene within those States;

J. Facilitates the relocation of military members and their spouses who are licensed to practice dentistry or dental hygiene;

SECTION 2. DEFINITIONS

As used in this Compact, unless the context requires otherwise, the following definitions shall apply:

A. **"Active Military Member"** means any person with full-time duty status in the armed forces of the United States, including members of the National Guard and Reserve.

B. **"Adverse Action"** means disciplinary action or encumbrance imposed on a License or Compact Privilege by a State Licensing Authority.

C. **"Alternative Program"** means a non-disciplinary monitoring or practice remediation process applicable to a Dentist or Dental Hygienist approved by a State Licensing Authority of a Participating State in which the Dentist or Dental Hygienist is licensed. This includes, but is not limited to, programs to which Licensees with substance abuse or addiction issues are referred in lieu of Adverse Action.

D. **"Clinical Assessment"** means examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.

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

F. **"Compact"** means this Dentist and Dental Hygienist Compact.

G. **"Compact Privilege"** means the authorization granted by a Remote State to allow a Licensee from a Participating State to practice as a Dentist or Dental Hygienist in a Remote State.

H. **"Continuing Professional Development"** means a requirement, as a condition of License renewal to provide evidence of successful participation in educational or professional activities relevant to practice or area of work.

I. **"Criminal Background Check"** means the submission of fingerprints or other biometric-based information for a License applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d) from the Federal Bureau of Investigation and the State's criminal history record repository as defined in 28 C.F.R. § 20.3(f).

J. **"Data System"** means the Commission's repository of information about Licensees, including but not limited to examination, licensure, investigative, Compact Privilege, Adverse Action, and Alternative Program.

K. **"Dental Hygienist"** means an individual who is licensed by a State Licensing Authority to practice dental hygiene.

L. **"Dentist"**[1] means an individual who is licensed by a State Licensing Authority to practice dentistry.

M. **"Dentist and Dental Hygienist Compact Commission" or "Commission"** means a joint government agency established by this Compact comprised of each State that has enacted the Compact and a national administrative body comprised of a Commissioner from each State that has enacted the Compact.

N. **"Encumbered License"** means a License that a State Licensing Authority has limited in any way other than through an Alternative Program.

O. **"Executive Board"** means the Chair, Vice Chair, Secretary and Treasurer and any other Commissioners as may be determined by Commission Rule or bylaw.

P. **"Jurisprudence Requirement"** means the assessment of an individual's knowledge of the laws and Rules governing the practice of dentistry or dental hygiene, as applicable, in a State.

Q. **"License"** means current authorization by a State, other than authorization pursuant to a Compact Privilege, or other privilege, for an individual to practice as a Dentist or Dental Hygienist in that State.

R. **"Licensee"** means an individual who holds an unrestricted License from a Participating State to practice as a Dentist or Dental Hygienist in that State.

S. **"Model Compact"** the model for the Dentist and Dental Hygienist Compact on file with the Council of State Governments or other entity as designated by the Commission**.**

T. **"Participating State"** means a State that has enacted the Compact and been admitted to the Commission in accordance with the provisions herein and Commission Rules.

U. "**Qualifying License"** means a License that is not an Encumbered License issued by a Participating State to practice dentistry or dental hygiene.

V. **"Remote State"** means a Participating State where a Licensee who is not licensed as a Dentist or Dental Hygienist is exercising or seeking to exercise the Compact Privilege.

W. **"Rule"** means a regulation promulgated by an entity that has the force of law.

X. **"Scope of Practice"** means the procedures, actions, and processes a Dentist or Dental Hygienist licensed in a State is permitted to undertake in that State and the circumstances under which the Licensee is permitted to undertake those procedures, actions and

[1] Note to bill drafters: the legislative intent of this compact is for dentists and dental hygienists practicing under a compact privilege to be granted all of the rights and privileges afforded a regularly licensed dentist in your state including billing of insurance.

processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the State Licensing Authority or other government agency.

Y. **"Significant Investigative Information"** means information, records, and documents received or generated by a State Licensing Authority pursuant to an investigation for which a determination has been made that there is probable cause to believe that the Licensee has violated a statute or regulation that is considered more than a minor infraction for which the State Licensing Authority could pursue Adverse Action against the Licensee.

Z. **"State"** means any state, commonwealth, district, or territory of the United States of America that regulates the practices of dentistry and dental hygiene.

AA. **"State Licensing Authority"** means an agency or other entity of a State that is responsible for the licensing and regulation of Dentists or Dental Hygienists.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

A. In order to join the Compact and thereafter continue as a Participating State, a State must:

1. Enact a compact that is not materially different from the Model Compact as determined in accordance with Commission Rules;

2. Participate fully in the Commission's Data System;

3. Have a mechanism in place for receiving and investigating complaints about its Licensees and License applicants;

4. Notify the Commission, in compliance with the terms of the Compact and Commission Rules, of any Adverse Action or the availability of Significant Investigative Information regarding a Licensee and License applicant;

5. Fully implement a Criminal Background Check requirement, within a time frame established by Commission Rule, by receiving the results of a qualifying Criminal Background Check;

6. Comply with the Commission Rules applicable to a Participating State;

7. Accept the National Board Examinations of the Joint Commission on National Dental Examinations or another examination accepted by Commission Rule as a licensure examination;

8. Accept for licensure that applicants for a Dentist License graduate from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the United States Department of Education for

the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

9. Accept for licensure that applicants for a Dental Hygienist License graduate from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;

10. Require for licensure that applicants successfully complete a Clinical Assessment;

11. Have Continuing Professional Development requirements as a condition for License renewal; and

12. Pay a participation fee to the Commission as established by Commission Rule.

B. Providing alternative pathways for an individual to obtain an unrestricted License does not disqualify a State from participating in the Compact.

C. When conducting a Criminal Background Check the State Licensing Authority shall:

1. Consider that information in making a licensure decision;

2. Maintain documentation of completion of the Criminal Background Check and background check information to the extent allowed by State and federal law; and

3. Report to the Commission whether it has completed the Criminal Background Check and whether the individual was granted or denied a License.

D. A Licensee of a Participating State who has a Qualifying License in that State and does not hold an Encumbered License in any other Participating State, shall be issued a Compact Privilege in a Remote State in accordance with the terms of the Compact and Commission Rules. If a Remote State has a Jurisprudence Requirement a Compact Privilege will not be issued to the Licensee unless the Licensee has satisfied the Jurisprudence Requirement.

SECTION 4. COMPACT PRIVILEGE

A. To obtain and exercise the Compact Privilege under the terms and provisions of the Compact, the Licensee shall:

1. Have a Qualifying License as a Dentist or Dental Hygienist in a Participating State;

2. Be eligible for a Compact Privilege in any Remote State in accordance with D, G and H of this section;

3. Submit to an application process whenever the Licensee is seeking a Compact Privilege;

4. Pay any applicable Commission and Remote State fees for a Compact Privilege in the Remote State;

5. Meet any Jurisprudence Requirement established by a Remote State in which the Licensee is seeking a Compact Privilege;

6. Have passed a National Board Examination of the Joint Commission on National Dental Examinations or another examination accepted by Commission Rule;

7. For a Dentist, have graduated from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

8. For a Dental Hygienist, have graduated from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;

9. Have successfully completed a Clinical Assessment for licensure;

10. Report to the Commission Adverse Action taken by any non-Participating State when applying for a Compact Privilege and, otherwise, within thirty (30) days from the date the Adverse Action is taken;

11. Report to the Commission when applying for a Compact Privilege the address of the Licensee's primary residence and thereafter immediately report to the Commission any change in the address of the Licensee's primary residence; and

12. Consent to accept service of process by mail at the Licensee's primary residence on record with the Commission with respect to any action brought against the Licensee by the Commission or a Participating State, and consent to accept service of a subpoena by mail at the Licensee's primary residence on record with the Commission with respect to any action brought or investigation conducted by the Commission or a Participating State.

B. The Licensee must comply with the requirements of subsection A of this section to maintain the Compact Privilege in the Remote State. If those requirements are met, the Compact Privilege will continue as long as the Licensee maintains a Qualifying License in the State through which the Licensee applied for the Compact Privilege and pays any applicable Compact Privilege renewal fees.

C. A Licensee providing dentistry or dental hygiene in a Remote State under the Compact Privilege shall function within the Scope of Practice authorized by the Remote State for a Dentist or Dental Hygienist licensed in that State.

D. A Licensee providing dentistry or dental hygiene pursuant to a Compact Privilege in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, by Adverse Action revoke or remove a Licensee's Compact Privilege in the Remote State for a specific period of time and impose

fines or take any other necessary actions to protect the health and safety of its citizens. If a Remote State imposes an Adverse Action against a Compact Privilege that limits the Compact Privilege, that Adverse Action applies to all Compact Privileges in all Remote States. A Licensee whose Compact Privilege in a Remote State is removed for a specified period of time is not eligible for a Compact Privilege in any other Remote State until the specific time for removal of the Compact Privilege has passed and all encumbrance requirements are satisfied.

E. If a License in a Participating State is an Encumbered License, the Licensee shall lose the Compact Privilege in a Remote State and shall not be eligible for a Compact Privilege in any Remote State until the License is no longer encumbered.

F. Once an Encumbered License in a Participating State is restored to good standing, the Licensee must meet the requirements of subsection A of this section to obtain a Compact Privilege in a Remote State.

G. If a Licensee's Compact Privilege in a Remote State is removed by the Remote State, the individual shall lose or be ineligible for the Compact Privilege in any Remote State until the following occur:

1. The specific period of time for which the Compact Privilege was removed has ended; and

2. All conditions for removal of the Compact Privilege have been satisfied.

H. Once the requirements of subsection G of this section have been met, the Licensee must meet the requirements in subsection A of this section to obtain a Compact Privilege in a Remote State.

SECTION 5. ACTIVE MILITARY MEMBER OR THEIR SPOUSES

An Active Military Member and their spouse shall not be required to pay to the Commission for a Compact Privilege the fee otherwise charged by the Commission. If a Remote State chooses to charge a fee for a Compact Privilege, it may choose to charge a reduced fee or no fee to an Active Military Member and their spouse for a Compact Privilege.

SECTION 6. ADVERSE ACTIONS

A. A Participating State in which a Licensee is licensed shall have exclusive authority to impose Adverse Action against the Qualifying License issued by that Participating State.

B. A Participating State may take Adverse Action based on the Significant Investigative Information of a Remote State, so long as the Participating State follows its own procedures for imposing Adverse Action.

C. Nothing in this Compact shall override a Participating State's decision that participation in an Alternative Program may be used in lieu of Adverse Action and that such participation shall remain non-public if required by the Participating State's laws. Participating States must require Licensees who enter any Alternative Program in lieu of discipline to agree not to

practice pursuant to a Compact Privilege in any other Participating State during the term of the Alternative Program without prior authorization from such other Participating State.

D. Any Participating State in which a Licensee is applying to practice or is practicing pursuant to a Compact Privilege may investigate actual or alleged violations of the statutes and regulations authorizing the practice of dentistry or dental hygiene in any other Participating State in which the Dentist or Dental Hygienist holds a License or Compact Privilege.

E. A Remote State shall have the authority to:

1. Take Adverse Actions as set forth in Section 4.D against a Licensee's Compact Privilege in the State;

2. In furtherance of its rights and responsibilities under the Compact and the Commission's Rules issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a State Licensing Authority in a Participating State for the attendance and testimony of witnesses, or the production of evidence from another Participating State, shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the State where the witnesses or evidence are located; and

3. If otherwise permitted by State law, recover from the Licensee the costs of investigations and disposition of cases resulting from any Adverse Action taken against that Licensee.

F. Joint Investigations

1. In addition to the authority granted to a Participating State by its Dentist or Dental Hygienist licensure act or other applicable State law, a Participating State may jointly investigate Licensees with other Participating States.

2. Participating States shall share any Significant Investigative Information, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

G. Authority to Continue Investigation

1. After a Licensee's Compact Privilege in a Remote State is terminated, the Remote State may continue an investigation of the Licensee that began when the Licensee had a Compact Privilege in that Remote State.

2. If the investigation yields what would be Significant Investigative Information had the Licensee continued to have a Compact Privilege in that Remote State, the Remote State shall report the presence of such information to the Data System as required by Section 8.B.6 as if it was Significant Investigative Information.

SECTION 7. ESTABLISHMENT AND OPERATION OF THE COMMISSION.

A. The Compact Participating States hereby create and establish a joint government agency whose membership consists of all Participating States that have enacted the Compact. The Commission is an instrumentality of the Participating States acting jointly and not an instrumentality of any one State. The Commission shall come into existence on or after the effective date of the Compact as set forth in Section 11A.

B. Participation, Voting, and Meetings

1. Each Participating State shall have and be limited to one (1) Commissioner selected by that Participating State's State Licensing Authority or, if the State has more than one State Licensing Authority, selected collectively by the State Licensing Authorities.

2. The Commissioner shall be a member or designee of such Authority or Authorities.

3. The Commission may by Rule or bylaw establish a term of office for Commissioners and may by Rule or bylaw establish term limits.

4. The Commission may recommend to a State Licensing Authority or Authorities, as applicable, removal or suspension of an individual as the State's Commissioner.

5. A Participating State's State Licensing Authority, or Authorities, as applicable, shall fill any vacancy of its Commissioner on the Commission within sixty (60) days of the vacancy.

6. Each Commissioner shall be entitled to one vote on all matters that are voted upon by the Commission.

7. The Commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws. The Commission may meet by telecommunication, video conference or other similar electronic means.

C. The Commission shall have the following powers:

1. Establish the fiscal year of the Commission;

2. Establish a code of conduct and conflict of interest policies;

3. Adopt Rules and bylaws;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take such actions as are consistent with the provisions of this Compact, the Commission's Rules, and the bylaws;

6. Initiate and conclude legal proceedings or actions in the name of the Commission, provided that the standing of any State Licensing Authority to sue or be sued under applicable law shall not be affected;
7. Maintain and certify records and information provided to a Participating State as the authenticated business records of the Commission, and designate a person to do so on the Commission's behalf;

8. Purchase and maintain insurance and bonds;

9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a Participating State;

10. Conduct an annual financial review;

11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission’s personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

12. As set forth in the Commission Rules, charge a fee to a Licensee for the grant of a Compact Privilege in a Remote State and thereafter, as may be established by Commission Rule, charge the Licensee a Compact Privilege renewal fee for each renewal period in which that Licensee exercises or intends to exercise the Compact Privilege in that Remote State. Nothing herein shall be construed to prevent a Remote State from charging a Licensee a fee for a Compact Privilege or renewals of a Compact Privilege, or a fee for the Jurisprudence Requirement if the Remote State imposes such a requirement for the grant of a Compact Privilege;

13. Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed, or any undivided interest therein;

15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

16. Establish a budget and make expenditures;

17. Borrow money;

18. Appoint committees, including standing committees, which may be composed of members, State regulators, State legislators or their representatives, and consumer

representatives, and such other interested persons as may be designated in this Compact and the bylaws;

19. Provide and receive information from, and cooperate with, law enforcement agencies;

20. Elect a Chair, Vice Chair, Secretary and Treasurer and such other officers of the Commission as provided in the Commission's bylaws;

21. Establish and elect an Executive Board;

22. Adopt and provide to the Participating States an annual report;

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

24. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact.

D. Meetings of the Commission

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least thirty (30) days prior to the public meeting.

2. Notwithstanding subsection D.1 of this section, the Commission may convene an emergency public meeting by providing at least twenty-four (24) hours prior notice on the Commission's website, and any other means as provided in the Commission's Rules, for any of the reasons it may dispense with notice of proposed rulemaking under Section 9.L. The Commission's legal counsel shall certify that one of the reasons justifying an emergency public meeting has been met.

3. Notice of all Commission meetings shall provide the time, date, and location of the meeting, and if the meeting is to be held or accessible via telecommunication, video conference, or other electronic means, the notice shall include the mechanism for access to the meeting through such means.

4. The Commission may convene in a closed, non-public meeting for the Commission to receive legal advice or to discuss:

   a. Non-compliance of a Participating State with its obligations under the Compact;

   b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current or threatened discipline of a Licensee or Compact Privilege holder by the Commission or by a Participating State's Licensing Authority;

d. Current, threatened, or reasonably anticipated litigation;

e. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

f. Accusing any person of a crime or formally censuring any person;

g. Trade secrets or commercial or financial information that is privileged or confidential;

h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

i. Investigative records compiled for law enforcement purposes;

j. Information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact;

k. Legal advice;

l. Matters specifically exempted from disclosure to the public by federal or Participating State law; and

m. Other matters as promulgated by the Commission by Rule.

5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

6. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate sources of revenue, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each Participating State and impose fees on Licensees of Participating States when a Compact Privilege is granted, to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each fiscal year for which sufficient revenue is not provided by other sources. The aggregate annual assessment amount for Participating States shall be allocated based upon a formula that the Commission shall promulgate by Rule.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any Participating State, except by and with the authority of the Participating State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

F. The Executive Board

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

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

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

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

   d. Preparing and recommending the budget;

   e. Maintaining financial records on behalf of the Commission;

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

   g. Establishing additional committees as necessary;

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

i. Other duties as provided in the Rules or bylaws of the Commission.

2. The Executive Board shall be composed of up to seven (7) members:

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

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

3. The Commission may remove any member of the Executive Board as provided in the Commission's bylaws.

4. The Executive Board shall meet at least annually.

a. An Executive Board meeting at which it takes or intends to take formal action on a matter shall be open to the public, except that the Executive Board may meet in a closed, non-public session of a public meeting when dealing with any of the matters covered under subsection D.4.

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

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

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

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

c. Protect public health and safety.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil

liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

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

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

4. Nothing herein shall be construed as a limitation on the liability of any Licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable State laws.

5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a Participating State's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other State or federal antitrust or anticompetitive law or regulation.

6. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the Participating States or by the Commission.

SECTION 8. DATA SYSTEM

A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, Adverse Action, and the

presence of Significant Investigative Information on all Licensees and applicants for a License in Participating States.

B. Notwithstanding any other provision of State law to the contrary, a Participating State shall submit a uniform data set to the Data System on all individuals to whom this Compact is applicable as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse Actions against a Licensee, License applicant or Compact Privilege and information related thereto;

4. Non-confidential information related to Alternative Program participation, the beginning and ending dates of such participation, and other information related to such participation;

5. Any denial of an application for licensure, and the reason(s) for such denial, (excluding the reporting of any criminal history record information where prohibited by law);

6. The presence of Significant Investigative Information; and

7. Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the Rules of the Commission.

