PUBLIC PACKET

OREGON BOARD OF DENTISTRY

BOARD MEETING
JUNE 13, 2025

Oregon
Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200
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NOTICE OF REGULAR MEETING

PLACE: **BOARD OFFICE & VIRTUAL VIA ZOOM**
DATE: **June 13, 2025**
TIME: **8:00 a.m. – 1:30 p.m.**

Call to Order – Aarati Kalluri, D.D.S. – President **8:00 a.m.**

OPEN SESSION (Zoom option available)
https://us02web.zoom.us/j/89693489946?pwd=h2A87kd0Trw98P2uux4FmGA9CSU4IC.1
Phone # 1-253 205 0468 Meeting ID: 896 9348 9946 Passcode: 063789

Review Agenda
1. Approval of April 25, 2025, Board Meeting Minutes

NEW BUSINESS
2. Association Reports
   - Oregon Dental Association
     - Letter re: Dental Assistant Registry
     - Letter re: Dental Assistant Scaling
   - Oregon Dental Hygienists' Association
   - Oregon Dental Assistants Association
     - ODAA Updates

3. Committee and Liaison Reports
   - May 20, 2025, Licensing, Standards and Competency Committee: Chair Dr. Sheena Kansal
     - Draft Minutes
     - DH – BOTOX- Rule Changes for discussion
   - May 13, 2025, DAWSAC Meeting: Co-Chair Dr. Terrence Clark and Co-Chair Ginny Jorgensen
     - Draft Minutes
   - Article - Law removes registration requirements for Iowa dental assistants
   - Information on DA in regulations in neighboring states
   - Information on DA in general in U.S.
   - Date for next Rules Oversight Committee Meeting - Chair Dr. Aarati Kalluri, July 17, 2025 @ 5 pm
   - OBD Committee Assignments 2025 - 2026

4 Executive Director's Report
   - Staff Updates
   - OBD Budget Status Report & FY close information
   - Gold Star Certificate for FY 2024
   - OBD 2025-2027 Budget Bill (SB 5512) Update
   - 2025 Legislative Session
   - Customer Service Survey
   - OBD Bylaws
   - Staff Speaking Engagements
   - 2025 Dental License Renewal
   - American Association of Dental Administrators Meetings
   - Board Meeting Preparation

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.

- Strategic Planning
- Newsletter

5. Unfinished Business and Rules
   - Temporary Rules to consider & approve
     - Fee Rule due to SB 5512 (OBD Budget Bill)
     - Dental Assisting Rules due to HB 3223 (2024)
   - Dental Assistant Rule Review
     - Document with rule language changes to discuss
   - Update on money owed to Board from former Licensee regarding Case 2021-0109 & 2021-0176

6. Correspondence
   - American Academy of Pediatric Dentistry – email, letter & framework
   - American Academy of Dental Sleep Medicine – email & letter

7. Other
   - CSG D-DH License Compact Commission information & comments submitted
   - 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 agency's conduct of its business.

8. Articles & Newsletters (No Action Necessary)
   - DANB Exams Now Offered in Spanish
   - ADEA Trends in Dental Education Summary 2024-25
   - Article - PML

EXECUTIVE SESSION **9:15 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) **12:30 p.m.**

https://us02web.zoom.us/j/89693489946?pwd=h2A87kd0Trw98P2uux4FmGA9CSU4IC.1

Phone # 1-253 205 0468 Meeting ID: 896 9348 9946 Passcode: 063789

Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues
    - Request for Approval of Soft Reline Course – Cheryl Padron, RDH
    - Request for Approval of Soft Reline Course – Marie Plouse, EFDA
    - Request for Reinstatement of an expired license – Jennifer Lloyd, R.D.H.
    - Request for Ratification of Approval of PCC Local Anesthesia Course for DA at the April 25, 2025 Board Meeting

Notes:
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- Request for Approval of Kentucky Orthodontic Exam to be Recognized for Specialty License – Jennifer Friedman, 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
APRIL 25, 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. (via Zoom) Ginny Jorgensen Kieshawn Lewis
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Director/ Chief Investigator Winthrop "Bernie" Carter, D.D.S., Dental Investigator Haley Robinson, Office Manager Kathleen McNeal, Licensing Manager Gabriel Kubik, Investigator Dawn Dreasher, Office Specialist
ALSO PRESENT:	Joanna Tucker-Davis, Sr. Assistant Attorney General
VISITORS ALSO PRESENT:	Barry Taylor, D.M.D., Executive Director, Oregon Dental Association (ODA); Brett Hamilton, Director of Government and Regulatory Affairs (ODA); Lisa Rowley, Advocacy & Membership Director, Oregon Dental Hygienists' Association (ODHA); Mary Harrison, Vice President, Oregon Dental Assistants Association (ODAA)
VIA ZOOM*:	Katherine Landsberg, Director of Government Relations, Dental Assisting National Board (DANB); Aaron White, Chief Operating Officer (DANB); Michelle Cummins, Lane Community College; Saulo L. Sousa Melo, D.D.S.

*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 8:01 a.m.

President Reza Sharifi welcomed everyone to the meeting and had the Board Members, Joanna Tucker-Davis, and Stephen Prisby introduce themselves.

Dr. Sharifi announced that the Board had a quorum and then read the Mission Statement as follows:

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

NEW BUSINESS

Approval of February 28, 2025 Minutes

Dr. Sharifi moved and Dr. Clark seconded that the Board approve the minutes from the February 28, 2025 Board Meeting as amended. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

Dr. Sharifi stated that the Portland Community College Dental Sciences Department submitted a request to the Board to approve a new Local Anesthesia Certification Course for Dental Assistants. The information did not make it on the agenda or in the packet but will be included as a handout for the Board and can be emailed to any interested party. The Board will discuss it publicly and make a decision on it this afternoon in public session.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Oregon Dental Conference

Brett Hamilton, Director of Government and Regulatory Affairs (ODA) reported that the ODA had a very successful Oregon Dental conference again this year and hoped all present were able to attend. Mr. Hamilton reported that in attendance were 515 Dentists, 891 Dental Hygienists, 309 Dental Assistants, 176 Admin Staff, and 444 Students.