C. The records and information provided to a Participating State pursuant to this Compact or through the Data System, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a Participating State.

D. Significant Investigative Information pertaining to a Licensee in any Participating State will only be available to other Participating States.

E. It is the responsibility of the Participating States to monitor the database to determine whether Adverse Action has been taken against a Licensee or License applicant. Adverse Action information pertaining to a Licensee or License applicant in any Participating State will be available to any other Participating State.

F. Participating States contributing information to the Data System may designate information that may not be shared with the public without the express permission of the contributing State.

G. Any information submitted to the Data System that is subsequently expunged pursuant to federal law or the laws of the Participating State contributing the information shall be

removed from the Data System.

SECTION 9. RULEMAKING

A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A Commission Rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the Rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or based upon another applicable standard of review.

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

C. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this section and the Rules adopted thereunder. Rules shall become binding as of the date specified by the Commission for each Rule.

D. If a majority of the legislatures of the Participating States rejects a Commission Rule or portion of a Commission Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Participating State or to any State applying to participate in the Compact.

E. Rules shall be adopted at a regular or special meeting of the Commission.

F. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.

G. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30) days in advance of the meeting at which the Commission will hold a public hearing on the proposed Rule, the Commission shall provide a Notice of Proposed Rulemaking:

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

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

    3. In such other way(s) as the Commission may by Rule specify.

H. The Notice of Proposed Rulemaking shall include:

    1. The time, date, and location of the public hearing at which the Commission will hear public comments on the proposed Rule and, if different, the time, date, and location of

the meeting where the Commission will consider and vote on the proposed Rule;

2. If the hearing is held via telecommunication, video conference, or other electronic means, the Commission shall include the mechanism for access to the hearing in the Notice of Proposed Rulemaking;

3. The text of the proposed Rule and the reason therefor;

4. A request for comments on the proposed Rule from any interested person; and

5. The manner in which interested persons may submit written comments.

I. All hearings will be recorded. A copy of the recording and all written comments and documents received by the Commission in response to the proposed Rule shall be available to the public.

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

K. The Commission shall, by majority vote of all Commissioners, take final action on the proposed Rule based on the rulemaking record.

1. The Commission may adopt changes to the proposed Rule provided the changes do not enlarge the original purpose of the proposed Rule.

2. The Commission shall provide an explanation of the reasons for substantive changes made to the proposed Rule as well as reasons for substantive changes not made that were recommended by commenters.

3. The Commission shall determine a reasonable effective date for the Rule. Except for an emergency as provided in subsection L, the effective date of the Rule shall be no sooner than thirty (30) days after the Commission issuing the notice that it adopted or amended the Rule.

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

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

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

3. Meet a deadline for the promulgation of a Rule that is established by federal law or rule; or

4. Protect public health and safety.

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

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

SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive and judicial branches of State government in each Participating State shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a Licensee for professional malpractice, misconduct or any such similar matter.

3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact or Commission Rule and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, this Compact, or promulgated Rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Participating State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall provide written notice to the defaulting State. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the Commission may take, and shall offer training and specific technical assistance regarding the default.

2. The Commission shall provide a copy of the notice of default to the other Participating States.

C. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the Commissioners, and all rights, privileges and benefits conferred on that State by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.

D. Termination of participation in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, the defaulting State's State Licensing Authority or Authorities, as applicable, and each of the Participating States' State Licensing Authority or Authorities, as applicable.

E. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

F. Upon the termination of a State's participation in this Compact, that State shall immediately provide notice to all Licensees of the State, including Licensees of other Participating States issued a Compact Privilege to practice within that State, of such termination. The terminated State shall continue to recognize all Compact Privileges then in effect in that State for a minimum of one hundred eighty (180) days after the date of said notice of termination.

G. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.

H. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

I. Dispute Resolution

1. Upon request by a Participating State, the Commission shall attempt to resolve disputes related to the Compact that arise among Participating States and between Participating States and non-Participating States.

2. The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.

J. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions of this Compact and the Commission's Rules.

2. By majority vote, the Commission may initiate legal action against a Participating State in default in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or the defaulting Participating State's law.

3. A Participating State may initiate legal action against the Commission in the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

4. No individual or entity other than a Participating State may enforce this Compact against the Commission.

SECTION 11. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the seventh Participating State.

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

   a. A Charter Participating State whose enactment is found to be materially different from the Model Compact shall be entitled to the default process set forth in Section 10.

   b. If any Participating State is later found to be in default, or is terminated or withdraws from the Compact, the Commission shall remain in existence and the Compact shall remain in effect even if the number of Participating States should be less than seven (7).

2. Participating States enacting the Compact subsequent to the Charter Participating States shall be subject to the process set forth in Section 7.C.23 to determine if their enactments are materially different from the Model Compact and whether they

qualify for participation in the Compact.

3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

4. Any State that joins the Compact subsequent to the Commission's initial adoption of the Rules and bylaws shall be subject to the Commission's Rules and bylaws as they exist on the date on which the Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.

B. Any Participating State may withdraw from this Compact by enacting a statute repealing that State's enactment of the Compact.

1. A Participating State's withdrawal shall not take effect until one hundred eighty (180) days after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Licensing Authority or Authorities to comply with the investigative and Adverse Action reporting requirements of this Compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing from this Compact, the State shall immediately provide notice of such withdrawal to all Licensees within that State. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing State shall continue to recognize all Compact Privileges to practice within that State granted pursuant to this Compact for a minimum of one hundred eighty (180) days after the date of such notice of withdrawal.

C. Nothing contained in this Compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a Participating State and a non-Participating State that does not conflict with the provisions of this Compact.

D. This Compact may be amended by the Participating States. No amendment to this Compact shall become effective and binding upon any Participating State until it is enacted into the laws of all Participating States.

SECTION 12. CONSTRUCTION AND SEVERABILITY

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence or

provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any Participating State, a State seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

C. Notwithstanding subsection B of this section, the Commission may deny a State's participation in the Compact or, in accordance with the requirements of Section 10.B, terminate a Participating State's participation in the Compact, if it determines that a constitutional requirement of a Participating State is a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any Participating State, the Compact shall remain in full force and effect as to the remaining Participating States and in full force and effect as to the Participating State affected as to all severable matters.

SECTION 13. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS

A. Nothing herein shall prevent or inhibit the enforcement of any other law of a Participating State that is not inconsistent with the Compact.

B. Any laws, statutes, regulations, or other legal requirements in a Participating State in conflict with the Compact are superseded to the extent of the conflict.

C. All permissible agreements between the Commission and the Participating States are binding in accordance with their terms.

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Oregon Wellness Program
Annual Report for 2024 Activities
Presented to the Oregon Board of Dentistry
January 31, 2025

The purpose of this document is to respond to the requirements of the agreement between The Foundation for Medical Excellence (TFME) and the Oregon Board of Dentistry (OBD) concerning the Oregon Wellness Program (OWP).

Introduction and OWP Overview

The OWP is a key element of a board-based effort by the health care community and Oregon health care policy leaders to promote the wellbeing of health care professionals through education, coordinated counseling services, and research. The community believes that supporting provider wellbeing improves career retention of health care professionals and therefore improves public access to health care services.

As a state-wide mental health counseling program, the OWP is dedicated to confidentially serving the urgent mental health and counseling needs of Oregon's health care professionals. It provides services to clients who self-refer (not referred by employers or family or friends) and does not offer services to evaluate or treat ongoing medical issues, drug or alcohol abuse disorders or practice competency concerns. These are in the purview of the relevant licensing boards.

OWP services are 100% confidential and free of charge to the client. No insurance is billed. The client is eligible for up to three, one-hour counseling sessions.

Services are provided by a mental health care team of 32 professionals ranging from MSWs, PMHNPs, Psych Ds, PhDs to MD/DO Psychiatrists. All services are currently offered via telehealth. To participate in the program, the mental health care team member must be recommended by their professional colleagues, have experience in treating fellow health care professionals, be in good standing with their professional board, be in private practice, have in-force professional liability insurance, commit to see clients within three (3) business days of initial client contact and accept a standard one-hour fee for services with no supplemental billings.

OWP and OBD – A Shared Vision

OBD licensee demand for OWP services has increased dramatically since the program launched in 2018. Understanding the root causes of this demand – and solutions for addressing these root causes of an increasingly broken healthcare system – is complex, but the value that OWP services provide for its OBD licensee clients is, luckily, quite evident.

Weaknesses in our modern healthcare systems were amplified during the pandemic, and these fissures continue. Limited capacity and staffing issues in hospitals, nursing homes, and clinics puts even more pressure on healthcare professionals to perform in an environment with scarce resources. Health care systems and clinics have responded by increasing compensation levels and hiring temporary staff. While more inpatient hospital beds and emergency room spaces are needed, their solutions are longer-term and, in the meantime, health care professionals remain under pressure to serve more patients in the same physical space. In the first weeks of 2025 we witnessed this pressure come to a head in what is currently the largest healthcare professional labor strike in Oregon history.

Obviously, the problems of modern healthcare are encompassing and vast. OWP, with the continued support of the OBD, has focused its resources on meeting an increased demand for mental health services, by providing beleaguered healthcare professionals with space for confidential, timely, and complimentary care by a team of mental health professionals with healthcare backgrounds and sensitivity to the unique challenges faced by healthcare professionals. As we continue to search for ways to systematically fix healthcare, the OWP provides a proven, meaningful reprieve for healthcare professionals who are struggling *now*.

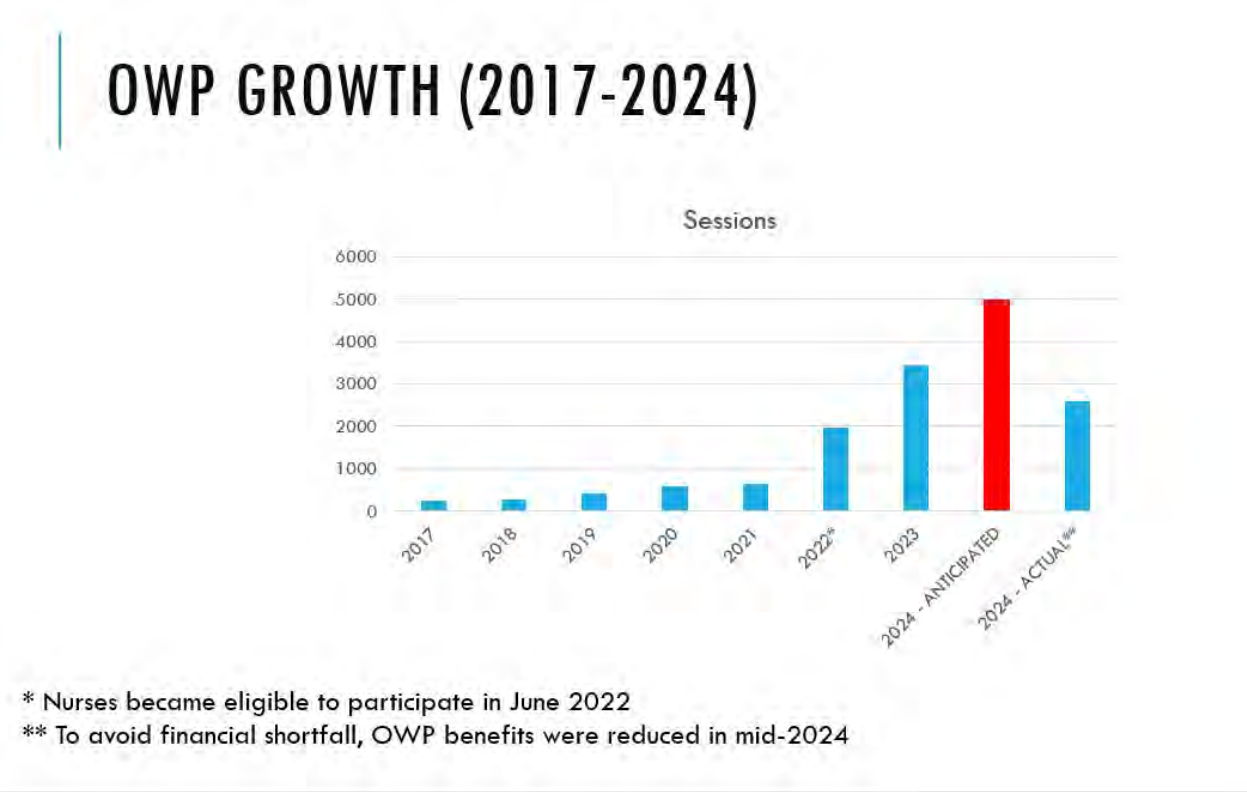
Client testimonials, and the section on research below ("Outcome Measures"), illustrate that the OWP has proven to be uniquely effective in addressing and eliminating barriers that often prevent professionals from accessing mental health services. Participants with extended engagement in the program report notable improvements in their professional satisfaction, personal well-being, and ability to deliver high-quality care to Oregonians. The OWP serves as a vital safeguard against healthcare burnout, enhancing worker satisfaction and compassion—factors closely linked to improved patient outcomes and increased staff retention.

Unfortunately, the increased demand for OWP services comes at a time of financial stagnation for the program. Understandably, board licensee fees such as those provided by the OBD are limited. Many healthcare systems, health insurers, and medical societies face their own financial hardships and have limited or discontinued their financial support. In 2024, the OWP made the difficult decision to reduce program benefits mid-year, from a renewable annual benefit of (8) sessions to a one-time benefit of (3) sessions. In the section "Funding and Budget Request" we outline our reasoning behind this decision, and our plan for obtaining long-term financial stability and reinstating the original (8) session client benefit.

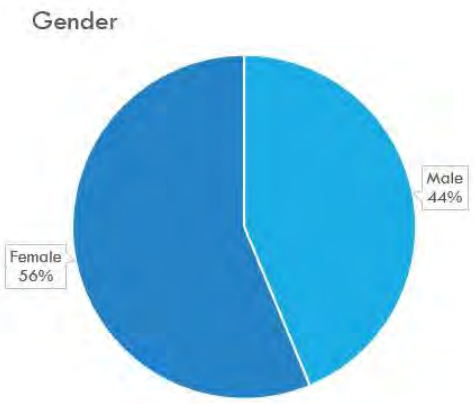
Program Utilization

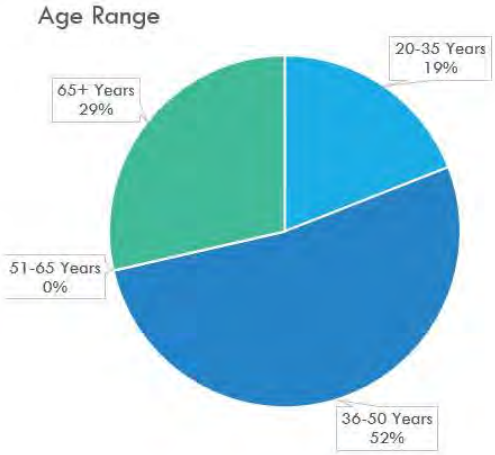
Between January and December 2024, OWP mental health care professionals provided **2,581 one-hour counseling sessions** to **611 clients**. The program served **16 OBD clients** and provided those clients **59 hours of counseling**. This compares to 22 OBD clients and 93 hours of counseling in the same 12 months of 2023. A dedicated team of 32 mental health professionals uphold the OWP's standards of confidential services offered within 3 working days of a client's request.

The first table below depicts program growth since the inception of OWP as a coordinated state-wide effort, and the second table shows the breakdown of OBD clients by gender, age, location, and how they heard about the program.

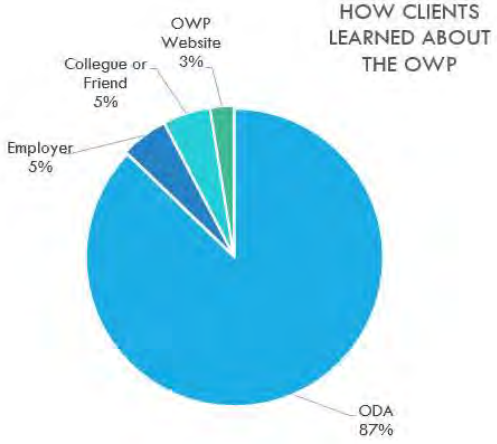


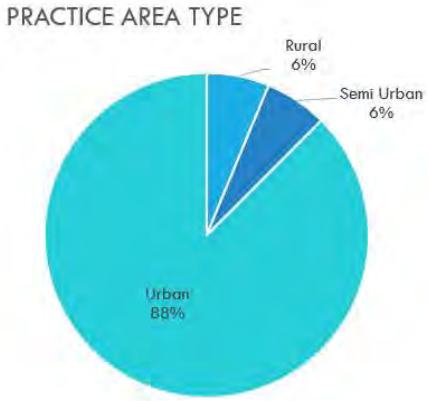
2024 OWP OBD CLIENT DEMOGRAPHICS – GENDER AND AGE





2024 OWP OBD CLIENT DEMOGRAPHICS – LOCATION AND HOW THEY HEARD ABOUT THE PROGRAM





OWP Services – Raising Community Awareness

While OBD licensee utilization of the OWP was certainly eclipsed by the OMB and OSBN in 2024, we did not find that unusual for two reasons. When the OMB offered their licensees access to the OWP (in 2018), and the OSBN (in mid-2022), program utilization grew slowly at the start, and then took off. That OBD licensee usage took a small dip this year followed an overall decline in OWP utilization in 2024, per the intentional service reduction implemented mid-year as a cost-savings measure. We would like to thank OBD leadership for agreeing to the reduction in program services needed to maintain the OWP's financial viability, even though OBD clients themselves were not the source of this financial strain. OWP will continue to work with the OBD and ODA to increase visibility and use of the program offerings to dentists, dental hygienists, and dental therapists.

Outcome Measures

In early 2023, funding from the OSBN and OAHHS allowed Ben Domogalla, RN, a PhD candidate at OHSU's School of Nursing, to study the value of mental health services provided by the Oregon Wellness Program (OWP). The investigator developed a comprehensive survey administered at two time periods (six- to nine-months apart) to the same cohort of Oregon healthcare professionals. Oregon licensed healthcare professional respondents included both users and non-users of the OWP.

Data Provided: The methods were designed to identify individual demographics, a range of psychosocial states, and perceived barriers to accessing mental health services. Screening tools included measures such as Adverse Childhood Experiences (ACEs, a major predictor of future emotional/psychological difficulties); Professional Quality of Life (compassion satisfaction vs compassion fatigue (i.e., burnout); and qualitative statements regarding clients' perceived barriers to accessing mental health services.

Demographics: Two hundred eighty (280) surveys were returned during the initial time period and 116 during the second time period. The ratio of response from different licensee groups reflected the size of their respective statewide professional license cohorts. The average respondent age was 46 years, current practice duration nearly eight years, majority identified as women. Of the respondents, 25% were OWP users who had utilized mental health sessions on average eight-times-per-year for just over two years.

Results: The results were significant: nearly 40% of respondents had high ACE scores (>4), which are strongly associated with an increased risk of burnout and negative psychological outcomes. Longer participation in the OWP was significantly correlated with higher compassion satisfaction. Additionally, OWP users experienced a greater reduction in compassion fatigue over time compared to non-users.

OWP Design Benefits: Qualitative data from all respondents revealed that the OWP planners had correctly identified and removed virtually all barriers (considered disincentives) by users

and non-users to utilize mental health services. Those program design choices include providing free, confidential care without reporting to any authority, timely appointments (within three days of outreach), utilizing mental health professionals familiar with the challenges of providing frontline healthcare, and the convenience of telehealth visits.

Summary: This prospective study highlights the substantial risk of negative psychological outcomes faced by Oregon healthcare professionals throughout their careers. The OWP has proven to be uniquely effective in addressing and eliminating barriers that often prevent professionals from accessing mental health services. Participants with extended engagement in the program report notable improvements in their professional satisfaction, personal well-being, and ability to deliver high-quality care to Oregonians. This study demonstrates that the OWP serves as a vital safeguard against healthcare burnout, enhancing worker satisfaction and compassion—factors closely linked to improved patient outcomes and increased staff retention.

Program Financials (2024)

We have included copies of the latest TFME Statement of Financial Position and a display of OWP dedicated accounts. The reports are prepared by Susan Matlack Jones and Associates, LLC, a Portland Oregon firm that specializes in financial accounting for not-for-profit organizations.

In our early 2024 report to the OBD, we shared our concern that there was a significant funding gap between what the OBD could provide via licensing fees and the potential cost of caring for OBD licensees. Utilization of OWP services had steadily grown since the program's inception, and dramatically increased since the pandemic. In the past, gift contributions from health systems and expansion grants have covered the deficit, but in the increasingly volatile healthcare financial landscape, health system contributions to the OWP have dwindled. In past years, up to six systems gave. In 2024, Legacy Health Systems was the last remaining contributor.

At the time of that report, TFME was seeking 1 million dollars in funding from the Oregon State Legislature to help stabilize the program and meet the increased demand for OWP services. The OWP faced spending $1,150,000 meeting service demand in 2024 (an estimated 5,000 sessions at $200/MHP session and 20% overhead for staff, insurance, accounting and marketing), with board licensing fees (OMB, OSBN, OBD) collectively covering only $415,000 of that need. When the 2024 request for state legislative funding was unsuccessful, the OWP faced a significant undertaking to bridge the financial gap until positive legislative action could be attempted again in early 2025. OWP leadership launched a response to the shortfall with a mid-year, multi-part approach:

1) 2024 Reduction in OWP Service Benefits

To ensure that Oregon's healthcare professionals continued to have access to OWP services, the Executive Committee made the difficult decision to reduce the number of sessions offered as of July 1, 2024. This approach sustained the program and maximize the number of clients able to access to its services. The reduction in the number of sessions from (8) renewable year-to-year

to (3) as a one-time benefit saved the program $580,500 dollars in the 2nd half of 2024. The Program remained dedicated to providing clients with the support they need during this transition, and OWP Mental Health Providers worked with new and existing clients to connect them with continuing therapy if desired after their initial (3) complimentary sessions to ensure continuity of care using insurance, out-of-pocket payments, or their employee EAP resources. Additionally, OWP's Executive Committee set aside $20,400 in emergency session funding for OWP mental health providers to use at their professional discretion in circumstances where a client required more care than the limited OWP sessions could provide.

The OWP communicated these programmatic changes with the OBD leadership in early 2024, and an executed amendment to the OBD/OWP MOA was produced for both parties in early June 2024 acknowledging these changes.

2) One-time Emergency Funds to Bridge Gap

One-time gap funding was secured in mid-2024 from CareOregon ($250,000) and EOCCO ($50,000). Additionally, a restricted 2-year-grant from PacificSource Foundation for 2024-2025 provided $25,000 in 2024 to support nurse clients.

3) Renewed Request for Legislative Funding in 2025

Organizations that represent Oregon's health care professionals (OMA, ONA, ODA and the Hospital Association of Oregon) have again teamed up to advocate for Oregon Legislative investment in the provision of OWP services to our health care professionals' community. During the 2025 full legislative session, our lobbyist team is requesting $1.6 million in the 2025-2027 biennium budget. If funding is secured, the OWP would reinstate its original program offerings of up to (8) complimentary sessions per client, renewable year-to-year. The results of this request should be known by spring 2025. Until then, with support from the licensing boards and the remaining OWP emergency funding, the OWP is currently in a position to maintain its reduced offerings of (3) sessions per client through the end of 2025.

In summary, the strategic reduction in services in mid-2024, bolstered by the emergency gap funding allowed the OWP to stabilize the program's financial obligations and maximize the number of clients able to access its services in 2024 and 2025.

Funding Request and Budget

The OWP respectfully request the commitment of $80,000 for the support of OBD licensee use of OWP services in the 2025-2027 biennium. These funds will only be utilized to support OBD licensees and will provide 400 hours of counseling services.

Oregon Wellness Program – Client Testimonials 2024-2025

“I wanted to express my appreciation for the Oregon Wellness Program offered through the Oregon Board of Nursing. I am saddened to hear that funding for the program was reduced and hope that additional funding can be obtained to ensure access to mental health support at little to no cost for all healthcare workers.

I learned about the Oregon Wellness Program through the OSBN website and requested a referral to a mental health therapist due to workplace burnout and overall fatigue in the rapidly changing healthcare arena. I have worked as an RN for many years, but following the pandemic and wildfire destruction in my community, I struggled to lift my spirits and maintain my desire to continue in the field of nursing. Working with the therapist was life-changing.

Healthcare is both difficult and rewarding; we bring our best to our patients, their families, care providers, teammates, students, and communities. Easy access to mental health support should be a priority in our society.”

- **RN, Gold Hill, OR (Jackson County)**

“Hello! The Oregon Wellness Program is amazing. I am so grateful for this wonderful benefit. I know in the past it was 8 visits per year, which was extremely helpful. I recently learned the program had been cut to only 3 visits total that do not renew every year. I would love to see this program expand back to what it was before. It is such an incredible asset. Please let me know what I can do to help be a bigger supporter of this program. If there are certain politicians to reach out to, I would love to know who. I would love to see this program be properly funded again. It has been a huge help to myself. I am still very grateful for the program, however getting deep into issues and helping to heal our bodies, is more difficult with only 3 visits versus 8.”

- **Lindsey Dority, Lac, Hood River, OR (Hood River County)**

“OWP has been extremely helpful for me as a physician while transferring jobs and losing insurance. It also led me to meeting one of my favorite providers. The medical field presents people with high stress, traumatic situations, and difficulties in their personal lives due to the nature of their work and having mental health resources to support those who are constantly supporting others is paramount. Nationwide, physicians are beginning to strike due to high levels of burnout. To take care of the nation, we also have to prioritize taking care of health professionals.”

- **MD, Portland, OR (Multnomah County)**

"The Oregon Wellness Program has been a lifeline for me as a nurse, providing essential support and counseling that has helped me navigate the immense challenges of my profession. During the COVID-19 pandemic, I worked tirelessly as a nurse, witnessing the devastating impact of the virus and losing countless patients to the illness. The emotional toll of these experiences was overwhelming, and I found myself struggling to cope with the grief and trauma.

Currently, I serve as a forensic nurse examiner, caring for patients who have experienced sexual assault, domestic violence, strangulation, neglect, and other forms of abuse. This work is incredibly rewarding, but it also exposes me to a constant stream of traumatic events. Without the counseling sessions provided by the Oregon Wellness

Program, I would be at risk of long-lasting vicarious trauma, which could severely impact my ability to continue in this vital role.

The counseling sessions have been crucial for my mental health and sustainability in this work. They provide a safe space for me to process my emotions, develop coping strategies, and receive the support I need to continue providing compassionate care to my patients. However, despite having insurance that covers counseling, the costs go towards my deductible first, which can add up quickly and become a financial burden.

The Oregon Wellness Program has been instrumental in bridging this gap, ensuring that I have access to the counseling services I need without the added stress of financial strain. This support has allowed me to maintain my well-being and continue to serve my community with dedication and resilience. The importance of this program cannot be overstated, as it plays a critical role in supporting healthcare professionals like myself who are on the front lines of care and often face significant emotional and psychological challenges."

- **Savannah Powell, MSN, MPH, RN, SANE-A, OR-SANE, Oregon City, OR**

“The OWP Program has been a pillar of my Recovery. I found a Counselor who was able to provide guidance as I re-entered my Practice and provided both professional and personal support as I adjusted to my new life in Recovery. Despite current research and (slowly) changing social attitudes, Recovery in the medical profession remains fraught with stigma and access to confidential treatment is essential. Additionally, the practice of medicine poses unique challenges to the Recovering person and having knowledgeable practitioners is vital for success. We cannot afford to abandon our caregivers in times of crisis and the OWP is a solid investment in our caregivers to ensure that our patients maintain access to the care they deserve.”

- **MD, Portland Metro Area (Washington County)**

“OWP made a huge difference in my mental, emotional and overall wellbeing.

In today’s challenging and stressful healthcare environment, it’s a top priority and necessity for me to have access to therapy.

This has allowed me to show up to work as a healthier version of myself. It has improved my performance at work allowing to take better care of my patients, improving the quality of patient care and my interactions with the rest of the staff.

What was most appealing about OWP were the 8 yearly sessions and the confidentiality.”

- **MD, Tigard, OR (Washington County)**

“OWP services has been critical for me to receive counseling for work and life related stress, especially after the pandemic. The services were easily accessible and convenient to schedule without the burden of stigma and negative repercussions related to medical providers seeking mental health support. These services were so important to reduce burnout and has renewed my overall commitment to continuing to provide the best medical care for my patients. The 8 complimentary sessions renewed each year are highly favored over limited sessions as our profession has unique stressors that change throughout our careers. Improved mental health for our health

care providers is essential to maintain a health care workforce over the long term and maximize retention of health care providers."

- **MD, Portland, OR (Multnomah County)**

"I have been a client of the Oregon Wellness Program since 2023. I have used my eight visits each year and have self-funded a few on my own. I was not able to afford this program without the assistance of the free access for 8 visits. To be honest, 12 would be best. At least one for each month of the calendar year.

I am a registered nurse with over 30 years' experience working with direct patient care. I am still at the bedside as well as additional roles with new staff onboarding and education. This is a very stressful job. I have angry patients who believe the health care system doesn't know what they are doing. That science and viruses are a hoax to make money. My goal (and job) is to care, heal and help these people when they are so vulnerable in the hospital. I am assigned multiple patients at a time (on a good day 6), often discharging and admitting new inpatients. So perhaps 9 in a regular day. These patients are sick with multiple comorbidities. I have 30 minutes of report in the morning to understand and plan the care of the day. And then I adjust.

Oregon Wellness Program, specifically my counselor Amy Holbrook, has listened to my agony and frustration. Her healthcare specific knowledge enabled her to understand and process with me what my issues are. She has helped with my stress, my care fatigue and my frustration with management that doesn't listen. I am a better functioning person and nurse with her assistance.

I have recommended OWP to coworkers including both nurses and physicians. I also am mentoring some new graduate nurses and have recommended this resource to them.
With all the popular talk about resilience, OWP has actually helped this nurse feel better able to manage her stress and continue working in my field. Please help us professionals working with patients! At least 8 visits per year, but please consider 12. Thank you for considering our needs."

- **RN, Medford, OR (Jackson County)**

"I found out about OWP through a nurse friend about 1.5 years ago. She gave me a referral to her therapist as I was struggling with postpartum anxiety. I had thought about therapy for a while but did not want to commit to paying for sessions, in case I did not like it. OWP was really appealing that I could get my first 8 sessions free each year. Starting therapy has completely changed my relationship with my son and my ability to excel at work. I struggled with a lot of anxiety and guilt having to leave my son to work every day. The anxiety led to intrusive thoughts that left me weeping for days. My therapist helped me work through these emotions and I eventually got on medication. I am in a completely different head space now, and I have a wonderful, secure relationship with my son. This has allowed me to strive for more at work and look forward to the future of my nursing career. If it weren't for OWP services, I'm not sure I would have started therapy and I would likely still be struggling. As nurses, we deal with really emotionally trying situations every single day and this can bleed into our personal lives. If we can't cope in our personal life, we cannot be a great nurse when taking care of patients and other caregivers. I absolutely hope this program continues so that other nurses like me can receive the help that they need and deserve. I fully plan to continue on my healing journey."

- **Kaity Malone, RN, Newberg, OR (Yamhill County)**

“The OWP services are invaluable and contribute materially to my well-being. Practicing medicine is stressful, difficult and emotionally draining -- especially in the past few years. I have struggled mightily with burn out and thought frequently of leaving the field. The counseling that OWP provides has provided insight and understanding. It has taught me how to handle the stress in a healthy and constructive way -- a distinct contrast to my actions before counseling. My feelings of frustration and burn out are reduced. I can see a way forward whereby I can continue to contribute to the medical community in which I practice. I cannot say enough positive things about the service and how it has positively impacted my professional life and, in turn, my practice colleagues and patients.”

- **MD, Portland, OR (Multnomah County)**

“This program that has provided me with access to counseling sessions and it is changing my life. I speak in the present tense because I am actively working through several traumatic experiences and stressors that I have experienced over the past several years at work as a night shift RN in Leadership right now. I was actually referred by a peer Nurse while I was being seen in the Emergency Room after a stress reaction of hives and angioedema at work. She suggested I utilize the program and gave me the name of her Counselor. The Counselor that I reached out to got right back to me and explained that I would have three free sessions through OWP. I was determined to get my time's worth and gave her an earful about my experiences with flashbacks, handling trauma on night shift with no support, the lack of resources and moral distress I have experienced as a result, and the administrative harm that has occurred when I raise issues or ask for resources and am told "No." I have previously used the EAP resources through my work and felt like I was talking to someone far removed from healthcare and challenges I was experiencing. Finding a local Counselor familiar with the OWP services has allowed me to process my experiences that have haunted me after 20 years in Nursing. My Counselor actively provides me with feedback and tools to begin to heal. At the conclusion of the three sessions offered to me, I have opted to pay cash out of my pocket for more time with my Counselor as my insurance is not in contract with her. I am fortunate that I can afford this for the time being but I know many Nurses cannot. I do urge you to continue this program and expand it as I know the burnout of Experienced Nurses in our state is an absolutely real crisis.”

- **Amy Pettinger, RN, Marion County**

“I work in the correctional health care setting and this area of healthcare is overlooked. My daily tasks include being with violent and hostile patients, so I carry a lot of stress with me from work. The eight complimentary sessions with a mental health provide who aware of my stress, has helped me to become a better nurse for my patients.”

- **RN, Oregon City, OR (Clackamas County)**

“OWP services have been of great benefit to my mental health and my continuing practice in service to the greater Salem community. Being able to talk to a professional that is familiar with the workload and struggles of a healthcare professional is invaluable. These particular stressors have been around in many forms and the pandemic served to bring them to the attention of the general population. Even though the worst of the pandemic seems to be passed, the unique needs of healthcare professionals continue and will likely continue. Knowing that we have the help of agencies such as OWP is a blessing hard to put into words. I encourage the legislative body of Oregon to continue these vital services so our healthcare professionals can continue working in our communities and receive the assistance needed.”

- **RN, Salem, OR (Marion County)**

“I have been an emergency room nurse for 15 years. Throughout that time, I have experienced hardship, anxiety, depression and uneasiness regarding my job. Daily, I am met with pressures of working fast, efficient, and precise. I am expected to be kind and patient to those who do not share those qualities. I am expected to be an emotional chameleon during that 12-hour shift. One minute I have to care for an intoxicated individual that is verbally and physically abusive, then care for a sick 3-year-old without skipping a beat, going from a hard, scary or sad situation to being kind and gentle. OWP services has provided me with a healthy outlet to work through the hardships of being an ER nurse, deal with my personal life in a healthier manner, and come to work with a better outlook and understanding. I am a more self-aware person overall, and I know this program has prolonged my longevity as a nurse but has made me a better one. I have gained coping skills, I have improved my communication skills with patients and co-workers, and I have more self-love. I owe the OWP for providing me with free counseling and making my mind healthier so I can care for others.”

- **Sara Klebanowski, RN, Silverton, OR (Marion County)**

“As a newly licensed Registered Nurse and single mother of 3, I know whole heartedly that my mental health directly impacts the patients that I care for each day, and my children that need a healthy mom at home. My mental health has been a struggle most of my life, and I began seeing Heather over 7 years ago. When she switched to private pay, I was no longer able to see her with my state insurance, but she made a promise to me that when I graduated (she knew I would) that I could call her, and she would see me again. Despite every hurdle I have overcome to be the thriving woman I am today; cost continues to be a barrier to receiving therapy. The free sessions offered to healthcare workers allows me to once again see Heather through the Oregon Wellness Program. OWP helps me to be my best self, in turn, allowing me to help my patients be the best versions of themselves.”

- **Carrie Read, RN, Salem, OR (Marion County)**

“I recently heard about the reduction in funding to the Oregon Wellness Plan and wanted to send a response. As a nurse, even the best of work days have the potential for events that affect my mental health. In an industry that exploits the universal need for healthcare and attempts to make it profitable, healthcare workers are increasingly treated as machines with endless productivity potential, any downtime eliminated in the name of fiscal responsibility. Our humanity gets less recognition even as we suffer increased moral injury caring for patients with complex chronic conditions, many of whom we feel we are unable to help in a real and lasting way, given the acute care focus of a hospital environment. Our employers emphasize “resilience,” a form of victim blaming that makes us feel as if we are the cause of our own burnout, as if we could meditate our way out of the state of healthcare in this country. Many of us, understandably, feel further slighted by workplace wellness programs.