Mr. Hamilton thanked Mr. Prisby and Ms. Robinson for speaking at the conference and for the Board of Dentistry having a table at the conference. Mr. Hamilton also thanked the ODHA and the ODAA for having tables at the conference.

National and Local Legislative Activity

Mr. Hamilton reported that at the beginning of the month, a group of ODA members went to Washington, D.C. for the ADA Lobby Day. Mr. Hamilton reported that ODA met with all the Oregonian Delegation offices and stated that it was a very productive trip. Mr. Hamilton recounted that the ODA advocated for dental insurance reform, alleviating unprecedented student loan debt, protecting Medicaid Adult Dental funding, and defending community water fluoridation.

Fluoride

Mr. Hamilton reported that ODA is preemptively preparing to locally defend community water fluoridation, mentioning that the City of Warrenton is voting to cease fluoridation at a hearing on May 13th. Mr. Hamilton elaborated that the ODA is preparing letters to the editors and other public information to educate the public.

Oregon Legislature

Mr. Hamilton reported that the ODA continues to advocate and track issues at the Oregon Legislature, including following the Board of Dentistry's Budget. Mr. Hamilton stated that the ODA is actively advocating for dental insurance reforms and increased dental Medicaid reimbursement. Mr. Hamilton noted that the ODA is watching with interest a bill that redefines "monitoring

agreement" and "workplace monitor" for purposes of the impaired health professional program. Mr. Hamilton stressed that if passed, a health professional licensing board could collect a fee of $25 per year on each person licensed by the health professional licensing board who is eligible to enroll in a program such as the current HPSP.

Compact
Mr. Hamilton reported that, although the dental and dental hygiene compact had good support, it failed to move forward. Mr. Hamilton explained that despite the ODA's efforts to differentiate the DDH compact from the other more problematic compacts under consideration, all compacts fell victim to the same fate following a national news story on another compact. Therefore, Mr. Hamilton added, the Governor's office and others decided to kill all compact bills.

Other Bills
Mr. Hamilton noted that other bills of interest are now in the Ways and Means Committee and are dependent upon budget discussions.

Resources
Mr. Hamilton shared some follow-up to requests at the last Board meeting for more information and the development of resources. Mr. Hamilton stated that the ODA is proud of the mental health and substance use disorders resources that appear on ODA's website, pointing out that a tab can be found on the top of the homepage. Mr. Hamilton invited the Board to link those resources to its website. Mr. Hamilton stated that the well-being of their colleagues will always be a priority at the ODA.

Mr. Hamilton reported that in response to concerns about the current workforce shortage and the need for workforce related resources, ODA collected materials and resources and will launch web pages dedicated to the workforce at the end of the month. Mr. Hamilton clarified that the web pages will have current data from the Health Policy Institute, state dental assistant and dental hygiene educational programs, recruitment materials, information about job boards, and links to our dental professional partners.

Oregon Dental Hygienists' Association (ODHA)
Lisa Rowley, Advocacy & Membership Director of ODHA, thanked the ODA for including their organization as a partner group for the 2025 Oregon Dental Conference. Ms. Rowley stated that the ODHA enjoyed the opportunity to join their colleagues for an outstanding professional development experience.

Ms. Rowley informed the Board that on April 3, 2025, Arizona passed a law that creates an Oral Preventative Assistant (OPA), also known as a scaling assistant, who can perform supragingival scaling and polishing on periodontally healthy patients or patients with mild gingivitis. Ms. Rowley added that the Arizona Dental Hygienists' Association opposed this bill and, although they were not able to stop the bill, they were able to remove probing from the bill, added language that strengthened the training program, and ensured that dental hygienists can supervise oral preventative assistants. Ms. Rowley noted that similar bills have been introduced in Nevada and Washington state this year. Ms. Rowley stated that the American Dental Hygienists' Association (ADHA) and the ODHA are opposed to the oral preventative assistant model.

Oregon Dental Assistants Association (ODAA)
Mary Harrison, Vice President of ODAA, reported that ODAA was active with speakers, new

branding, and other exciting adventures at the Oregon Dental Conference. Ms. Harrison stated that the ODAA appreciated the opportunity to work with the ODA and other dental team members at that great activity!

Ms. Harrison introduced and distributed ODAA's new logo cards to Board members. Ms. Harrison asked members to access ODAA's website and share other dental assistant information.

Ms. Harrison stated that ODAA continues to support ODHA's position statement regarding the Oral Preventative Assistant by writing letters and by otherwise making ODAA's concerns known.

Ms. Harrison reported that the first class of 12 assistants have completed the Local Anesthetic course held in Bend and commented on how wonderful that was for those assistants and the offices with which they work.

Ms. Harrison reiterated ODAA's support for some type of registration of dental assistants and offered to help the Licensing, Standards and Competency Committee in any way, including providing research or other information that might be helpful in moving the project forward.

Ms. Harrison thanked DANB for the time and work they put forth to make HB 3223 workable for Oregon. Ms. Harrison expressed her excitement for DANB's presentation to the Board during this meeting.

COMMITTEE AND LIAISON REPORTS

Mr. Prisby provided an overview of the Central Regional Dental Testing Services (CRDTS) and explained that as a member of CRDTS, the Board is required to fill positions on the Steering Committee. Mr. Prisby clarified that the Board is required to have a licensed dentist and a licensed dental hygienist on the committee. Ms. Simmons accepted a seat on the CRDTS Steering Committee as a licensed dental hygienist, and Dr. Clark accepted a seat on that committee as a licensed dentist.

Dr. Sharifi announced that the next Licensing, Standards and Competency Committee meeting led by Chair Kansal, and would be held on Tuesday, May 20 from 5 p.m. – 6:30 p.m. via Zoom.

Co-Chair Ginny Jorgensen announced that the next DAWSAC Meeting was scheduled for Tuesday, May 13 from 5 p.m. – 6:30 p.m. via Zoom.

Dr. Clark reminded Board members about the CRDTS save the date announcement for the August 22-23, 2025, Annual Meeting in Omaha, Nebraska.