Oregon Wellness Plan arrived at a perfect time in my career, when I was so burned out I wondered if I could continue to be a nurse. The services I received, along with a job change, allowed me to recover and be able to again experience the reward that is caring for others. It took me nearly two years to reach that point, and I could not have done so without the help I received and continue to receive. There is no point in time where one “arrives” at good mental health and needs no further assistance. Similarly, healthcare, even with its systemic issues corrected one day, will always be full of emotional work and events that require a listening ear to process. Reducing these funds and, in turn, the access to Oregon Wellness Plan will result in more mental illness and suffering among healthcare workers.”

- **RN, Medford, OR (Jackson County)**

“I discovered the Oregon Wellness Program at a time when I was struggling to cope with burnout and overwhelm. I was working full-time as a public health nurse and had recently started a graduate nursing program to become a Psychiatric Mental-Health Nurse Practitioner. My stress levels were very high and I was having difficulty coping with the load of working full-time, caring for two children, and continuing my education. The OWP made it much easier to find a professional experienced in supporting healthcare professionals, and it removed the great barrier of cost. Through the OWP, I received mental health support that allowed me to cope better, stay on track in my graduate program, and feel better in my roles of parent and nurse.”

- **Chelsea Campbell, RN, Albany, OR (Linn County)**

“The OWP has undoubtedly made me a better provider. In primary care we deal with an immensely diverse and underserved community. This can feel like a burden but is also very rewarding. Having OWP services has allowed to become not only a better provider but a better coworker to my colleagues. I am able to talk about my work stressors with a 3rd party and come up with solutions or methods to better tolerate these stressors. The program allowed you to not stress about the stigma of seeking mental health services since the first 8 sessions were covered. The OWP providers are highly qualified to discuss the challenges of being a healthcare provider as many of them have also experienced this firsthand. I believe all healthcare professionals in Oregon should have access to OWP for the great benefits it brings.”

- **Julie Preuss, PA, Albany, OR (Linn County)**

The Foundation for Medical Excellence
Statement of Activities - Oregon Wellness Program
12 Months Ending December 31, 2024

Prepared by Susan Matlack Jones & Associates
From TFME Records/For TFME Use Only
Unaudited

	YTD Total	General Oregon Wellness Fund 7100	Central OR Medical Society Fund 7110	Oregon Board of Dentistry Fund 7120	OMB Fund 7130	OHSU Fund 7140	Legacy Health Fund 7150	OWP Research Fund 7160	OWP Providence Fund 7170	OWP Asante Fund 7180	OWP PacificSource Fund 7190	OWP IPA Fund 7200	OWP Virginia Garcia Fund 7210	OWP St. Charles Fund 7220	OWP Permanente Dental Fund 7230	OWP EOCCO Fund 7240	OWP OSBN Fund 7250	COMP NW Fund 7260	CareOregon Fund 7270
Revenue:																			
Contributions	775,500	500	-	-	125,000	-	75,000	-	-	-	25,000	-	-	-	-	50,000	250,000	-	250,000
Program Income	85,300	-	-	-	-	-	-	-	85,300	-	-	-	-	-	-	-	-	-	-
Total Revenue	860,800	500	-	-	125,000	-	75,000	-	85,300	-	25,000	-	-	-	-	50,000	250,000	-	250,000
Expenses:																			
Salaries	41,333	-	-	-	16,533	-	-	-	-	-	-	-	-	-	-	-	24,800	-	-
Payroll Taxes	3,726	-	-	-	1,491	-	-	-	-	-	-	-	-	-	-	-	2,236	-	-
Contract Services	572,825	-	-	12,800	102,600	49,000	34,700	-	30,400	15,000	23,600	-	-	4,400	-	-	237,625	-	62,700
Printing & Copying	110	110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allocation of Shared Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	617,995	110	-	12,800	120,624	49,000	34,700	-	30,400	15,000	23,600	-	-	4,400	-	-	264,661	-	62,700
Change in Net Assets	242,805	390	-	(12,800)	4,376	(49,000)	40,300	-	54,900	(15,000)	1,400	-	-	(4,400)	-	50,000	(14,661)	-	187,300
Beginning Funds	318,152	4,184	2,500	32,000	(16,076)	(21,029)	67,650	17,500	(92,600)	(12,700)	233	10,614	2,000	5,200	(4,000)	21,400	276,977	-	24,300
Ending Funds	560,958	4,574	2,500	19,200	(11,700)	(70,029)	107,950	17,500	(37,700)	(27,700)	1,633	10,614	2,000	800	(4,000)	71,400	262,317	-	211,600

The Foundation for Medical Excellence
Statement of Financial Position
12/31/2024

Prepared by Susan Matlack Jones & Associates
From TFME Records/For TFME Use Only
Unaudited

	12/31/2024	12/31/2023	Change
Assets:			
Northwest Bank Checking	312,225	301,720	10,505
Paypal Account	45,524	20,668	24,857
Northwest Bank History of Medicine	46,602	46,461	141
Beneficial Interest in Assets Held by Oregon	108,380	83,500	24,879
J Bloom Life Insurance Policy	30,324	23,486	6,838
Schwab/General Account	2,626,984	2,589,111	37,873
Prepaid Expenses	0	1,514	(1,514)
Fixed Assets	17,083	17,083	-
Accumulated Depreciation	(17,083)	(17,083)	-
Total Assets	3,170,039	3,066,460	103,579
Liabilities:			
Accounts Payable	5,395	56,639	(51,244)
Total Liabilities	5,395	56,639	(51,244)
Net Assets:			
Net Assets Without Donor Restrictions:			
Unrestricted and Available for Operations	1,888,999	1,987,382	(98,383)
Oregon Wellness General Fund	4,574	4,184	390
OWP - COMS	2,500	2,500	-
OWP - OHSU	(70,029)	(21,029)	(49,000)
OWP - Legacy	107,950	67,650	40,300
OWP - Research	17,500	17,500	-
OWP - Providence	(37,700)	(92,600)	54,900
OWP - Asante	(27,700)	(12,700)	(15,000)
OWP - IPA	10,614	10,614	-
OWP - Virginia Garcia	2,000	2,000	-
OWP - St. Charles	800	5,200	(4,400)
OWP - Permanente Dental	(4,000)	(4,000)	-
OWP - EOCCO	71,400	21,400	50,000
Total Net Assets Without Donor Restrictions	1,966,908	1,988,101	(21,193)
Net Assets With Donor Restrictions:			
OWP - Oregon Board of Dentistry	19,200	32,000	(12,800)
OWP - OMB	(11,700)	(16,076)	4,376
OWP - PacificSource	1,633	233	1,400
OWP - OSBN	262,317	276,977	(14,661)
OWP - CareOregon	211,600	24,300	187,300
Soul of Medicine	131,683	131,683	-
TFME Scholarship Fund	446,653	436,253	10,400
Org. Professional Charter Grant	16,416	16,416	-
History of Medicine	41,224	41,224	-
Permanently Restricted	78,710	78,710	-
Total Net Assets With Donor Restrictions	1,197,736	1,021,720	176,015
Total Net Assets	3,164,644	3,009,821	154,823
Total Liabilities and Net Assets	3,170,039	3,066,460	103,579

TINA KOTEK
GOVERNOR

February 19, 2025

Dear Agency Leaders,

Providing exceptional service to Oregonians has been a top priority since I took office. Improving how state agencies interact with and serve Oregonians increases transparency and accountability. One of the core processes that supports our work is rulemaking. I believe we need more consistency across the enterprise in all our rulemaking efforts. Therefore:

Effective May 1, 2025, I expect all Executive Branch agencies to update rulemaking protocols to reflect the following:

- **All proposed, temporary, and permanent rules must appear publicly on agency websites**.
  - Agencies that currently have multiple rulemaking webpages must consolidate those pages into one central location that is one click away from their homepage. All high-level, essential information is to be on this central page. Links to subpages with detailed rulemaking information are permissible.
  - All rulemaking documents must appear on that central page or subpage and must include rulemaking notices that contain:
    - A statement of potential fiscal impact of the proposed rule;
    - Summaries of the proposed rule;
    - Any agency FAQ documents pertaining to the rulemaking; and
    - Any minutes or recordings from rulemaking advisory committee meetings.

- **Each agency shall publish public comments on their website during the rulemaking process.**
  - Comments that are required to be posted include:
    - Comments made in writing during public comment periods;
    - Comments made in writing during rulemaking advisory committee meetings; and
    - Comments made in writing during community engagement activities.
  - After an agency adopts or amends a rule through a rulemaking process, it must post on the rulemaking website a description of changes made to the original rule as a result of public comment.

- **Agencies shall have a public rulemaking planning calendar** that is posted on their rulemaking webpage by January 31 of each year that details their annual rulemaking plan. The expectation is that this calendar will be updated as plans change during the year. This year's plan should be posted by May 1.
- **Agencies shall include the impact of rulemaking on the agency's workload** when asked about the impact of new legislation, beginning with the 2026 legislative session. Agencies can include that information anytime they are testifying or providing information about a bill.
- **Agency rulemaking webpages shall link to the Secretary of State Administrative Rules Database** (https://secure.sos.state.or.us/oard/processLogin.action) **and the Oregon Transparency administrative rules webpage** (https://www.oregon.gov/transparency/Pages/administrative-rules.aspx.) While this information may be redundant, this will create multiple paths to statewide information for customers searching for agency-specific or more general Oregon state government information.
- **All agencies shall continue current practices for posting to the transparency website and following the Secretary of State processes for rulemaking.** Requirements included in this letter are in addition to and not in lieu of any current practice or requirements. Failure to follow the process expectations detailed in this letter will not affect the validity of any agency rulemaking and will not provide an additional legal basis to challenge an agency rulemaking.

The Department of Administrative Services (DAS) will provide the following resources to your rulemaking coordinators:

1. A Q&A session in early March with enterprise rulemaking experts;
2. Examples of webpages and templates that comply with these expectations; and
3. A landing spot on the DAS homepage to provide a central place for links to all agency rulemaking pages.

Please send any questions and the name of the person from your agency that you would like to participate in the March FAQ session to Janet.Chambers@das.oregon.gov.

Thank you for your ongoing efforts to meet the needs of Oregonians through transparent customer service.

Sincerely,

Governor Kotek

NEWSLETTERS & ARTICLES OF INTEREST

Annual Report 2024

The report of the Commission on Dental Accreditation

CODA

Commission on Dental Accreditation

www.coda.ada.org | coda@ada.org

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Mission, Vision and Values

The Commission's mission, vision and values were adopted August 6, 2021 in accordance with the development of the 2022-2026 Strategic Plan.

Mission

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Vision

The Commission on Dental Accreditation is a globally recognized leader for accrediting educational programs in the dental professions.

Values

The Commission is committed to:

- Collegiality
- Consistency
- Integrity
- Quality
- Transparency

Scan or click to read the 2022-2026 Strategic Plan

CODA
Commission on Dental Accreditation

Introduction

Who We Are

From 1937 to 1974, prior to the formation of the Commission on Dental Accreditation (CODA), the American Dental Association's Council on Dental Education (now known as the Council on Dental Education and Licensure) served as the accrediting agency for dental and dental-related education programs. In 1973, the House of Delegates of the American Dental Association approved the establishment of a Commission on Accreditation of Dental and Dental Auxiliary Educational Programs. The Commission began operating in 1975. Based on this action by the ADA, CODA will celebrate its 50th birthday in 2025. In 1979 this body's name was officially changed to the Commission on Dental Accreditation.

Since 1952, the Commission on Dental Accreditation, and its predecessor, has been recognized by the Secretary of the United States Department of Education (USDE) as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level. CODA's mission is to serve the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The general public and communities of interest have direct access to many important resources through CODA's website. Many questions related to CODA's role and responsibility are answered in the Questions and Answers about CODA. The Commission also makes available to the public its Meeting Agenda and Materials in an effort to demonstrate transparency to its communities of interest. Additionally, updated information about CODA's activities is available by reviewing information in Accreditation Updates.

The Commission on Dental Accreditation accredits dental education programs, advanced dental education programs and allied dental education programs in the United States. The Commission also accredits fully-operational international dental education programs. The Commission functions independently and autonomously in all matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process. It is structured to include an appropriate representation of the communities of interest.

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Commission Structure

Site Visit Teams

The foundation of the accreditation process is the site visit, and the primary role of the Site Visit Team is to gather and evaluate data and facts. Members on each team can include those with expertise in the discipline, biomedical sciences, clinical sciences, curriculum, finance, and national licensure. To maintain accreditation, programs self-assess their compliance with CODA's accreditation standards and provide CODA with documented evidence through the Self-Study process. CODA's site visitors review such materials, visit programs to evaluate process, interview faculty and students/residents/fellows, tour facilities, and more in order to assess a program's compliance with CODA standards. The site visit team then clearly and comprehensively reports on its findings to the Review Committees and Commission. The Commission provides a number of resources to programs and site visitors throughout the Site Visit Process.

Review Committees

Review Committees meet twice per year, two to three weeks before each Commission Meeting, to review reports submitted by Site Visit teams as well as programmatic reports and requests, and to discuss policy and procedures related to the committee's discipline. As of publication, there are 17 Review Committees, each focused on one or more disciplines within dental education. These committees review and discuss the reports submitted by site visit teams and educational programs, and make recommendations to the Commission. The Review Committees also consider policy, some new and some annual recurring policy, which is applicable to the discipline. Note that the Review Committees **do not** make final accreditation or policy decisions – they instead make recommendations to the Commission, which then considers these recommendations at its Winter and Summer Meetings. In this regard, Review Committees are advisory to the Commission.

Commission on Dental Accreditation

The Commission on Dental Accreditation makes the final decision to grant, continue or withdraw an accreditation status to a dental education program. The Commission bases its decision on the program's compliance with the Accreditation Standards and Commission Policies. In this regard, the Commission continuously evaluates and monitors educational programs for compliance with the Accreditation Standards.

Continued on page 7

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Composition of CODA Board of Commissioners

Organization	Appointments
American Dental Association (dental practitioners)	4
American Association of Dental Boards (licensure community)	4
American Dental Education Association (dental educators)	4
American Dental Education Association and Special Care Dentistry Association—joint appointment (postdoctoral general dentistry)	1
American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of Prosthodontists, American Society of Dentist Anesthesiologists (1 each representing the advanced dental disciplines)	12
American Dental Assistants Association (dental assistants)	1
American Dental Hygienists' Association (dental hygienists)	1
National Association of Dental Laboratories (dental laboratory technicians)	1
Public (consumers/public)	4
American Dental Education Association, American Student Dental Association—joint appointment (student)	1
TOTAL	33

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Commission Structure

Continued from page 5

The Commission also ensures Standards reflect the evolving practice of dentistry by formulating and adopting requirements and guidelines for the accreditation of dental, advanced dental, and allied dental education programs under its purview. The Commission seeks input from all of its broad communities of interest related to the development and periodic revision of Accreditation Standards through Hearings and Comments, thus ensuring the Standards remain current and define the quality of dental education. CODA maintains continuous contact with those important communities through various mechanisms. The Commission also establishes Policies and Guidelines to guide the evaluation and decision making process to ensure fairness, consistency, and appropriate levels of due process.

Appeal Board

The principal function of the Appeal Board is to hear and make judgments on adverse actions (i.e., withdrawal of accreditation or denial of accreditation), at the request of an educational program or institution. The Appeal Board will determine whether the Commission on Dental Accreditation, in arriving at a decision regarding the withdrawal or denial of accreditation for a given program, has properly applied the facts presented to it. In addition, the Commission's Rules stipulate that the Appeal Board shall provide the educational program filing the appeal the opportunity to be represented by legal counsel and shall give the program the opportunity to offer evidence and argument in writing and/or orally to try to refute or overcome the findings and decision of the Commission. The Appeal Board is an autonomous body, separate from the Commission. Appeal Board members are selected in accordance with the Rules of the Commission on Dental Accreditation.

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The Year in Numbers

2024 February: Number of CODA-Accredited Programs

Discipline	Number of Programs	Approval without Reporting	Approval with Reporting*	Initial Accredita-tion	Approval without Reporting (teach out)	Approval with Reporting (teach out)	Initial Accredita-tion (teach out)
Predoctoral	**73**	62	4	7	0	0	0
Predoctoral International	**2**	1	1	0	0	0	0
Dental Assisting	**225**	210	11	2	2	0	0
Dental Hygiene	**339**	300	25	13	1	0	0
Dental Laboratory Technology	**11**	9	1	0	1	0	0
Dental Therapy	**3**	2	0	1	0	0	0
Advanced Education in General Dentistry	**95**	89	1	3	2	0	0
General Practice Residency	**168**	160	5	1	1	1	0
Orofacial Pain	**13**	12	0	1	0	0	0
Dental Anesthesiology	**9**	7	1	1	0	0	0
Oral Medicine	**6**	6	0	0	0	0	0
Oral and Maxillofacial Surgery (and clinical fellowships)	**113**	107	4	2	0	0	0
Orthodontics (and clinical fellowships)	**76**	70	2	4	0	0	0
Endodontics	**56**	55	0	1	0	0	0
Periodontics	**57**	56	0	1	0	0	0
Pediatric Dentistry	**87**	79	1	7	0	0	0
Prosthodontics (all, including MxPros and combined programs)	**57**	55	0	2	0	0	0
Oral and Maxillofacial Radiology	**9**	9	0	0	0	0	0
Oral and Maxillofacial Pathology	**15**	14	0	1	0	0	0
Dental Public Health	**15**	13	1	1	0	0	0
Ortho/Periodontic	**1**	1	0	0	0	0	0
TOTAL	**1430**	**1317**	**57**	**48**	**7**	**1**	**0**

*Includes programs on "Approval with Reporting Requirements," with "intent to withdraw" and "required period of non-enrollment" statuses.

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The Year in Numbers

2024 August: Number of CODA-Accredited Programs

Discipline	Number of Programs	Approval without Reporting	Approval with Reporting*	Initial Accredita-tion	Approval without Reporting (teach-out)	Approval with Reporting (teach-out)	Initial Accredita-tion (teach-out)
Predoctoral	**75**	60	6	9	0	0	0
Predoctoral International	**2**	1	1	0	0	0	0
Dental Assisting	**224**	207	11	2	3	1	0
Dental Hygiene	**339**	309	20	10	0	0	0
Dental Laboratory Technology	**11**	9	1	0	1	0	0
Dental Therapy	**3**	2	0	1	0	0	0
Advanced Education in General Dentistry	**94**	91	2	1	0	0	0
General Practice Residency	**166**	163	3	0	0	0	0
Orofacial Pain	**14**	12	0	2	0	0	0
Dental Anesthesiology	**9**	8	0	1	0	0	0
Oral Medicine	**6**	6	0	0	0	0	0
Oral and Maxillofacial Surgery (and clinical fellowships)	**115**	109	3	3	0	0	0
Orthodontics and Dentofacial Orthopedics (and clinical fellowships)	**76**	71	2	2	1	0	0
Endodontics	**56**	55	0	1	0	0	0
Periodontics	**57**	55	0	1	1	0	0
Pediatric Dentistry	**87**	83	0	4	0	0	0
Prosthodontics (all, including MxPros and combined programs)	**56**	55	0	1	0	0	0
Oral and Maxillofacial Radiology	**9**	9	0	0	0	0	0
Oral and Maxillofacial Pathology	**15**	15	0	0	0	0	0
Dental Public Health	**15**	14	0	1	0	0	0
Ortho/Periodontic	**1**	1	0	0	0	0	0
TOTAL	**1430**	**1335**	**49**	**39**	**6**	**1**	**0**

*Includes programs on "Approval with Reporting Requirements," with "intent to withdraw" and "required period of non-enrollment" statuses.

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The Year in Numbers

Total Enrollment in Dental Education Programs

Dental Education Area	Enrollment (difference from prior year)	Year
Predoctoral	26,596 (+368)*	2022-2023
Advanced Education	7,413 (+9)	2022-2023
Dental Hygiene	16,416 (+617)	2022-2023
Dental Assisting	4,817 (-219)	2022-2023
DLT	373 (-24)	2022-2023
All Programs	**55,615 (+751)**	**Source: Surveys of Dental Education Programs**

*Includes U.S. programs, only. Enrollment at King Abdulaziz University in Saudi Arabia is 799 students.

You will find current Enrollment and other data on the Program Surveys page of the CODA website. Updates will be made to this page as available.

Programs, Volunteers, and Staff

- **1,430** CODA-accredited education programs in approximately 779 institutions
- More than **700** Volunteer Commissioners, Review Committee Members, and Site Visitors
- **Ten** Professional Staff (Senior Director and Managers)
- **One** Coordinator of Operations
- **Two** Site Visit Coordinators
- **One** Coordinator of Allied Program Reviews
- **Five** Support Staff

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Accreditation Actions at the 2024 Winter and Summer Meetings

In 2024, the Commission reviewed accreditation reports and took **846 accreditation actions** on dental, advanced dental, and allied dental education programs and recorded **10 mail ballots** on dental, advanced dental, and allied dental education programs. A total of **18 new programs** were granted accreditation:

Educational Program	Number
Predoctoral Dental Education	3
International Predoctoral Dental Education	1
Dental Hygiene	7
Dental Assisting	2
Dental Anesthesiology	1
Oral and Maxillofacial Surgery (Clinical Fellowship– Pediatric Craniomaxillofacial Surgery)	1
Advanced Education in General Dentistry – 12 month	1
Oral and Maxillofacial Surgery (Residency)	1
Orofacial Pain	1

The Commission affirmed the reported voluntary discontinuance effective date or planned closure date of the following education programs, at the request of their respective sponsoring institutions:

Educational Program	Number
Advanced Education in General Dentistry	4
General Practice Residency	4
Dental Assisting	5
Dental Hygiene	3
Prosthodontics	1
Dental Laboratory Technology	2

The Commission currently accredits **1,430** education programs in twenty-one dental and allied dental disciplines.

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Standards Revisions at the 2024 Winter and Summer Meetings

The Commission adopted revisions to the following:

February 2024

- Accreditation Standards for Advanced Dental Education Programs in Dental Public Health, with an implementation date of July 1, 2025.
- Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (revised anesthesia standards), with an implementation date of January 1, 2025.
- Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, with an implementation date of July 1, 2024.

August 2024

- Accreditation Standards for Dental Assisting Education Programs, related to Standard 4-8g (lead apron and cervical collar), with immediate implementation.
- Accreditation Standards for Advanced Dental Education Programs in General Dentistry, General Practice Residency, Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery (residency and fellowship), Orthodontics and Dentofacial Orthopedics (residency and fellowship), Pediatric Dentistry, Periodontics, Prosthodontics, Dental Anesthesiology, Oral Medicine, and Orofacial Pain related to the Definition of Terms for Health Care Organization and to chartering and licensure to operate, with an implementation date of January 1, 2025.
- Accreditation Standards for Advanced Dental Education Programs in Endodontics, related to Standard 2-1 (program director full-time status), with immediate implementation.
- Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology following a validity and reliability study, with immediate implementation.
- Accreditation Standards for Advanced Dental Education Programs in Oral Medicine, following a validity and reliability study, with immediate implementation.
- Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery (residency), related to multiple standards, with an implementation date of July 1, 2025.

Unofficial Major Actions and Meeting Minutes are provided on the Commission's website at:

POST MEETING ACTIONS

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2024 Highlights

CODA Accredits Second International Predoctoral Dental Education Program

The Commission on Dental Accreditation granted accreditation to the Yeditepe University (Istanbul, Turkey) dental education program on February 1, 2024. This is the second international predoctoral dental education program accredited by CODA, after King Abdulaziz University in Jeddah, Kingdom of Saudi Arabia on August 1, 2019.

Prior to applying for CODA accreditation through its application process, a preliminary review and consultation process is involved for international programs seeking accreditation. CODA's Standing Committee on International Accreditation determines whether the program's educational model has the potential to prepare graduates with competencies consistent with requirements for practice in the U.S. Both the Standing Committee and CODA have adopted the policy that international programs will be evaluated and must comply with the same standards as all U.S. programs. Learn more about international accreditation.

Students who were enrolled in the program at the time accreditation was granted, and who successfully complete the program, will be considered graduates of a CODA-accredited program. Students who graduated from the program prior to the granting of accreditation will not be considered graduates of a CODA-accredited program.

Professional Development and Mega Issues Committee explores AI and EPAs

In Winter 2024, the Commission reviewed the Report of the Ad Hoc Committee on Professional Development and Mega Issues and directed that the Ad Hoc Committee coordinate a Summer 2024 Mega Issue discussion on "Artificial Intelligence and Dental Education". After the Summer 2024 meeting, the Commission directed appointment of an Ad Hoc Committee to evaluate/recommend integration of artificial intelligence (AI) into appropriate Accreditation Standards for dental education across the domains of curriculum development and administration, faculty development, institutional resources, clinical education and patient care, research, and continuous evaluation and feedback, with a future report to the Commission.

During the Summer 2024 meeting, the Commission reviewed the Report of the Ad Hoc Committee on Professional Development and Mega Issues and directed the Ad Hoc Committee to coordinate a Winter 2025 Mega Issue discussion on "Student Assessment and Evaluation in Dental Education," and invite speakers to provide information on the use of Entrustable Professional Activities (EPAs) in predoctoral dental, allied dental, and advanced dental education.

CODA seeks Department of Education Guidance on behalf of Programs

This past year, CODA staff sought guidance from the United States Department of Education Federal Student Aid (DOE-FSA) to provide clarity on potential concerns with upcoming changes in DOE-FSA regulations related to certification procedures for institutions participating in the Title IV, HEA programs.

In Fall 2023 and early 2024, CODA was contacted by a CODA-accredited allied dental education program regarding potential concerns. At its Winter 2024 meeting, the Commission instructed CODA staff to gather information on these changes and assess their potential impact on CODA-accredited allied dental education programs. In March 2024, CODA's Senior Director consulted with DOE-FSA staff to gather relevant information, which would assist in communicating the changes to Title IV funding. CODA staff then distributed the information in April 2024. This communication partnership ensures that CODA accredited programs receive accurate, timely, and clear information.

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2025 Looking Forward

Financial Future

To ensure CODA's ongoing fiscally responsible operations, the Commission approved the following changes in fees for the 2025 year:

- Adopt a 2% increase in annual fees for all disciplines in 2025 to: $8,550 for predoctoral dental education programs, $2,150 for dental assisting, dental hygiene, dental therapy, and advanced dental education programs, and $1,520 for dental laboratory technology programs.
- Adopt a 2% increase in the international predoctoral dental education annual accreditation fee to $20,070 in 2025.
- Waive the CODA Administrative Fund fee of $25 per program in 2025.

Find more details on the CODA website's Fees page.

Upcoming 2025 Validity and Reliability Studies

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

In 2025, Dental Therapy and Oral and Maxillofacial Surgery Clinical Fellowship standards are due for their validity and reliability study. More information will be provided following the CODA's Winter 2025 meeting.

CODA Office Moving in 2025

In June 2024, the American Dental Association (ADA) announced the sale of its building at 211 E. Chicago Ave. As part of this transition, the Commission on Dental Accreditation (CODA) will also relocate alongside the ADA. Beginning in the first quarter of 2025, CODA's new address will be located at 401 N. Michigan Ave. Additional details will be shared in the coming months.

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Annual Call for Nominations

Commission Appointments and Elections:

The Commission approved nominees to fill vacancies for discipline specific positions, public member positions and non-disciplines specific positions on its Review Committees and the Appeal Board beginning fall 2024. The Commission elected **Dr. Frank Licari as chair of the Commission** and **Dr. Cataldo Leone as vice-chair of the Commission,** during the 2024 - 2025 term.

The Commission on Dental Accreditation accepts nominations each year for volunteer Review Committee member and Site Visitor positions. The mission of CODA is to serve the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. Accreditation is a peer-reviewed process, and CODA volunteers are an integral part of that process. The Commission provides comprehensive training to all its volunteers, so each will be ready to serve when their term begins. In addition, CODA staff is available for support throughout the process.

The Commission takes into account a balance in geographic distribution as well as representation of the various types of educational settings and diversity, including underrepresented groups. Board certification and experience requirements may apply.

The typical work of a Review Committee member includes the following:

- Become familiar with the CODA accreditation process, and participate in training.
- Review policy matters, site visit reports, progress reports and other reports on accredited or developing educational programs, which are submitted to the Commission for final action.
- Communicate by electronic mail and the Commission's web-based communication tools.
- Time commitment can vary depending on committee assignment; however, CODA asks that you are willing to commit ten (10) to twenty (20) days per year to Review Committee activities.

The typical work of a Site Visitor includes the following:

- Attend training, conduct comprehensive review of print and electronically delivered materials, and learn and understand the requirements and guidelines for the accreditation of dental, advanced dental or allied dental educational programs.
- Objectively review materials, which programs submit as evidence of the program's compliance with accreditation requirements.
- Visit educational programs to evaluate process, interview faculty and students/residents/fellows, view facilities, and more in order to assess the program's compliance with CODA standards.
- Develop reports on findings through review of the program's materials and on-site.
- Time commitment can vary; however, site visits are typically 1-4 days in length and require approximately 10+ hours of preparation. You may be asked so serve on at least 1 or more visits per year.

Nominating yourself or a peer is very straightforward. For a list of upcoming vacancies, the nomination criteria and nomination forms, as well as deadlines for nominations in each category, visit Call for Nominations, and then follow the instructions on that page.

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Online Resources

The Commission's website, at Commission on Dental Accreditation (CODA), offers a wide variety of Commission reports, data, and valuable information:

- The Hearing on Standards/Comments Due page provides access to proposed revisions to Accreditation Standards and the electronic comment submission portal.
- Current, proposed, and recently revised Accreditation Standards are available under the Standards tab
- Search for CODA-accredited programs on the Find a Program page
- Visit the Call for Nominations page to learn about and submit Review Committee Member and Site Visitor nominations
- To see schedules of Site Visits, go to the Site Visit Process and Site Visit Schedules page
- Acquire a current copy of the Policy & Procedure Manual under the Policies/Guidelines tab

Deadlines for Submission of Reports:

May 1 (Summer CODA meeting review)

November 1 (Winter CODA meeting review)

- Program changes that require CODA review and approval prior to implementation must be reported by May 1 or November 1.
- Program changes that do not require CODA review must be reported at least 30 days prior to the anticipated implementation of the change.
- Unexpected program changes must be reported no more than 30 days following the occurrence.

Additional Online Resources for Educational Programs:

- Program Change and Other Report Guidelines
    - Reporting Program Changes
    - Reporting Distance Education
    - Reporting a Teach-Out
    - Reporting a Transfer of Sponsorship
- Reporting Use of Sites Where Educational Activity Occurs
- Enrollment Increases
- Electronic Submission and CODA Portal

For futher information on topics in this Annual Report, please contact the Commission office.

ADA®

EXCLUSIVE WELLNESS RESOURCES FOR ADA MEMBERS AND DENTAL STUDENTS

Find programs and resources to support your mental, emotional and physical well-being at **ADA.org/Wellness.**

Talkspace Go **ADA.org/TalkspaceGo**	Your well-being, your way. Talkspace Go, a self-directed therapy app, can help you address the challenges like work stress, relationships and burnout. Get your exclusive ADA access code for complimentary access at ADA.org/TalkspaceGo.
Well-Being Index (WBI) **ADA.org/Well-BeingIndex**	Your health matters. The ADA provides members access to the Dental Well-Being Index (WBI), a validated, anonymous risk assessment tool invented by the Mayo Clinic. Log into your ADA account then set up your WBI account. In just one minute, you'll have access to a personalized dashboard and resources, allowing you to track your well-being over time.
State Well-Being Program Directory *(updated in 2024)* **ADA.org/WellnessDirectory**	Looking for help and guidance? Support may be closer than you think. This directory links you to local resources, state contacts, and ADA Wellness Ambassadors, ensuring you have the assistance you need right in your community.
ADA Ergonomic Stretches **ADA.org/Stretch**	Better ergonomics, stretching, and exercise help dental teams build long, healthy careers. Download the ADA Ergonomic Stretches infographic with 25 quick stretches or access the ADA Member app for more resources to keep you and your dental team healthy.
After a Suicide Postvention Toolkit **ADA.org/Postvention**	Developed in 2023 by the American Foundation for Suicide Prevention (AFSP) and the ADA, the *After a Suicide Postvention Toolkit* provides guidance for those responding to a suicide death for professional dental settings.
National Suicide Prevention Lifeline	If you or someone you know is experiencing suicidal thoughts or a crisis, please text or dial 988 to be connected to the National Suicide Prevention Lifeline. This service is free and confidential. For a medical emergency dial 911.

 Updated: 1/22/2025

ADANews

Oregon passes dental licensure reform that removes stigmatizing mental health questions

Vote follows advocacy by Oregon Dental Association, coalition members

by **Mary Beth Versaci**

January 31, 2025

Dr. Spaniel

After nearly 18 months of advocacy efforts, dental licensure applications in Oregon will no longer include stigmatizing questions related to mental health.

On Dec. 13, 2024, the Oregon Board of Dentistry voted to remove “have you ever” questions related to receiving counseling, therapy or treatment for mental health issues, including substance misuse, from

Ms. Rowley

Dr. Lee

Mr. Hamilton

initial and renewal licensure applications. These changes align with updated language already used by the Oregon Medical Board for physicians.

“Historically, the language used in licensure applications stigmatized mental health and substance use issues. Not only were these questions potentially illegal, but they also created barriers for dentists seeking treatment,” said Julie Spaniel, D.D.S., Oregon Dental Association trustee, ADA wellness ambassador and member of the ADA Dental Team Wellness Advisory Committee. “Under the previous system, licensees who sought help for mental health conditions or substance use disorders were required to disclose their diagnosis to the board indefinitely. This requirement deterred many from seeking treatment, prompting some to seek help confidentially to avoid professional stigma.”

The Oregon Dental Association led the advocacy efforts for licensure reform in collaboration with the Oregon Dental Hygienists’ Association, Permanente Dental Associates, Willamette Dental Group, Gentle Dental, Delta Dental of Oregon and Capitol Dental.

"The Oregon Dental Hygienists' Association was proud to partner with the Oregon Dental Association and other stakeholder groups to advocate for the use of less stigmatizing language on applications for initial licensure and license renewal for dentists and dental hygienists in Oregon,” said Lisa

Rowley, advocacy and membership director for the Oregon Dental Hygienists' Association. “The ODHA believes that this is a significant step in supporting licensees and encouraging them to seek care when needed.”

The efforts began in August 2023 when the Oregon Dental Association and the Oregon Dental Hygienists’ Association sent a letter to the Oregon Board of Dentistry expressing their concerns about “have you ever” questions on the state’s dental licensure applications. Dr. Spaniel and Oregon Dental Association Executive Director Barry Taylor, D.M.D., then brought the issue before the board in person to request that the questions be changed to align with language used by the Oregon Medical Board.

The Oregon Board of Dentistry initially hesitated to make the changes, Dr. Spaniel said, and the matter was referred in spring 2024 to a committee for further review. Significant progress was achieved by fall 2024 with the formation of the coalition facilitated by Brett Hamilton, director of government and regulatory affairs for the Oregon Dental Association. The coalition — which represented a majority of the state’s dentists — submitted a letter to the board strongly supporting licensure reform. Around the same time, dentists serving on the board spoke in favor of the changes, which they then passed in December.

To help educate board members, the Oregon Dental Association had provided studies, supportive articles on the Americans with Disabilities Act and a letter from ADA President Brett Kessler, D.D.S. The ADA House of Delegates passed a resolution in 2023 to assist states in developing and advocating for legislation or regulations that prevent licensure discrimination against dentists who have ever received mental health-related treatment.

“The Oregon Board of Dentistry’s decision to remove invasive mental health and substance use questions from licensure applications is a significant step forward in fostering a supportive and compassionate environment for dental professionals,” said Cyrus Lee, D.M.D., CEO and executive dental director of Permanente Dental Associates. “We believe that clinician wellness is directly linked to quality of care and patient experience. By reducing stigma and creating space for practitioners to seek help when needed, this reform ultimately benefits both our colleagues and the patients we serve. We are proud to have advocated for this change and applaud the board for prioritizing the well-being of Oregon’s dental practitioners and the communities they care for.”

The new licensure application language states that the Oregon Board of Dentistry recognizes licensees may encounter mental health conditions and substance use disorders and lists options they can pursue, such as seeking medical care, self-limiting their practice or self-referring to the Oregon Health Professionals’ Services Program. It states that if licensees fail to adequately address a health condition that makes them unable to practice dentistry with reasonable skill and safety to patients, the board may take action against their license.

The initial and renewal applications also include a question that asks if applicants are currently engaged in the excessive or habitual use of alcohol or drugs or are dependent on the use of alcohol or drugs that impair their ability to practice safely and competently. Dentists who are enrolled in the Oregon Health Professionals’ Services Program may answer no. The changes are expected to take effect by February.