Dr. Sharifi presented a document with some recommendations from ODAA (that came in late for the February Board Meeting Packet) that included a draft letter to Oregon Dental Professional Organizations regarding recruitment materials.

Ms. Jorgensen presented a report from her CODA accreditation site visit to Oregon Health & Science University School of Dentistry.

Ms. Simmons reported that she made a CODA site visit to the Concorde Career College Dental Hygiene Program, saying it was very educational and that she appreciated the opportunity.

Mr. Prisby announced that Dr. Kalluri will be making a site visit to the VA Hospital later in the year.

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 reported that the Governor's three recommendations to serve on the Board were approved by the Senate on February 18, 2025. Mr. Prisby explained that one individual is replacing public member Chip Dunn, who the Board recognized for his service at the February Board Meeting and that Dr. Kalluri and Dr. Kansal were both confirmed for a second term of Board service.

Aarati Kalluri, DDS, term of service is April 1, 2025 to March 31, 2029.
Sheena Kansal, DDS, term of service is April 19, 2025 to April 18, 2029.
Kieshawn Lewis term of service is April 1, 2025 to March 31, 2029.

Mr. Prisby introduced Mr. Kieshawn Lewis: Kieshawn Lewis is an Oregon resident and proud alumnus of Portland State University and the University of Southern California. With an early passion for dentistry and aspirations of becoming a maxillofacial surgeon, his career ultimately led him into the tech industry, where he started as an engineer and grew into a leadership role in Human Resources, specializing in diversity, equity, inclusion, and talent development. His curiosity about dentistry, combined with his background in engineering and people-focused leadership, reflects his deep commitment to problem-solving and helping others. In his free time, Kieshawn enjoys spending time with his family, working out, and exploring all the world has to offer while always seeking ways to give back in return.

Name	Date Initial Service	Term Ends	Eligible for another term
Reza Sharifi, DMD	**May 2019**	**May 2027**	**No**
Aarati Kalluri, DDS	**March 2021**	**March 2029**	**No**
Sheena Kansal, DDS	**April 2021**	**April 2029**	**No**
Terrence Clark, DMD	**June 2022**	**April 2026**	**Yes**
Michelle Aldrich, DMD	**June 2022**	**April 2026**	**Yes**
Sharity Ludwig, RDH	**June 2022**	**April 2026**	**Yes**
Kristen Simmons, RDH	**April 2024**	**March 2028**	**Yes**
Olesya Salathe, DMD	**April 2024**	**April 2028**	**Yes**
Ginny Jorgenson	**April 2024**	**April 2028**	**Yes**
Kieshawn Lewis	**April 2025**	**March 2029**	**Yes**

CODA - Site Accreditation Visits

State Board Representative: Kristen Simmons, RDH
2/26/2025 to 2/27/2025 Concorde Career College, Portland
Program: Dental Hygiene

State Board Representative: Ms. Ginny Jorgensen

4/9/2025 Oregon Health & Science University School of Dentistry, Portland
Program: GPR

State Board Representative: Dr. Aarati Kalluri
9/25/2025 VA Portland Healthcare System Portland, Portland
Program: GPR

From CODA 4.8.2025 - A newly identified site visit has requested State Board participation for the following:

8/25/2025 – 8/26/2025
Pacific University
Hillsboro, OR
Program: Dental Therapy Initial Accreditation

Dr. Salathe and Ms. Ludwig volunteered to perform the site accreditation visit at Pacific University.

Mr. Prisby announced that Licensing Manager, Kathleen McNeal, had been chosen as the OBD's Ambassador of Public Service as part of Public Service Recognition Week, May 4 -10, 2025. Mr. Prisby and Ms. Haley Robinson nominated Kathleen as someone who is a true Ambassador of Public Service and exemplifies this year's theme of empowering innovation. She was recognized as someone who embraces principles such as respect for every individual, continuous improvement, and empowering others, to create a culture of excellence within state government. Mr. Prisby announced that in recognition of her positive impact on our agency and the citizens of Oregon, she was invited to attend a reception with Governor Kotek at Mahonia Hall (Governor's home) in Salem on May 8, 2025.

OBD Budget Status Report
Mr. Prisby presented the latest budget report for the 2023 - 2025 Biennium. Mr. Prisby indicated that this report, which is from July 1, 2023, through February 28, 2025, shows revenue of $3,254,236.54 and expenditures of $3,098,892.52.

Customer Service Survey
Mr. Prisby presented the attached most recent customer service survey results for the period from July 1, 2024, through March 31, 2025. Mr. Prisby shared that the results of the survey show that the OBD continues to receive positive feedback from those that choose to submit a survey.

Staff Speaking Engagements
Mr. Prisby reported that Kathleen McNeal, Licensing Manager, gave a license application virtual presentation to the dental hygiene students at OIT- Klamath Falls on Tuesday, March 4, 2025.

Mr. Prisby reported that the Oregon Dental Conference was held at the Oregon Convention Center in Portland, April 3 - 5, 2025 and that the OBD staffed a resource table outside the Exhibit Hall to answer questions and encourage safe oral health practice amongst the attendees. Mr. Prisby offered his appreciation to the OBD staff who worked at the table. Mr. Prisby pointed out that OBD staff gave two presentations at the conference.

Mr. Prisby stated that Haley Robinson and he gave a presentation on Thursday, April 3, 2025, covering an overview of the Board, operations, budget, rulemaking, enforcement, CE and FAQs.

Mr. Prisby stated that Dr. Angela Smorra and Dr. Bernie Carter gave a presentation on Friday, April 4, 2025, covering an overview of the Board's investigation process, common complaints, CE and FAQs.

Mr. Prisby thanked the Oregon Dental Association for inviting OBD to present again at their well-attended conference.

FY 2024 Accounts Receivable Honor Roll

Mr. Prisby announced that the OBD was recognized for financial controls again, and that this aligns with one of the OBD's annual goals. Mr. Prisby added that the OBD strives to submit timely and accurate A/R reports, and this honor roll recognition memorializes that the OBD succeeds in its efforts. Mr. Prisby thanked Haley Robinson for this important achievement and for all her hard work to ensure the OBD received this fiscal year's acknowledgement.