“The new licensure questions have significantly changed the landscape. Dentists struggling with mental health or substance use challenges can now seek treatment without fear of stigma

or lasting repercussions," Dr. Spaniel said. "This reform marks a significant step forward in reducing stigma and fostering a culture where seeking help is both encouraged and supported. The ODA remains committed to ensuring its members have access to the resources they need to thrive professionally and personally."

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LICENSE RATIFICATION

RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry, dental therapy and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify the issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H8954	12-03-2024	Guerra, Nicole	Hygiene License
H8955	12-11-2024	Strong, Marcy	Hygiene License
H8956	12-19-2024	Seltzer, Jacey	Hygiene License
H8957	12-19-2024	Otero Cortez, Elaine Michelle	Hygiene License
H8958	12-19-2024	Garcia Flores, Ivon	Hygiene License
H8959	12-27-2024	Anderson, Kelli A	Hygiene License
H8960	01-06-2025	Russell, Abby Jean	Hygiene License
H8961	01-15-2025	Munoz, Omar	Hygiene License
H8962	01-22-2025	Barfield, Kaytlin Joy Scarlett	Hygiene License
H8963	01-29-2025	Cardenas, Marisol	Hygiene License
H8964	01-29-2025	Slack, Angela Maestas	Hygiene License

DENTISTS

D12111	12-03-2024	Drew, David	Dental License
D12112	12-09-2024	Moore, Frederick	Dental License
D12113	12-10-2024	Masuda, Garrett	Dental License
D12114	12-19-2024	Marino, Steven Michael	Dental License
D12115	12-19-2024	Peterson, Christian	Dental License
D12116	12-27-2024	Abreu, Suzanne	Dental License
D12117	01-07-2025	Elamin, Ahmed Mohamed Ahmed Mohamed	Dental License
D12118	01-08-2025	Almog, Ido	Dental License
D12119	01-08-2025	D'Avanzo, Richard Alan	Dental License
D12120	01-09-2025	WEAVER, KATHERINE McKinney	Dental License
D12121	01-09-2025	Vidrio, Yoseline	Dental License
D12123	01-23-2025	Nguyen, Hannah Huyen	Dental License
D12124	02-06-2025	Leeds, Danny Blaine	Dental License
D12125	02-06-2025	Mendoza, Armani Bernice	Dental License
D12126	02-07-2025	Dotson, Stanton Ulysses	Dental License
D12127	02-11-2025	Bothwell, Bryce Anthony	Dental License

LICENSE, PERMIT & CERTIFICATION

Request for reinstatement of a retired license – Daniel J Ries, D.M.D.

The Board has received a request for the reinstatement of a retired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant "passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials."

Daniel J Ries, D.M.D. (D6196) held a license to practice dentistry in Oregon that was retired on March 26, 2020. Since Dr. Ries's dental license was retired, he has not held any other licenses. Dr. Ries would now like to reinstate his Oregon dental license so he can resume practicing dentistry in Oregon. Dr. Ries has submitted a License and Permit Reinstatement Application, fees, proof of continuing education for the renewal cycles during which his license was expired, passed the Board's Jurisprudence Examination, and has submitted a background check. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding Dr. Ries has been filed by any other entity in either of these data banks.

Pursuant to OAR 818-021-0085, the Board needs to determine if it is necessary for Dr. Ries to take any further examination and whether to reinstate Dr. Ries dental license.

Relevant Rules:

818-021-0085 – Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

(1) If the license has been expired 30 days or less, the applicant shall:
- (a) Pay a penalty fee of $50;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.

(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
- (a) Pay a penalty fee of $100;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the continuing education requirements.

(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
- (a) Pay a penalty fee of $150;
- (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
- (c) Pay a reinstatement fee of $500; and
- (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:
    (a) Pay a penalty fee of $250;
    (b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
    (c) Pay a reinstatement fee of $500;
    (d) Pass the Board's Jurisprudence Examination;
    (e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
    (f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
    (g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

OREGON BOARD OF DENTISTRY

LICENSE AND PERMIT REINSTATEMENT APPLICATION

RECEIVED
JAN 27 2025
Oregon Board of Dentistry

Return to: **Oregon Board of Dentistry**
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104	$880.00
1290	$750.00
1706	$100.00
1707	$8.00

License # D6196

Daniel J Ries, DMD

Licensure fee:	$880.00
Penalty fee:	$250.00
Reinstatement:	$500.00
PDMP Program Fee:	$100.00
OWHI Survey Fee:	$8.00
	$1,738.00

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

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Redmond OR 97756

Phone: 541-262-0140

Home Address ☒

949 NW Overton #1302
Portland OR 97209

Phone: 503-318-7564

Danriesdmd@gmail.com

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Request for reinstatement of an expired license – Carrie A Penselin, R.D.H.

The Board has received a request for the reinstatement of an expired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant "passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials."

Carrie A Penselin (H4293) held a license to practice dental hygiene in Oregon that expired on September 30, 2021. Since Ms. Penselin's dental hygiene license expired, she has not held any other licenses. Ms. Penselin would now like to reinstate her Oregon dental hygiene license so she can resume practicing in Oregon. Ms. Penselin has submitted a License and Permit Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which her license was expired, passed the Board's Jurisprudence Examination, and has submitted a background check. No other licensing agencies report any adverse action taken against Ms. Penselin. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding Ms. Penselin has been filed by any other entity in either of these data banks.

Pursuant to OAR 818-021-0085, the Board needs to determine if it is necessary for Ms. Penselin to take any further examination and whether to reinstate Ms. Penselin's dental hygiene license.

Relevant Rules:

818-021-0085 – Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

(1) If the license has been expired 30 days or less, the applicant shall:
- (a) Pay a penalty fee of $50;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.

(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
- (a) Pay a penalty fee of $100;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the continuing education requirements.

(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
- (a) Pay a penalty fee of $150;
- (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
- (c) Pay a reinstatement fee of $500; and
- (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:
    (a) Pay a penalty fee of $250;
    (b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
    (c) Pay a reinstatement fee of $500;
    (d) Pass the Board's Jurisprudence Examination;
    (e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
    (f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
    (g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

OREGON BOARD OF DENTISTRY

LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, OR 97208-4395

2105 $492.00
1290 $750.00
1707 $4.00

RECEIVED
DEC 12 2024
Oregon Board of Dentistry

License # H4293

Carrie A Penselin, R.D.H.

Licensure fee(s):	$492.00
Penalty fee:	$250.00
Reinstatement:	$500.00
OWHI Survey fee:	$4.00
Total:	**$1,246.00**

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

Primary Business Address ☐

Home Address ☒ 5403 SE Welch Rd
Gresham, OR 97080

Phone:

Cell Phone: 503 421-9443

➤NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE◄
INCOMPLETE FORMS WILL BE RETURNED

Request for reinstatement of an expired license – Chloe Mai Adams, D.M.D.

The Board has received a request for the reinstatement of an expired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant "passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials."

Chloe Mai Adams, D.M.D. (D11163) held a license to practice dentistry in Oregon that expired on March 31, 2023. Since Dr. Adams's dental license expired, Dr. Adams has held an active license in Washington, which was initially issued in 2019. Dr. Adams would now like to reinstate her Oregon dental license so she can resume practicing dentistry in Oregon. Dr. Adams has submitted a License and Permit Reinstatement Application, fees, proof of continuing education for the renewal cycles during which her license was expired, passed the Board's Jurisprudence Examination, and has submitted a background check. No disciplinary actions have been taken against Dr. Adams in any of the states in which she has been licensed. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding Dr. Adams has been filed by any other entity in either of these data banks.

Pursuant to OAR 818-021-0085, the Board needs to determine if it is necessary for Dr. Adams to take any further examination and whether to reinstate Dr. Adams dental license.

Relevant Rules:

818-021-0085 – Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

(1) If the license has been expired 30 days or less, the applicant shall:
- (a) Pay a penalty fee of $50;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.

(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
- (a) Pay a penalty fee of $100;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the continuing education requirements.

(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
- (a) Pay a penalty fee of $150;
- (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
- (c) Pay a reinstatement fee of $500; and
- (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education

courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:

(a) Pay a penalty fee of $250;

(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;

(c) Pay a reinstatement fee of $500;

(d) Pass the Board's Jurisprudence Examination;

(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;

(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and

(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

OREGON BOARD OF DENTISTRY

LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: **Oregon Board of Dentistry**
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104	**$440.00**
1290	**$750.00**
1706	**$50.00**
1707	**$4.00**

Received

License # D11163

Chloe Adams DMD

Licensure fee:	$336.00
Penalty fee:	$250.00
Reinstatement:	$500.00
PDMP Program Fee:	$50.00
OWHI Survey Fee:	$4.00
	$1,244.00

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

Primary Business Address ☐

Home Address ☒

19099 Megan Pl
Lake Oswego, OR 97034

Phone:

Phone: (714) 204-8508

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

61248 Dayspring Drive
Bend, OR 97702

February 3, 2025

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

Request Approval of Course and Permit to Teach a Soft Denture Reline Course for EFDA

Dear Oregon Board of Dentistry,

Please consider this a formal request approval of my course and an instructor permit to teach Soft Denture Reline courses for Expanded Functions Dental Assistants in Oregon.

Please find below my qualifications and the Course Requirements.

Included you will find the following for the proposed course on Soft Denture Relines:

- Instructor Curriculum Vitae
- Instructor EFDA Certification
- Instructor Soft Denture Reline Course Certification
- Course Outline
- Soft Reline Check-off/Competency
- PowerPoint
- Study Guide
- Course Exam

Brief Qualifications:
Jenna Johnson earned her CDA, EFDA and EFODA certification June 2007.

Jenna Johnson received her Temporary Soft Denture Relines Certificate in 2007 (copy of certificate enclosed).

Detailed information will be included as specified in the list above.

However, Course Requirements will Include:
Attendees must:

a. show proof of having the Oregon Expanded Functions Dental Assistant certificate prior to attending the class.

b. attend the entire course.
c. successfully pass a Soft Reline written exam.
d. successfully complete the Soft Reline lab portion of the course.

The Temporary Soft Denture Reline course will be conducted as follows:

a. Lecture/Power point (outline attached)
b. Lab (performance objectives attached)
c. Written Exam

Upon completion of the above course, attendees will receive a certificate issued by the instructor.

Thank you for your consideration.

Jenna M. Schneider Johnson, B.S, CDA, EFDA, EFODA

Curriculum Vitae

Jenna M. Schneider Johnson, B.S., CDA, EFDA, EFODA

Instructor of Dental Assisting

Academic Preparation

June 2007: Graduated from Portland Community College's Dental Assisting

July 2007: Received CDA, EFDA and EFODA Certifications

August 2007: Received Soft Reline Certification and Pit and Fissure Sealant Certification

June 2012: Graduated from Western Oregon University with a Bachelor's of Science.
Major: Biology Minor: Chemistry

Professional Experience

Dental Assisting Instructor
Taught Dental Materials multiple times, which includes teaching about Dentures and Soft Relines
Central Oregon Community College-Bend, Oregon
2015-Present

Dental and Orthodontic Assistant
Bluefish Dental and Orthodontics-Bend, Oregon
2015-Present and Sep 2007-Sep 2008

Dental Assisting Instructor
Chemeketa Community College-Salem, Oregon
2014-2015

Dental Assistant
Smile After Smile-Salem, Oregon
2013-2015

Dental Assistant
Bowman Family Dental- Woodburn, Oregon
2013-2015

Dental Assistant
Dr. William Blaumer-Salem, Oregon
2009-2013

Dental Assistant
Temp in Multiple General Offices through Medical Dental Staffing
2008-2010

Courses Taken in Educational Methodology Include:

- Strategies for Developing a Quality Course: Teaching Methodologies/Faculty Development
- Clinical Teaching Strategies and Techniques
- Educational Methodologies: The Didactic Course
- Faculty Development Toolbox: Essentias for Achieving Professional Success

OREGON BOARD OF DENTISTRY
Dental Assistant

117987
CERTIFICATE NUMBER

Jenna Schneider

Expanded Functions Dental Assistant
Expanded Functions Orthodontic Assistant
Radiological Proficiency

Issued: July 20, 2007

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF PATIENTS

This certifies that

Jenna Schneider

has successfully completed

A "SOFT RELINE" Course

Portland Community College

Bonnie Marshall
~~CDA, EFDA, EFODA, MADAA~~

Bonnie L. Marshall

August 2007
Date

TEMPORARY SOFT DENTURE RELINE OUTLINE

Temporary Soft Relines for Dentures

A. The Denture Patient
   1. Emotions of the Denture Patient - Be sensitive
      a. Very conscious of their appearance
      b. Apologetic for tooth loss
      c. Very angry about loss
         (1) Blame someone else - (parents, insurance, dentist)
         (2) Blames childhood dentist - did not do their job.
         (3) Patient takes blame - too late now.
      d Very sad about loss
         (1) Cancer
         (2) Radiation
         (3) Resorption of bone
      e. Unconcerned - could care less
      f.. Constant discomfort
         (1) Gag reflex
         (2) Soreness
   2. Complications of Mastication
      a. Cannot chew properly.
      b. Denture(s) float
      c. Denture(s) tip or rock
      d. Biting of the cheek or tongue
      e. Hard to chew - must take very small bites.

B. The Denture
   1. A Failure of Dentistry
      a. Difficult to Make & Expense
      b. Reduced Chewing Capability
         (1) Reduced by 5-15%
         (2) Will never be like real teeth.
      c. Can't Go Back - Option: Implants
         (1) Implants
         (2) Bone loss too great
         (3) Very expensive
         (4) Possible bone implants first
      d. Constant Changes in Soft and Hard Tissues
         (5) A processed denture remains the same.
         (6) Tissues swell, dehydrate, resorb.
         (7) Tissues affected by weight loss/gain.
      e. Natural Dentition vs. Porcelain or Plastic Teeth
         (8) Porcelain teeth wear natural teeth and are the primary causative factor for bone resorption.
         (9) Plastic teeth are less hard than porcelain and kinder to

natural dentition.

2. The Maxillary Denture
    a. Surface area is larger than mandibular
    b. Suction increased due to palatal coverage
    c. Occlusal force is spread over the entire arch
    d. Bone resorption is less than mandibular
    e. Easier to fabricate
    f. Teeth are not very sharp, less long-term bone loss

3.The Mandibular Denture
    a. Tongue and frenum attachments pull - denture lifts.
    b. Less surface area for chewing and strength.
    c. No suction
    d. Thinner bone and less bone
    e. More bone resorption
    f. Harder to fabricate, teeth flatter.

C. Dynamics of Dentures
    1. Bone Resorption
        1. **Maxillary Anterior Ridge**
        Maxillary bone resorption occurs in the anterior
        Shorter maxillary lip line
        Lip line is literally lost - older ladies with “painted lips.”
        2. **Mandibular Posterior Ridge**
        Mandibular jaw position extends forward.
        Patients move mandible forward to chew and hold denture in place.
    2. Over Closing
    3. Digestion and the Alimentary Tract
D. Extraction vs. Preventative Options
    1. Tooth Extractions
        1. Clinical crown removed.
        2. Roots removed.
        3. Roots left.
    2. Bone recontoured to make smooth ridge
    3. Over Closure
        a. Loss of lip line
        b. TMJ problems
    4. Preventative Options
        1. Implants
        2. Mandibular partial dentures
        3. Leave cuspids if possible.
        4. Leave healthy roots – overdentures.
        5. Conservative implant use - no more than 3 mandibular

E. Limited Access Patients - Not in the Dental Office
   1. Prescription
      a. Must be prescribed by the dentist then checked after placement.

   2. Expanded Function Duty
      b. Was an RDH expanded function until OBD approved for expanded function dental assistants in January 2002.
   3. Patient's Seen Outside the Dental Office
      a. Home bound.
      b. Confined
      c. Unable to be transported.
      d. Hospitalized
      e. Nursing home or Care Center
      f. Home Health Services

F. Objective of Soft Relines
   1. A Temporary Measures
   2. Relieves Soreness
      a. The most common reason fo relines
   3. Allow the Patient to Chew
      a. Inability to chew because dentures slip
   4. Speech Improvement
      a. Dentures more stable
   5. Stroke
      a. Loss of muscle function
   6. Cancer
      a. Weight loss
   7. Comfort
   8. Tissue Conditioning
      a. Improves Tissue for New Dentures
   9. Temporary During Construction of Implant
      a. Soft reline over an implant cap.

G. Types of Denture Liners
   1. Temporary Liners
      a. Length of Time
         (1) Manufactures suggest up to 6 weeks
         (2) 2-3 weeks is the best and much easier t remove
      b. Can be Placed Many Times
      c. Helps Lessen Tissue Compression
      d. Eases Faulty occlusion - stops sliding
      e. Ingredients:
         (1) Zinc undulates in a base and ethyl alcohol liquid
             Helps reduce candidiasis and ease xerostomia-based

yeast infections. Post-op is critical.

(2) *** Alcoholic beverages break this product down quickly since it already contains alcohol.

f. Products for Temporary Liners:

b. Coe Soft

c. Coe Comfort

d. Fixx

e.

2. Soft Relines

a. Length of Time

(1) Lasts 3-6 months

b. Harder to Remove

(1) Needs a laboratory bur or lathe

c. Need a plan for a new denture - what happens in 6 months

d. Ingredients

(1) Polymethylmethacrylate powder and ethyl alcohol liquid

e. Soft Reline Products: Coe Soft

(1) Mixing the Product

a. Dispense according to manufacturer's directions.

b. Mix to form a soft plastic mass.

c. Results are a very firm liner in the denture.

(2) What happens:

(a) Ethyl alcohol evaporates during the first 24 hrs.

(b) Replaced by water in the saliva.

(c) This H20 evaporates and leaves a firmer base.

(d) *** The patient must avoid alcohol during this time. or the process gets messed up.

3. Laboratory Processed Relines

d. Impression in the denture

e. Liner worn overnight.

f. Timing for the Patient: A 2 Day Process

(1) When to leave - morning

(2) When to pick up - late afternoon

(3) Day will be based on the "denture."

4. OTC Denture Products

a. Difficult to Use

Local pharmacies will have "tons" of products available - go see what is available so you have a brand name in mind

b. Need Professional Diagnosis

Some patients will try to fix their own - then never get another dental exam.

c. Hard to Read Directions

d. Use Non-professional Products

e. Categories of OTC Products

Adhesives

Liners
Repair Kits
Replacement Teeth
Cleaners
Home Remedies

H. Procedure - Medical History Evaluation
1. Medical History
a. Medications - do they effect denture use.
b. Contra indications
c. Indications
2. Dental History
a. Dental Prescription (by the dentist)
b. Daily Care
Who does this? Patient, CNA, care giver?
Cleaning methods: LeKleen machines at Freds or Safeway
No saliva: Does the patient use biotene for xerostomia.
Mouth wash: Do not use Listerine - too high in alcohol content will evaporate even faster.
c. Thorough oral Cancer Examination
d Mentally Compromised - have assistance
e. Questions to Ask
How old are the dentures.
Determine the need for a reline, rebase or new denture.
Old - dentures, slow progressive bone loss - how sloppy.
New- Ill fitting, para functional habit
Other disease complications:
Stroke, cancer, systemic, malnutrition (can't eat = weight loss = dentures fit even less well.

I. Initial Try In Procedure
1. Seat & Fit the Denture in the Mouth
a. Check occlusal relationship.
(1) Always replicate centric relationship
b. Ask about discomfort.
c. Have the patient say a sentence with "s" in it (sun, shasta etc.)
2. Identification of Denture
a. State Law Requires Identification
(1) For a patient placed in a care facility.
b. Make Sure the Denture Belongs to the Patient
c. Denture should have the Patients Name in it
(1) (Roughen with an emery board or vulcanite bur, type name on paper, cut and place on roughened surface, coat with clear acrylic or place clear bonder and cure.
d. Care Facilities
(1) Staff is unaware of non-identified dentures

(2) Staff could get dentures mixed up

e. Kits Available

(1) Do with acrylic or bonder.

3. Explaining the Procedure to the Patient or Care giver
4. Follow asepsis protocol.

(1) Clean denture or partial in solution (baggie) in ultrasonic cleaner before attempting to place any material.

J. Preparation, Mixing & Placement Procedure

*** DO ONE DENTURE AT A TIME***

1. Measure Material (follow mfg. directions)

[*] Maxillary = 3 level measures of powder to 12 cc of liquid

[*] Mandibular = 2 level measures of powder to 8cc of liquid

**These are now ready to place in the mixing container - either the red mixing container provided or a paper cup.

2. Coat the Denture Surfaces
   a. (Labial and buccal) that you do not want the reline material to adhere to with Coe lubricant or a separating medium.
3. Begin with the Maxillary Denture first:
4. Mixing the Material
   a. Add powder to liquid slowly and mix to a thin taffy like consistency - not drippy.
   b. Mix slowly for 30 seconds - do not incorporate air bubbles.
   c. Do not mix for longer than 30 seconds.
   d. Working quickly - Spread the mixture into the denture, bring up over the edges and smoothly and in a rolling manner.
5. Seat the Denture Carefully
6. Instruct the Patient to Bite into Occlusion - gently muscle trim.
7. After 3 minutes Instruct the Patient to form an “o” to muscle trim the area
8. Gently Remove Denture
9. Rinse under Cold Water
10. Trim Away Excess Material
    a. To smooth peripheral edges cut away with scissors or scalpel then
    b. Smooth edges with hot spatula
    c. This is all - a minimal finishing! Do not use stones or a lathe, - this will scorch and ruin the reline.
11. Reseat the Denture and Have Patient Bite into Occlusion
12. Instruct the Patient to Gently Hold Centric for 5 minutes.
13. Repeat Procedure on Mandibular Denture - (if needed)
14. Caution the Patient not to Use Harsh Abrasives for Cleaning

K. Home Care Instructions

1. First 24 hours
   a. Do not use a denture brush - soft toothbrush only (gently)
   b. Rinse in cold water
   c. Eat and drink normally.
   d. Restrict alcohol consumption.
   e. Do not touch with fingers.
   f. Soak with teeth side down.
2. After 24 hours
   a. Normal routine.
   b. Keep very clean.
   c. Report any loose material or cracks.
   d. Excess alcohol consumption shortens life of the liner.

Chart Entry

Note procedure in the chart.

Who prescribed and why

What material was used

What aftercare instructions were given and to whom.

b. What are future plains for the denture

c. Your name (initials)

TEMPORARY SOFT DENTURE RELINE COURSE

Instructor: _____

Class Length: Three (3) Hours

Course Requirements:
Attendees must:

a. Have the Oregon's Expanded Functions Dental Assistant Certificate prior to attending the class and show proof of having such
b. Attend the entire course
c. Successfully pass a Soft Reline written exam
d. Successfully complete the Soft Reline lab portion of the course

The Temporary Soft Denture Reline course will be conducted as follows:

a. Lecture/Power point (outline attached)
b. Lab (performance objectives attached)
c. Written Exam

Upon completion of the above course, attendees will receive a certificate issued by the instructor.

Qualifications:
_____ attended a class on Temporary Soft Denture Relines on _____ (copy of certificate enclosed).

PERFORMANCE OBJECTIVE

Attendee Name _____ Date_____

Procedure: **Temporary Soft Denture Relines**

Objective: a) The attendee will state the purpose for the two types of soft denture relines.
b) The attendee will demonstrate preparation of the denture for the tissue conditioner or soft reline in a laboratory setting.
c) The attendee will demonstrate safe and effective placement of the denture.
d) The attendee will demonstrate proper technique for trimming excess material and preparing for delivery.
e) The attendee will demonstrate aseptic handling of the denture before, during and after the procedure.

Selection: a)Maxillary b) Mandibular Product: a) Soft Denture Reline b) Tissue Conditioner

Criterion: The attendee will complete the module at a competency level of 85% or more for successful passage
If the attendee does not obtain 85% or more a retake will be required.

A=Acceptable 1 Point **X**=Unacceptable 0 Point	A	X
PERSONAL PROTECTIVE EQUIPMENT:		
1. Mask, gloves, safety glasses, appropriate PPE		
ARMAMENTARIUM:		
2. Complete tray set-up, mirror, explorer, cotton rolls, 2X2 gauze, spatula, reline or conditioning material, mixing containers, scissors, wax spatula, mouth wash.		
INITIAL:		
3. Attendee checked the occlusion and fit of the denture.		
4. Attendee placed the denture in a zip-lock baggie with to disinfect.		
5. Attendee roughened the tissue side of the denture with lab bur.		
6. Attendee prepared material as selected by the faculty for either a soft reline or tissue conditioner.		
PREPARATION:		
7. Attendee dispensed proper amount of polymer and monomer.		
8. Attendee mixed according to manufactures directions. Mixing for ____ seconds until a thin homogenous mass is established.		
9. Attendee placed material in denture covering the entire tissue area.		
10. Attendee used spatula to roll material over the peripheral border.		
PROCEDURE:		
11. Denture is placed on typodont and held in a gently yet firm manner.		
12. Denture is removed after ____ minutes, rinsed IN _____ water, and reinserted for_____minutes.		
13. Denture is removed, rinsed and disinfected for adjustments.		
14. Scissors are used to trim away gross excess.		
15. Once gross excess is removed, a wax spatula is **slightly heated** and used to smooth the cut edges at the periphery of the denture.		
16. The denture is disinfected and reseated on the typodont again.		
17. Attendee stated how to disinfect the denture prior to returning to a live patient.		
18. Attendee maintained professionalism throughout the procedure.		
19. Attendee followed appropriate infection control throughout procedure.		
Comments:		
TOTALS		

18=95%
17=89%
16=84% Successful Passage Required
Perform until passing

Study Guide for Soft Denture Relines

What types of supervision is required by OBD?

What considerations must be taken into account about patient feeling about having dentures?

What complications could be involved with mastication? What physical changes can occur to the maxillary and mandibular bone?

Are dentures a failure of dentistry? Why? Why not?

What are the comparisons between the maxillary denture and the mandibular denture?

What is the dynamics of dentures?

How are extractions and various preventative options involved?

What is limited access and what is involved in it?

What is the purpose or objective of soft liners? What types of denture temporary liners are available? Powder and liquid or cartridge

Importance of pre-cleaning and preparing the denture.

When comparing a tissue conditioner and temporary soft reline.
- what is involved with length of time
- how many times it can be placed
- is it hard/easy to remove
- ingredients

Why is medical and dental history important?

What happens at the initial try in? What is “having a plan”? What type of plans are available?

Preparation, mixing and placement of both procedures
- which denture is placed first?
- what is the crucial importance of the ingredients and alcohol
- what is the color, initial consistency, placement consistency
- once placed what are the next steps?

What is used for trimming and removing excess material?

Explain all home care instructions.

How are chart entries written and why?

g

Soft Denture Reline Course Quiz

Name _____

1. Which of the following might a denture patient demonstrate or express when they come into your dental practice?
    a. Self-consciousness
    b. Blaming of self or others
    c. Not concerned
    d. Anger
    e. a & d
    f. All of the above

2. Which of the following would NOT be considered a complication of mastication?
    a. Does not eat sticky foods
    b. Cannot chew properly
    c. Biting of cheek
    d. Floating denture

3. Dentures reduce chewing capacity by which of the following:
    a. 5%-15%
    b. 10%-15%
    c. 15%-20%
    d. 15%-25%

4. Dentures are considered not optimal dentistry. Which of the following is NOT a reason for this?
    a. Increased chewing capability
    b. Can not go back once teeth are removed
    c. Constant changes in bone level
    d. Will never be like real teeth

5. Which is true of porcelain teeth verses plastic teeth?
    a. Porcelain teeth wear opposing teeth as natural teeth would
    b. Porcelain teeth are quieter when chewing
    c. Plastic teeth are more expensive than porcelain
    d. Plastic teeth are kinder to opposing teeth

6. Which is true about a maxillary denture?
    a. More bone resorption than mandibular
    b. Less bone resorption than mandibular
    c. Suction is increased verses mandibular
    d. Suction is decreased verses mandibular

7. Which of the following is true of bone resorption on the maxillary arch?
    a. Causes a shorter lip line
    b. Occurs mainly in the posterior area of the arch
    c. Makes mandible move forward for chewing
    d. Properly fitting denture maintains bone level

8. Over closure due to loss of bone can cause:
    a. TMJ problems
    b. Lips to protrude
    c. Loss of lip line
    d. a & c
    e. All of the above

9. Which of the following is NOT an objective of doing a Soft Reline on a patient's denture?
    a. Reduces the length of time before a permanent reline can be done
    b. Relieves soreness for patient
    c. Improves chewing ability
    d. Allows patient to speak better

You will be doing a soft denture reline on a clean maxillary denture.
Place the following in the proper order for performing the soft reline procedure on a maxillary denture. *(Number from 1-10, # 1and #10 are done for you.)* 8 points

____ Mix Material
____ Measure Material (mfg directions)
____ Coat Denture Surfaces
____ Have Patient Bite into Occlusion
____ Trim Excess and Smooth Periphery
____ Muscle Trim
____ Wait 3 Minutes
____ Seat the Denture
__1_ Remove Denture, Rinse & Dry It
_10_ Reseat

19. When delivering a new denture, what homecare instructions would you give a patient?
_____
_____
_____

20. What information needs to be included in chart entries?
_____
_____
_____

Soft Relines for Dentures

EFDA…Additional Duties

*Dental Assistants who hold a valid EFDA certificate may also obtain certification to allow the assistant to place **sealants** or apply temporary **soft relines** to full dentures.

*In order to perform either of these additional expanded duties, an EFDA must first successfully complete a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Oregon Board of Dentistry.

*A Dental Assistants may place or apply temporary soft relines under indirect supervision

The Denture Patient:

COMPLICATIONS OF MASTICATION

- Can Not Chew Properly
- Denture(s) floats
- Denture(s) rocks or tips
- Biting cheek or tongue
- Hard to bite into food
- Hard to chew food

The Denture Patient:

EMOTIONS OF THE DENTURE PATIENT

- **Be Sensitive to the Patients Feelings**
- **Very Conscious** of Appearance
  - especially females
    - Patients can be:
- **Very Apologetic** for Tooth Loss
- **Very Angry** About Loss
- **Very Sad** About Loss
- **Very Unconcerned** About Loss
- **In Constant Discomfort**

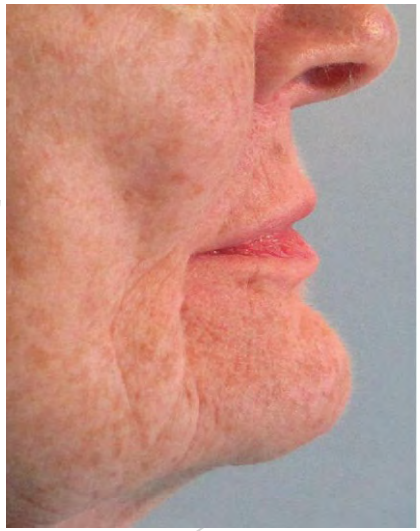
The Denture:
OPTIMAL DENTISTRY?

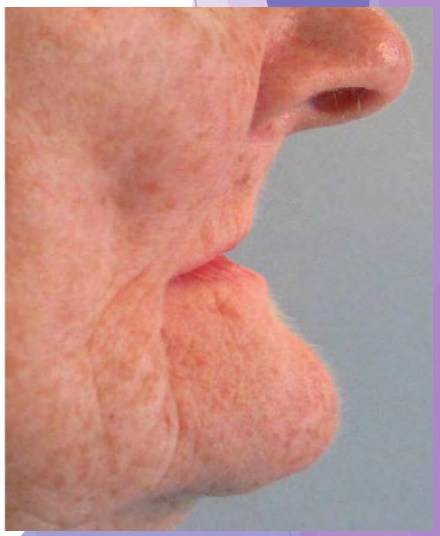
- Difficult and Expensive to Make
- Reduced Chewing Capacity **5%-15%**
- Can Not Go Back
  - Option: Implants and Implant Retained Dentures
- Constant Changes in Soft/Hard Tissues
- Natural Dentition vs. Porcelain or Plastic Teeth
  - **Porcelain teeth wear opposing natural dentition & increase bone resorption**
  - **Plastic teeth are not as hard and therefore, kinder to bone and dentition**

The Denture:
Maxillary vs. Mandibular

THE MAXILLARY DENTURE

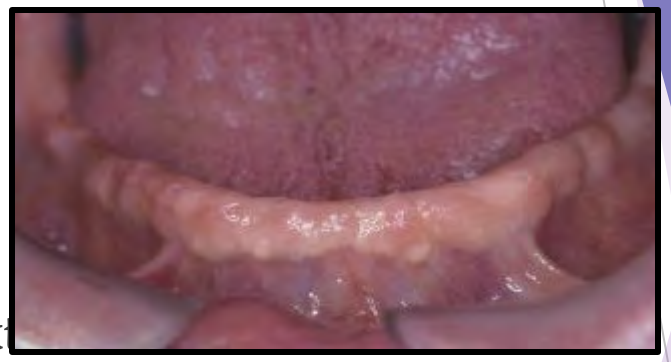
- **Greater Surface Area**
- **Suction Increases**
- **Occlusal Force**
- **Bone Resorption**
  - **Maxillary bone resorption occurs in the anterior**
  - **Shorter maxillary lip line**
  - **Lip line is literally lost - older ladies with "painted lips."**

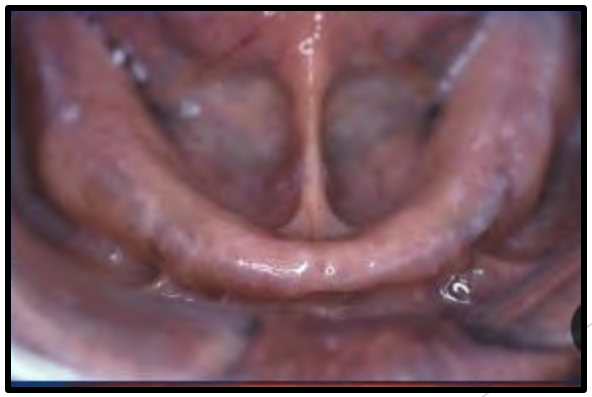




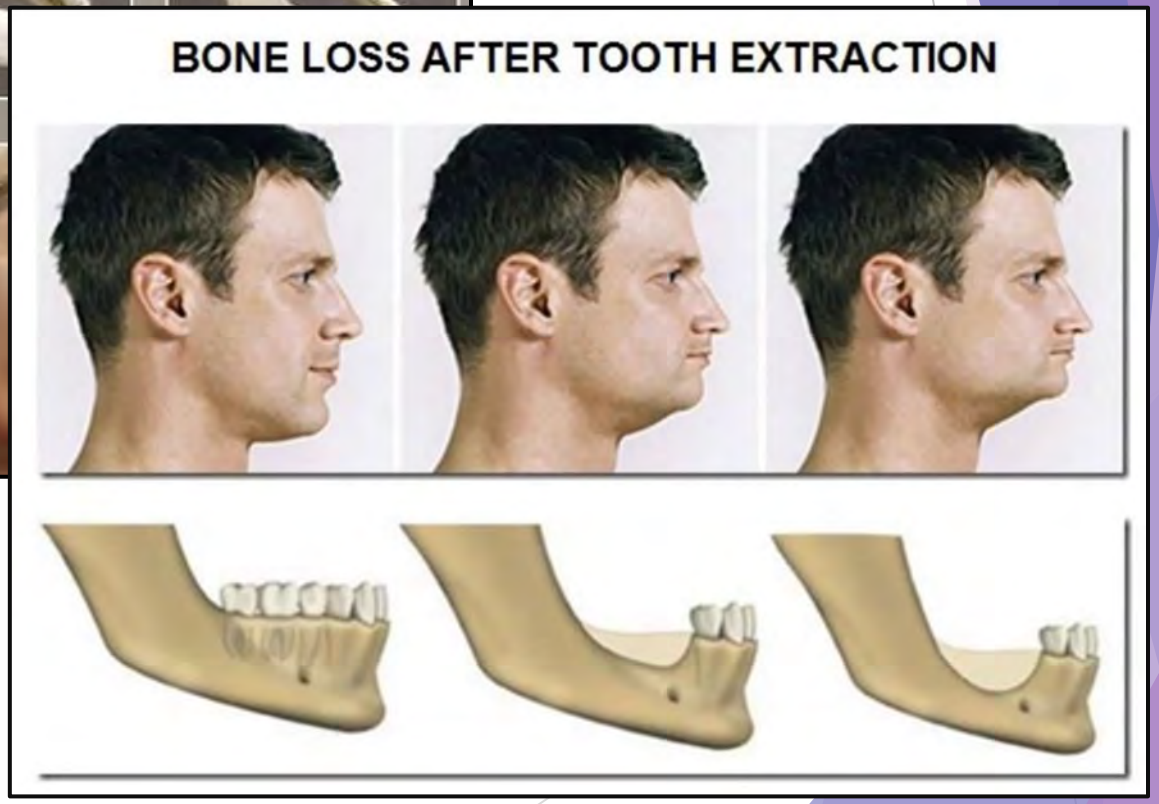
THE MANDIBULAR DENTURE

- Tongue, Frenum and Attachments
- Less Surface Area
- Suction Issues
- Thinner Bone
- Bone Resorption
  - Mandibular jaw position ext
  - Patients move mandible forward to chew and hold denture in place.