2025 Legislative Session

Mr. Prisby acknowledged that the legislative session churns on, noting that there was a record 3,430 bills introduced. Mr. Prisby announced that the Dental/Dental Hygiene License Compact Bill (HB 2676) is not moving forward in this session. Mr. Prisby indicated that he attached a report of various bills he is tracking that may impact OBD or its Licensees in some way.

Federal Rule: Accessibility of Web Information and Services

Mr. Prisby pointed out the attached Frequently Asked Questions February 24, 2025, which addresses questions to DAS from state staff about a new federal rule adopted under the Americans with Disabilities Act (ADA). Mr. Prisby explained that the federal rule provides more clarity about standards for access by people with disabilities to government services, programs, and activities that are available on websites and mobile applications. Mr. Prisby noted that while the new rule applies to all state and local government in Oregon, these FAQ address questions from Oregon State government executive branch boards, commissions and agencies.

AADB Mid-Year Meeting

Mr. Prisby reported that the American Association of Dental Boards (AADB) 2025 Mid-Year Meeting was held April 11 & 12, 2025 in Rosemont, Illinois. Mr. Prisby stated that Board member, Ginny Jorgensen, attended and provided information and a summary of the meeting. Ms. Jorgensen reported on the event and stressed the importance of dental assistant representation in the AADB.

Newsletter

Mr. Prisby announced that the next OBD Newsletter is scheduled to be available later in the summer and that it will have important news and updates for our Licensees. Mr. Prisby encouraged Board Members to share any topics of interest and mentioned that he also asked staff members for articles of interest to include in it.

UNFINISHED BUSINESS AND RULES

Mr. Prisby presented the OBD's proposed fee increases for the 2025-2027 biennium beginning July 1st, explaining that the legislature must approved the budget before the Board can move forward. Mr. Prisby added that if the budget is approved in time, the Board may call a special meeting at the end of May specifically to approve the fee increases.

Dr. Sharifi directed the Board's attention to the Governor's Letter and Rulemaking Guidance. Mr. Prisby added that the new protocols must be in place by May 1st and that he and Ms. Robinson are working toward compliance.

CORRESPONDENCE
Nothing to report.

OTHER
Items were in the Board meeting packet for informational purposes.

- DANB's informational overview of work to support the OBD and adhere to HB 3223 (2024).

Ms. Landsberg and Mr. White presented DANB's efforts to comply with HB 3223. The Board discussed issues related to dental assisting and compliance with the requirements.

Dr. Clark moved and Dr. Aldrich seconded that the Board refer DANB's recommendations to the Licensing, Standards and Competency Committee. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

- Ethics Boundaries Assessment Services – Presentation
- Tribes (no comments)
- Other Public Comment (no comments)

ARTICLES AND NEWS

- CODA Communicator 2025 Winter/Spring

ELECTION OF OFFICERS

- Memo – Election of OBD Officers. Mr. Prisby presented Board rules concerning the election of officers.

Dr. Sharifi moved and Dr. Kansal seconded that the Board elect Aarati Kalluri, D.D.S. as Board President. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

Dr. Sharifi moved and Dr. Aldrich seconded that the Board elect Sheena Kansal, D.D.S. as Board Vice-President. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

Mr. Prisby recognized outgoing OBD President, Dr. Reza Sharifi, for his work on the Board and presented him with a Certificate of Appreciation. Dr. Sharifi expressed his gratitude to members of the Board, Mr. Prisby and OBD staff.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (2)(f)(L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review confidential investigations, consider exempt records and to consult with legal counsel.

OPEN SESSION: The Board returned to Open Session at 1:07 p.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

2025-0123, 2025-0127, 2025-0139, 2025-0133, 2025-0103, 2025-0138, 2025-0131, 2025-0134, 2025-0124, 2025-0125

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 KL voting Aye.

COMPLETED CASES

2025-0039, 2025-0132, 2025-0119, 2024-0165, 2025-0094, 2025-0032, 2025-0060, 2025-0045, 2025-0118

Dr. Kalluri moved and Dr. Kansal 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 KL voting Aye.

2025-0070

Dr. Kansal moved and Dr. Aldrich 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 KL voting Aye.

2025-0073

Dr. Aldrich moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern. The motion passed with RS, AK, SK, TC, MA, KS, SL, GJ, and KL voting Aye. Dr. Salathe recused herself.

2025-0046

Mr. Lewis 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 KL voting Aye.

ROBERT S. DUGGER, D.M.D.; 2025-0048

Ms. Simmons moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand and a civil penalty of $1,000, refund patient VG $11,835.00, and restitution of $5,776.00 within 240 days of the effective date of the Order, and a requirement that the Licensee complete four hours of Board-approved continuing education in the area of esthetic crown lengthening procedures within 30 days after the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

2024-0160

Ms. Jorgensen 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 KL voting Aye.

PASCAL V. NGUYEN, D.M.D.; 2024-0070

Dr. Salathe moved and Ms. Jorgensen seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand and a civil penalty of $2,000.00, refund patient DM $20,067.00. and restitution of $11,388.00 within 420 days of the effective date of the Order, and a requirement that the Licensee complete four hours of Board-approved continuing education in Oral Medicine related to obtaining patient health history

and review of systems, and four hours of Board-approved continuing education in Oral and Maxillofacial Surgery related to the diagnosis and management of dental infections within 60 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

PREVIOUS CASES REQUIRING BOARD ACTION

NATHAN M. TANNER, D.M.D.; 2024-0065, 2024-0100 and 2024-0127
Dr. Clark moved and Dr. Kalluri seconded that the Board reject the settlement offer.

2024-0086
Dr. Kansal moved and Dr. Kalluri seconded that the Board affirm the June 14, 2024, decision to close the matter with a finding of No Violation. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

LICENSE & EXAMINATION ISSUES

2025-0162
Mr. Lewis moved and Dr. Aldrich seconded that the Board offer a settlement agreement with a probationary license for 48 months with a condition of Soberlink, quarterly drug and alcohol monitoring, and agreement to cease practice until further Board order if there is a positive result or for non-cooperation with testing. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

RATIFICATION OF LICENSES

Ms. Simmons moved and Dr. Aldrich 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 KL voting Aye.