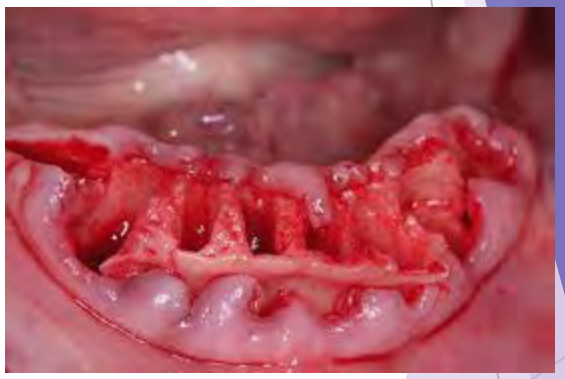
Over-Closing From Bone Loss



The Denture:

Extractions vs. Preventative Options

- **Tooth Extractions**
  - Clinical crown removed
  - Roots removed
  - Roots left

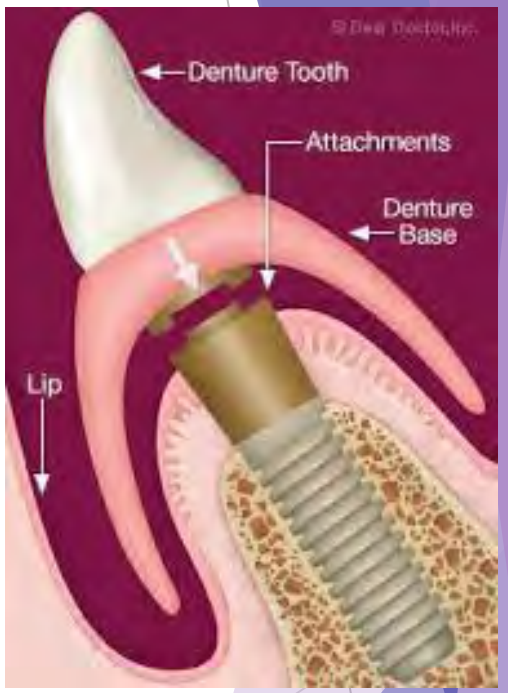


- **Bone Recontoured**
- **Closure**

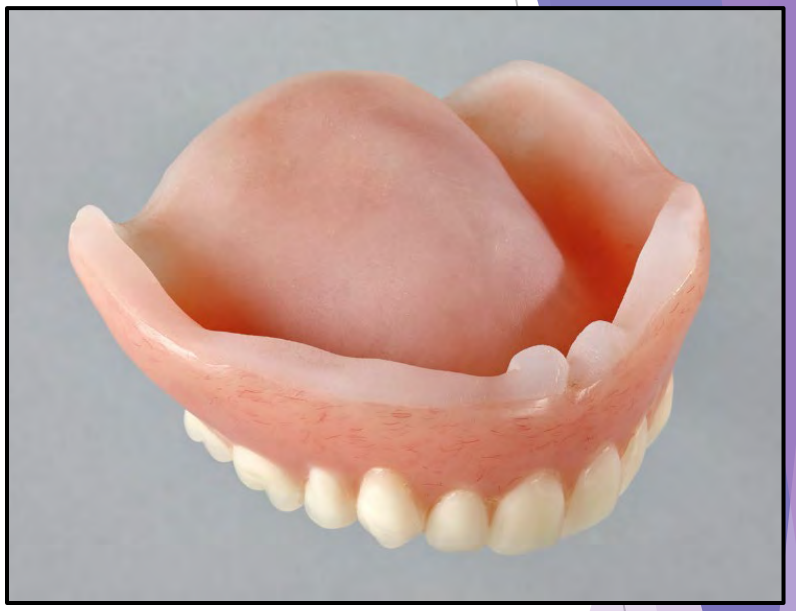
The Denture:

Extractions vs. Preventative Options

- **Preventative Options**
  - Implants
  - Partial dentures
  - Leave cuspids
  - Leave healthy roots
  - Conservative implant use



Objective of Soft Relines:



- Temporary Measure
- Relieve Soreness
- Allow the Patient to Chew
- Speech Improvement
- Stroke or Cancer
- Tissue Conditioning
- Temporary During Construction of Implant(s)

Types of Denture Liners:

- **Soft Relines**
- **Dental Lab Processed Relines**
- **OTC Reline Products**

Types of Denture Relines:

Soft Relines

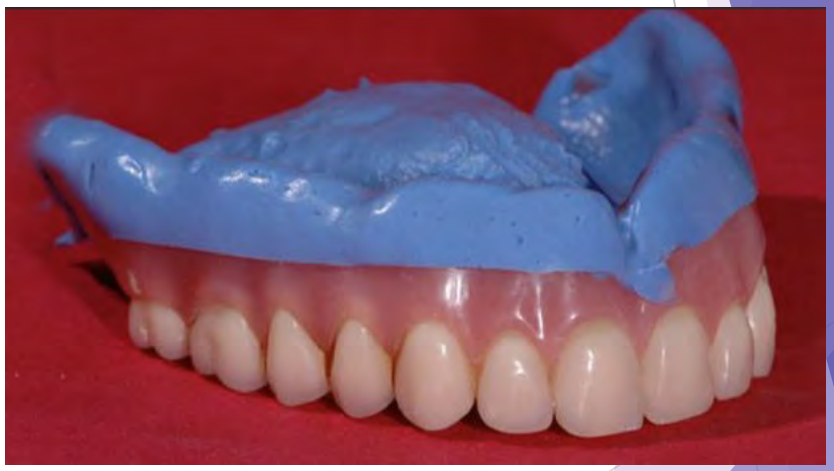
- **Length of Time**
- **Hard to Remove**
- **Need A Plan for New Denture or lab reline**

Types of Denture Relines:

Dental Lab Processing

- **Impression in Denture** (Polyvinyl or polyether)

- **Timing for the Patient**



Types of Denture Relines:

OTC Liners or Relines

- **Difficult to Use**
- **Hard to Read Directions**
- **Categories of OTC Products**
  - Adhesives
  - Liners or Relines
  - Repair Kits
  - Cleaners
  - Home Remedies

Procedure:

Medical History Evaluation

- **Medical History**
  - Medications
  - Will they effect healing

- **Dental History**
  - Prescribed by a Dentist
  - Thorough Cancer Screening
  - Daily Care
  - Mentally Compromised

Procedure:

Initial Try-In

- **Seat and Fit Denture**
  - Check occlusal relationship
  - Establish centric
  - Is there discomfort?
  - Have patient use sentences with “s” in them
- **Identification of Dentures**
  - Does this denture belong to “this” patient
  - Denture should have the patients name
  - Care facilities & I.D. Kits available
- **Explaining the Procedure**
- **Follow Asepsis Protocol**

Procedure:

Preparation, Mixing & Placement

- **DISINFECTON AND PREPARATION OF DENTURES**
- **DO ONE DENTURE AT A TIME**
- **BEGIN WITH MAXILLARY FOR BEST RESULTS**

Procedure: Maxillary
Preparation, Mixing & Placement

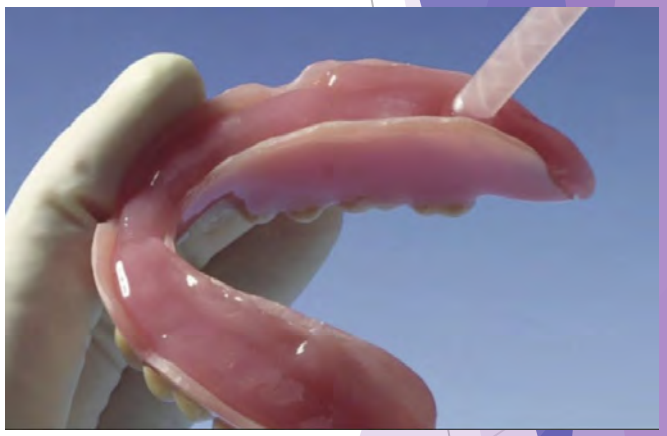
If patient has both MX & MN Dentures that need soft relines do Maxillary First as it has less movement potential.

1. **Remove Denture, Rinse & Dry It**
2. **Measure Material** (mfg directions)
3. **Mix Material**
4. **Coat Denture Surfaces**
5. **Seat the Denture**
6. **Have Patient Bite into Occlusion**
7. **Muscle Trim**
8. **Wait 3 Minutes**
9. **Trim Excess and Smooth Periphery**
10. **Reseat**

Repeat on Mandible (if needed)

Procedure: Mandibular Preparation, Mixing & Placement

1. **Remove Denture, Rinse & Dry It**
2. **Measure Material** (mfg directions)
3. **Mix Material**
4. **Coat Denture Surfaces**
5. **Seat the Mandibular Denture**
6. **Have Patient Bite into Occlusion**
7. **Muscle Trim**
8. **Wait 3 Minutes**
9. **Trim Excess and Smooth Periphery**
10. **Reseat**



Home Care Instructions

- **First 24 Hours**
  - Do not use denture brushes
  - Rinse cold water
  - Eat and drink normally
  - Restrict alcohol intake
  - Do not touch or pick at lining
  - Soak at night with teeth side down

Home Care Instructions

- **After 24 Hours**

- Normal Routine
- Keep Very Clean
- Report any Loose Material or Cracks
- Alcohol Shortens Life of the Liner

Chart Entry

- **Note the Procedure in the Chart**
  - Who Prescribed and Why? (Pt. symptoms)
  - Brand Name of Material That Was Used
  - What Aftercare Instructions Were Given (It is a good idea to also give written PO instructions.)
  - And Name/s of Whom the Instructions Were Given (could be the patient or the caregiver or both)
  - **What are the Future Plans for the Dentures**
  - **Your Name** (initials)

Let’s Watch a Video of How It Is Done

Request for ratification of reinstated Dental License – Jason Yoon, DMD

On October 24, 2024 The OBD received a request for reinstatement of Dr. Yoon's dental license which had expired on March 31, 2023. Dr. Yoon passed the background check and jurisprudence exam. Dr. Yoon submitted all items required for licensure approval.

Dr. Yoon's reinstatement application did not make the December 13, 2024 Board meeting agenda, but the application met the requirements for reinstatement.

The Executive Director reinstated the License on December 23, 2024. At this Feb 28, 2025 Board meeting it is asked that you ratify that decision.

OREGON BOARD OF DENTISTRY

LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: **Oregon Board of Dentistry**
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104	**$440.00**
1290	**$750.00**
1706	**$50.00**
1707	**$4.00**

RECEIVED
OCT 17 2024
Oregon Board of Dentistry

License # D6875

Jason Yoon, DMD

Licensure fee:	$440.00
Penalty fee:	$250.00
Reinstatement:	$500.00
PDMP Program Fee:	$50.00
OWHI Survey Fee:	$4.00
	$1,244.00

1928 Fingerprints Good
Juris passed 45/50

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

Primary Business Address ☐

Home Address ☒

JASON YOON
11675 SE. AERIE CRESCENT RD.
HAPPY VALLEY, OR. 97086

Phone:

Phone: 503 201 4949

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201
Phone: (971) 673-3200
Email: Information@obd.oregon.gov

DENTAL CONTINUING EDUCATION LOG

April 1, 2024 through March 31, _____

Licensee's Name: JASON I. YOON License Number: D6875

Please list at least **40 hours** of continuing education that meets the requirements of OAR 818-021-0060. In addition, effective January 1, 2015 all licensees are required to maintain at a minimum a current Health Care Provider BLS or its equivalent certification - **please attach a current copy of your certification**.

Do not send in any other verification, however, you as the licensee are required to retain receipts, vouchers, or certificates as may be necessary to document completion of the required number of continuing education hours. Records of CE must be kept for four years. The Board may request this documentation at any time.

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
List two hours of infection control courses. If using OSHA, infection control must be delineated separately from other subjects within the course. OHSA generally does not meet the Board's requirements for infection control.			
8/30/2024	INFECTION CONTROL IN DENTISTRY	DENTAL CE ACADEMY / K. ROLLING	3.0
List three hours of medical emergencies related to a dental practice. Using your BLS for Healthcare Providers course can be used to fulfill this requirement. However, it cannot be used for the CE required to renew a nitrous permit.			
8/30/2024	MANNGING ADULT MEDICAL EMERGENCY IN THE DENTAL OFFICE	DENTALCARE.COM CE ONLINE P. FREYDINGER, F FADDOUL	4.0
List one hour of pain management. Effective July 1, 2022, all dentists and dental therapists must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. Here is a link to the course: https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx			
9/1/2024	CHANGING THE CONVERSATION ABOUT PAIN	OREGON MEDICAL ASSOCIATION	1.5
List two hours of cultural competency. Effective January 1, 2021, all licensees are required to complete at least two hours of CE related to cultural competency per renewal cycle. Per the Oregon Health Authority, "Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to healthcare practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities. Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients from diverse cultures, groups and communities."			
9/1/2024	ABOUT CULTURAL COMPETENCY IN OREGON (320)	A TRAIN EDUCATION	2.0

10.5

List seven hours of courses related to placing dental implants. Effective January 1, 2024, A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period. **If you do not place implants, you are not required to complete this category of CE.**

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS

List all courses related to direct clinical patient care or the practice of dental public health. (You may attach additional sheets as necessary)

8/31/2024	CURRENT CONCEPTS IN PREVENTIVE DENTISTRY	DENTALCARE.COM CE ONLINE CONNIE KRACHER PHD.MSD.	5.0
8/31/2024	RADIOGRAPHIC SELECTION CRITERIA	DENTALCARE.COM CE ONLINE G. WILLIAMSON PROFESSOR EMERITA	4.0
9/1/2024	PERIODONTICS: UNDERSTANDING PERIODONTAL HEALTH, RECOGNIZING DISEASES STATES AND CHOICES IN TREATMENT	DENALCARE.COM CE ONLINE SPENCER FRIED DDS.	4.0
9/1/2024	CARDIOVASCULAR DRUGS OUR PATIENTS TAKE	DENTALCARE.COM CE ONLINE DAVID DIAZ DDS | MICHAELL HUBER DDS.	3.0
9/2/2024	ADJUNCTIVE AND PROPHYLACTIC USE OF ANTIBACTERIAL AGENTS IN DENTISTRY	DENTAL CARE.COM CE ONLINE L PALOMO, M HUBER, G TEREZHALMY	3.0
9/2/2024	ALVEOLAR RIDGE PRESERVATION AND AUGMENTATION FOR OPTIMAL IMPLANT PLACEMENT.	DENTALCARE.COM CE ONLINE L RAJENDRAN, S THACKER	2.0
8/31/2024	SLEEP APNEA MANAGEMENT FOR THE DENTIST	DENTALCARE.COM CE ONLINE LSTVAN HARGITAZ. DDS.MS	3.0
8/30/2024	MONKEYPOX: WHAT DENTAL CLINICIAN SHOULD KNOW	DENTAL CE ACADEMY. KRISTEN ROLLING DDS.	1.0
8/30/2024	PERIODONTITIS: A DESTRUCTIVE AND LIFE THREATENING MICROBIAL DISEASE	DENTAL CE ACADEMY: L. PAGE DDS PHD KIRSTEN ROLLING DDS.	3.5
8/30/2024	INDUCING THIRD MOLAR TOOTH BUD AGENESIS USING FULLY GUIDED 3TBA	DENTAL CE ACADEMY: L COLBY DDS KIRSTEN ROLLING DDS.	1.0
8/30/2024	OPIOID EPIDEMIC - WHAT DENTAL CLINICIANS SHOULD KNOW	DENTAL CE ACADEMY KIRSTEN ROLLING DDS.	1.0

List any practice management/patient relations courses (record keeping, team building, risk management, etc.) This is *not* a required category of CE. *No more than four hours may be counted towards your CE requirements.*

8/30/2024	MASTERING THE ART OF TAX STRATEGY AND ASSET PROTECTION	DENTAL CE ACADEMY JOSHUA JOHNSON	1.0

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license.

Signature Thea I. Yoon Date 10/11/2024

Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0060(2)).

31.5

CONTINUING MEDICAL EDUCATION (CME) CREDIT CERTIFICATE

THIS CERTIFIES THAT

Jason Yoon

has successfully completed *One and a Half (1.5) hours of AMA PRA Category 1 CME Credit*™ through participation in the Oregon Pain Management Commission's web-based module

CHANGING THE CONVERSATION ABOUT PAIN

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Oregon Medical Association and the Oregon Pain Management Commission. The Oregon Medical Association (OMA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

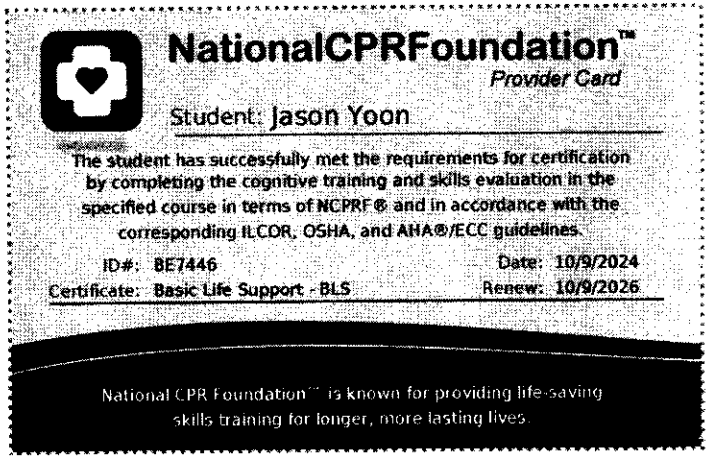
The Oregon Medical Association designated this web-based module for a maximum of one and a half *(1.5) AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Please retain this certificate for your records.

09/01/2024 09:56 PDT
Date Completed

Vice President of Practice Advocacy
Oregon Medical Association

Printable Wallet Card



NationalCPRFoundation.com

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