LICENSE, PERMIT & CERTIFICATION

Dr. Sharifi moved and Dr. Kansal seconded that the Board deny waiver of clinical examination requirement for specialty license for Dr. Saulo L. Sousa Melo. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

Ms. Jorgensen moved and Dr. Kansal seconded that the Board approve the reinstatement of expired license for Nellab Hashimi, D.M.D. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

Mr. Prisby presented a Request from Portland Community College to Approve Local Anesthesia Dental Assistant Course as a late addition to the agenda, noting that OBD staff had reviewed the submission and that it meets the criteria for other courses the Board had already approved.

Dr. Salathe moved and Dr. Kalluri seconded that the Board approve Portland Community College Local Anesthesia Dental Assistant Course as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, SL, GJ, and KL voting Aye.

ADJOURNMENT

Dr. Sharifi announced that the next Board Meeting was tentatively scheduled for Friday, May 30, 2025 at 3:00 p.m. as a 1-hour virtual board meeting. That meeting may be cancelled if not needed

and notice of it will be emailed and posted on the OBD website at least a week before the meeting date. The next regular Board Meeting is scheduled for June 13, 2025.

The meeting was adjourned at 1:20 p.m.

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

ASSOCIATION REPORTS

oregon dental ASSOCIATION

Members of the Board of Dentistry,

Oregon Dental Association (ODA) representatives have participated in discussions around the Dental Assistant Registry and the Dental Assistant Professional Model within the Dental Assistant Workforce Shortage Advisory Committee (DAWSAC), and the Licensing, Standards, and Competency Committee. The concepts, which we have coupled, are intriguing; however, we have some reservations and probing questions. We suggest that more consideration be given before moving forward.

DAWSAC was formed to discuss and develop strategies to address the dental assistant workforce shortage and remove barriers to entering the profession and increase retention. The Dental Assistant Registry and the Dental Assistant Professional Model were presented to DAWSAC as tools to address the shortage of dental assistants in the workforce. The ODA is invested in improving retention rates for dental assistants and making it a more attractive career path. However, we don't believe that a Dental Assistant Registry or the Dental Assistant Professional Model will accomplish this intent of addressing the workforce shortage in the short-term.

In Oregon, we pride ourselves on the many different pathways that are offered to become a dental assistant. We have concerns that a Dental Assistant Registry and a Dental Assistant Professional Model will create more financial barriers and other roadblocks to becoming a basic dental assistant, which is critically needed. We fear that these two concepts will constrict the pipeline of Oregonians entering the profession. We aren't aware of any evidence that indicates that a Dental Assistant Registry will increase the workforce.

We are also concerned about the administration of a Dental Assistant Registry. The Board of Dentistry will be responsible for collecting information from all dental assistants. It will also require additional tracking systems and additional staff. A renewal fee was suggested in a proposal; however, this might become an additional expense for the provider.

As dentists, we know how important dental assistants are to the profession. We desperately need short-term strategies to increase recruitment in the field. The current workforce shortage is limiting access to care, and it is making it hard for dentists to operate practices.

If the Board of Dentistry decides to move forward, we suggest doing research to see what has been effective in other states, as it varies widely. In Vermont, dental assistants must register with the Secretary of State's Office of Professional Regulation (OPR) and adhere to the guidelines established by the Vermont Board of Dental Examiners with well-delineated steps for each certification. In Iowa, by contrast, a law was just passed that removes the registration requirement for assistants to make it easier for dental offices to hire and train them. We think it would be prudent of the Board of Dentistry to investigate whether a registry would achieve its intended goals.

In conclusion, we suggest that more research and analysis be done on both a Dental Assistant Registry and a Dental Assistant Professional Model to ensure it will have its intended impact and not unintended consequences.

Sincerely,

Caroline Zeller, DDS, MPH
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

oregon dental ASSOCIATION

June 4, 2025

Members of the Board of Dentistry,

Oregon Dental Association strongly discourages the Oregon Board of Dentistry from pursuing revisions to OAR 818-042-0040, which would prohibit training and the use of "scaling assistants". These proposed changes will reduce the Board of Dentistry's flexibility to address the significant dental workforce challenges facing Oregon.

Recruitment of new dental assistants into the workforce, and retention of our existing dental assistants are massive challenges for our state. Every member of the dental care team should be able to utilize their skills, expanded functions, and work within the full scope of practice. Although ODA is not currently pursuing "scaling assistants" legislation, we are requesting that the Board remain open to exploring and educating itself in this area, as well as other opportunities to address workforce shortages.

As a participant on the Dental Assistant Workforce Shortage Committee (DAWSAC), we have supported the efforts of dental assistants having expanded functions, which we have learned are important for retention. We have demonstrated this by supporting 818-042-0096 local anesthesia functions of dental assistants. To be consistent, we believe that if dental assistants can administer local anesthesia, then dental assistants are capable of being trained in dental scaling and would find this expanded function desirable.

Finally, ODA is committed to addressing workforce challenges that affect dentists' ability to deliver critical oral health care to Oregonians. We will continue to partner with other members of the dental team to collaboratively seek solutions. It is critical that we don't limit ourselves to future possibilities. We urge you not to pursue revisions to OAR 818-042-0040.

Sincerely,

Caroline Zeller, DDS, MPH
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

ODAA's Report for June 13, 2025 Oregon Board of Dentistry Meeting

Exciting news for the dental team, several Oregon's EFDA's have already successfully completed
the Local Anesthesia course, have received their LAFC and are now able to perform local anesthetic
injections on dental patients. We are so happy that assistants have chosen to advance their careers
in a way that benefits dental practices. patient dental care access and to demonstrate that the dental
assistant profession is a career that has growth and opportunity.
Portland Community College, Pacific University and several others are now offering OBD approved courses.

HB3223 will be effective this month and ODAA is so appreciative to DANB for the help in meeting the requirements stated in HB3223. ..... DANB has gathered representatives to work on a Professional
Model and ODAA has been working on how to combine Oregon's pathways in this model to make
things easier to follow and understand...

ODAA will again be meeting with the OADL's in the fall, so we are busy with securing an education
day that will interest assistants, hygienist and doctors. The date is Friday September 12, 2025.
Final information will be sent to all dental team associations, posted on the ODAA Website and social media accounts.

ODAA has supported the ADHA and ODHA in the concerns of the OPA and other possible changes
being voted on in many state Legislatures. Patient safety and proper education is so very important.

The DAWSAC and the Licensing and Standard committee have both received information regarding the Registered Dental Assistant recommendations. ODAA is in total support
of some type of listing or way to contact, follow and communicate with all dental assistants working in
dental practices. We ask that ODAA will be part of this discussion and we are happy to research and
work on this project with the OBD.

I am sorry not to be able to be with you on the 13th for your meeting, I will miss you all.
Please include or mention this report in Association Reports.
Thank you,
Mary Harrison CDA, Emiratis, EFDA, EFODA, FADAA

COMMITTEE REPORTS

Draft

LICENSING, STANDARDS AND COMPETENCY COMMITTEE
Held as a Zoom Meeting

Minutes
May 20, 2025

MEMBERS PRESENT:	Sheena Kansal, D.D.S., Chair Michelle Aldrich, D.M.D. Sharity Ludwig, R.D.H. Julie Spaniel, D.D.S., ODA Rep. Heidi Klobes, R.D.H., ODHA Rep. Jill Lomax, ODAA Rep. Kristen Moses, R.D.H., D.T., DT Rep.
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Director/Chief Investigator Haley Robinson, Office Manager Kathleen McNeal, Licensing Manager Dawn Dreasher, Office Specialist
ALSO PRESENT:	Joanna Tucker-Davis, Sr. Assistant Attorney General
VISITORS PRESENT:	Ginny Jorgensen, OBD Board Member; Mary Harrison, Oregon Dental Assistants Association (ODAA); Barry Taylor, D.M.D., Oregon Dental Association (ODA); Lisa Rowley – ODHA; Katherine Landsberg – Dental Assisting National Board (DANB)

**Note - Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.*

Call to Order: The meeting was called to order by Dr. Kansal at 5:00 p.m.

MINUTES

Dr. Aldrich moved and Ms. Ludwig seconded that the minutes of the May 29, 2024, Licensing, Standards and Competency meeting be approved as presented. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

Dr. Kansal moved and Ms. Ludwig seconded the Committee recommend that the Board move OAR 818-042-0040, OAR 818-035-0025, and OAR 818-035-0030 as presented to the Rules Oversight Committee. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

818-042-0040
Prohibited Acts

No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.
(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
(6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(19) Apply denture relines except as provided in OAR 818-042-0090(2).
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(22) Perform periodontal assessment.
(23) Place or remove healing caps or healing abutments, except under indirect supervision.
(24) Place implant impression copings, except under indirect supervision.
(25) **Intraoral adjustment of fixed and removable prosthesis or appliances.**
(26) Any act in violation of Board statute or rules.

818-035-0025
Prohibited Acts
A dental hygienist may not:
(1) Diagnose and treatment plan other than for dental hygiene services;
(2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;
(3) Extract any tooth;
~~**(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);**~~
(4) Intraoral adjustment of fixed and removable prosthesis or appliances.
(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818- 035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);
(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(9) Place or remove healing caps or healing abutments, except under **in**direct supervision.
(10) Place implant impression copings, except under **in**direct supervision.
(11) Any act in violation of Board statute or rules.

818-035-0030
Additional Functions of Dental Hygienists
(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
(a) Make preliminary intra-oral and extra-oral examinations and record findings;
(b) Place periodontal dressings;
(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
(h) Apply temporary soft relines **after manufacturer required denture preparation** to complete dentures for the purpose of tissue conditioning.
(i) Perform all aspects of teeth whitening procedures.
(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:
(a) Determine the need for and appropriateness of sealants or fluoride; and
(b) Apply sealants or fluoride.

(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:
(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
(4) Extraoral adjustment of fixed and removable prosthesis or appliances.

The committee discussed that there was no need to waive the requirements of OAR 818-042-0050 and OAR 818-042-0060. The applicant could still apply for their radiologic proficiency certificate.

Ms. Ludwig moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0040 as presented to the Rules Oversight Committee. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.
(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
(6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) **Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.**
(1~~2~~**3**) Use a high-speed handpiece or any device that is operated by a high-speed handpiece

intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13~~3~~4) Use lasers, except laser-curing lights.
(14~~4~~5) Use air abrasion or air polishing.
(15~~5~~6) Remove teeth or parts of tooth structure.
(16~~6~~7) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17~~7~~8) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18~~8~~9) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(~~12~~20) Apply denture relines except as provided in OAR 818-042-0090(2).
(20~~0~~1) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(21~~1~~2) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(22~~2~~3) Perform periodontal assessment **and periodontal probing**.
(23~~3~~4) Place or remove healing caps or healing abutments, except under indirect supervision.
(24~~4~~5) Place implant impression copings, except under indirect supervision.
(25~~5~~6) Any act in violation of Board statute or rules.

Ms. Ludwig moved and Ms. Klobes seconded the Committee direct staff to research other states where registered dental hygienists can administer botox and draft a rule for the Board discussion and review. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

Ms. Lomax moved and Dr. Kansal seconded the Committee recommend sending the topic of creating a dental assistant registry to the Board for further discussion. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

Ms. Klobes moved and Dr. Aldrich seconded the Committee recommend that the Board consider working with the Governor's office to enact a statute change allowing Registered Dental Hygienists to administer vaccines in Oregon. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

Dr. Kansal moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0096 as presented to the Rules Oversight Committee. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

818-042-0096
Local Anesthesia Functions of Dental Assistants
(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the

American Dental Association or other course of instruction approved by the Board.
(2) **The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.**
(~~2~~**3**) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

Ms. Ludwig moved and Dr. Aldrich seconded the Committee recommend that the Board move OAR 818-042-0080, OAR 818-042-0110, OAR 818-042-0113 as presented to the Rules Oversight Committee. The motion passed with SK, MA, SL, JS, HK, JL, and KM voting Aye.

818-042-0080
Certification – Expanded Function Dental Assistant (EFDA)
The Board may certify a dental assistant as an expanded function assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) If the assistant submits a completed application, pays the fee and provides evidence of;
(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination,~~ **Oregon Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. **The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.**

818-042-0110
Certification - Expanded Function Orthodontic Dental Assistant (EFODA)
The Board may certify a dental assistant as an expanded function orthodontic assistant
(1) By credential in accordance with OAR 818-042-0120, or

(2) Completion of an application, payment of fee and satisfactory evidence of;

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

(b) Passage of the ~~Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination,~~ **Oregon Orthodontic Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients.

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

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

(1) By credential in accordance with OAR 818-042-0120, or
(2) If the assistant submits a completed application, pays the fee and provides evidence of;
(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant examination, or the Coronal Polishing (CP) examination,~~ **Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination,** or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the

Board**, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Chair Kansal thanked everyone for their attendance and contributions.

The meeting adjourned at 5:59 p.m.

The concept to allow Botox to be administered by Dental Hygienists was discussed at the May 20, 2025, Licensing, Standards and Competency Committee Meeting. OBD Staff was directed to draft potential rule changes and bring them to the Board for discussion.

818-035-0030
Additional Functions of Dental Hygienists

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

(a) Make preliminary intra-oral and extra-oral examinations and record findings;

(b) Place periodontal dressings;

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;

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

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.

(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.

(h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

(a) Determine the need for and appropriateness of sealants or fluoride; and

(b) Apply sealants or fluoride.

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

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

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

818-012-0010
Unacceptable Patient Care

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.

(2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.

(3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.

(4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.

(5) Fail to ensure radiographic and other imaging are of diagnostic quality.

(6) Render services which the licensee is not licensed to provide.

(7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.

(8) Fail to maintain patient records in accordance with OAR 818-012-0070.

(9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.

(10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.

(11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.

(12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.

(13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(14) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

(15) Fail to advise a patient of any recognized treatment complications.

(16) Fail to maintain proper storage or handling of medications, including injectables, according federal regulations, guidelines, standards, and manufacturer recommendations.

(17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

DRAFT

OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING MINUTES (DAWSAC)
May 13, 2025

MEMBERS PRESENT: Terrence Clark, DMD, Co-Chair
Ginny Jorgensen, Co-Chair
Amberena Fairlee, DMD – ODA Rep.
Lisa Rowley, 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

STAFF PRESENT: Stephen Prisby, Executive Director
Kathleen McNeal, Licensing Manager
Dawn Dreasher, Office Specialist

ALSO PRESENT: Joanna Tucker-Davis, Senior Assistant Attorney General

VISITORS PRESENT: Jen Hawley Price, DANB; Mary Harrison, ODAA;
VIA TELECONFERENCE* Manu Chaudhry, D.D.S. Katherine Landsberg, DANB

*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 Ginny Jorgensen at 5:00 p.m. via Zoom.

Chair Jorgensen 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 February 14, 2025 Minutes
Dr. Clark moved and Ms. Hiatt seconded that the Committee approve the minutes from the February 14, 2025 DAWSAC Committee Meeting as presented. The motion passed with TC, GJ, AF, LR, KH, LM, AC, JA, AK, AN and CM voting Aye.

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

There was approximately 20 minutes of general discussion amongst the members on dental assistant's work, and pros and cons of expanding duties of assistants. No action or motions were made. A recording of the meeting is available.

DANB Workgroup Draft Model

Chair Jorgensen introduced the DANB sponsored draft model. Ms. Katherine Landsberg presented an overview of the model, explaining that the stakeholder comment period has begun. The link to the draft model survey and other DANB information will be sent to the OBD, and the director and staff can make it available to anyone interested.

Open Comment

Dr. Manu Chaudhry, a member of the Oregon Healthcare Workforce Committee, clarified that he believes Oregon's dental workforce has reached a crisis level. Dr. Chaudhry added that he believes the dental assisting shortage is more about price and culture rather than the professional certification process. He stated his support for a formal compensation model.

Chair Jorgensen announced that 24 Expanded Function Dental Assistants had received their local anesthetic certificate.

ADJOURNMENT

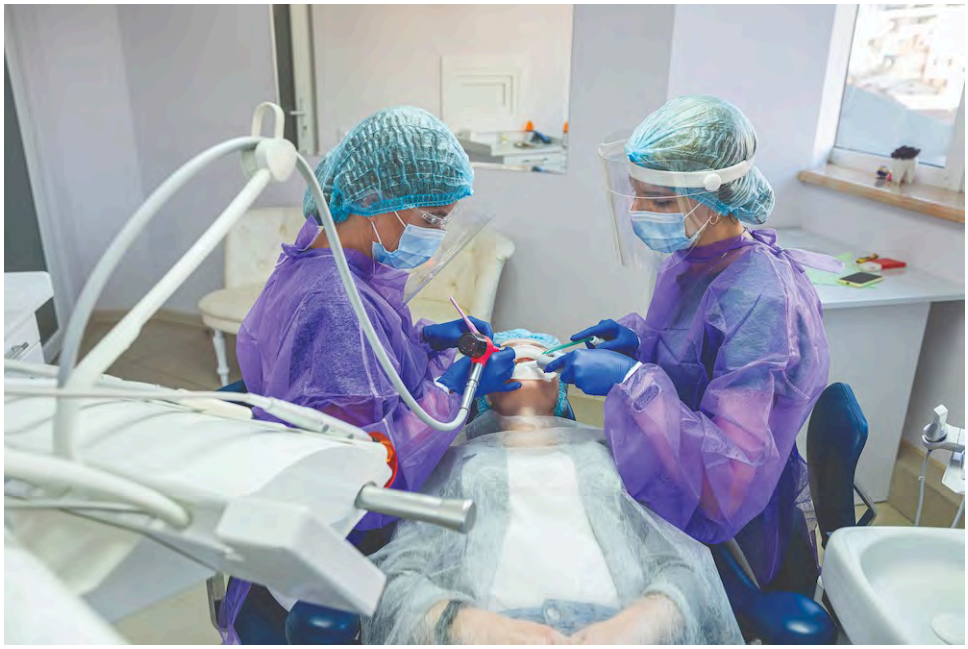
The meeting was adjourned at 6:04 p.m. Chair Jorgensen stated that the next DAWSAC meeting will be scheduled at a later date and will be in approximately four months.

Law removes registration requirement for Iowa dental assistants

Change aims to give dental offices more flexibility in light of workforce issues

by **Mary Beth Versaci**

May 20, 2025



Dental assistants in Iowa will no longer need to register with the state dental board, thanks to a new law that removes the registration requirement for assistants to make it easier for dental offices to hire and train them.

“The IDA is excited about the passage of HF 805,” said Christopher Bogue, D.D.S., immediate past president of the Iowa Dental Association and member of the American Dental Association’s Council on Dental Practice. “We have been dealing with workforce issues in Iowa, and it has been challenging for dental offices to hire dental assistants. HF 805 will provide dental offices in Iowa with greater flexibility to hire, train and retain the dental assistant staff they need.”

The Iowa Dental Association worked with two dentists in the Iowa Legislature — Rep. Steven Bradley, D.D.S., and Rep. Tom Jeneary, D.D.S. — to develop the bill, which was signed into law May 1. The registration change will take effect once new rules are developed by the Iowa Dental Board.

“All of Iowa’s neighboring states allow for some form of unregistered dental assistants to practice, leaving Iowa in a unique position of requiring additional burdens,” said Josh Carpenter, J.D., government affairs director for the Iowa Dental Association.

The law will allow unregistered dental assistants to work in a dental office with potentially the same scope of practice as registered dental assistants, depending on their training. Unregistered dental assistants may be able to perform expanded functions and participate in radiography, but the state dental board can require additional education and training for them, Mr. Carpenter said.

“Dentists will need to train unregistered dental assistants to ensure competency,” he said.

5/21/2025 Summary of Registered Dental Assistants in Idaho, Washington, California, Utah, and Nevada

Idaho Registered Dental Assistants: No

A dental assistant in Idaho may perform dental services for which they are trained and which are not prohibited under the direct supervision of a licensed dentist.

There are no specific education or training requirements.

To administer nitrous oxide/oxygen to patients, a dental assistant must be trained in accordance with Idaho Board of Dentistry rules.

There are no radiography requirements for dental assistants in the state of Idaho.

All dental assistants may legally operate dental X-ray equipment and perform dental radiographic procedures.

Washington State Registered Dental Assistants: Yes

Every dental assistant in the state of Washington must be registered. To be eligible for registration as a dental assistant, one must:

1. Provide a completed application on forms provided by the Washington State Dental Quality Assurance Commission (DQAC), AND
2. Pay applicable fees (currently $40), AND
3. Provide any other information determined by the Washington State Dental Quality Assurance Commission.

The dental assistant registration must be renewed annually on or before the dental assistant's birthday. Annual renewal fee is currently $25.

A registered dental assistant must hold a current and valid health care provider basic life support (BLS) certification.

A registered dental assistant in the state of Washington may earn an endorsement in sealant/fluoride varnish solely for the purpose of treating children in school-based and school-linked programs.

Registered dental assistants monitoring patients receiving deep sedation or general anesthesia must receive a minimum of 14 hours of documented training in a course specifically designed to include instruction and practical experience in the use of equipment.

California Registered Dental Assistants: Yes

Registered dental assistants must satisfactorily complete twenty-five (25) Continuing Education (CE) units. Application fee is currently $120. With passage of Senate Bill 1453 in 2024 by the California State Legislature, current requirements for registering as a dental assistant (RDA) are effective until July 1, 2025. Beginning July 1, 2025, new amended requirements and alternative pathways for RDA eligibility will go into effect.

Renewal Fees

The table below includes the fees for RDA, Registered Dental Assistant in Extended Functions (RDAEF), Dental Sedation Assistant (DSA), and Orthodontic Assistant (OA) permit renewal, as well as information on delinquency (late) fees.

License/Permit	Fee	Late Fee (Delinquent Fee)	Date of Delinquency
Registered Dental Assistant (RDA)	$100.00	$50.00	30 days after expiration
Registered Dental Assistant in Extended Functions (RDAEF)	$100.00	$50.00	30 days after expiration
Dental Sedation Assistant (DSA)	$100.00	$50.00	30 days after expiration
Orthodontic Assistant Permit (OA)	$100.00	$50.00	30 days after expiration

Three New Pathways Established to Qualify for RDA licensure

- Certified Dental Assistant Pathway
- The Alternative Dental Assisting Program Pathway
- The Preceptorship in Dental Assisting Pathway

Pit and Fissure Sealants Certificate Required with Application

- As of July 1, 2025, all applicants will be required to submit a copy of their completion certificate for a Board-approved pit and fissure sealants course with the Registered Dental Assisting Examination and Licensure Application.

For those applying for RDA licensure, Orthodontic Assistant (OA) permits, and Dental Sedation Assistant (DSA) permits, there are new expiration dates assigned to course completion certificates. They are as follows:

- The Dental Practice Act and Infection Control course certificates must indicate the course was completed within 2 years of the application date.
- Coronal Polishing, pit and fissure sealants, and ultrasonic scaling certificates must indicate the course was completed within 5 years of the application date.
- Radiation Safety certificates must indicate the course was completed within 10 years of the application date.

Utah Registered Dental Assistants: No

A dental assistant in the state of Utah may perform basic supportive dental procedures under the supervision of a licensed dentist.

All dental assistants must have current CPR or Basic Cardiac Life Support (BCLS) certification.

In the state of Utah, a dental assistant must:

1. Complete a dental assisting course from a CODA-accredited program, OR

2. Pass the national DANB Radiation Health and Safety (RHS) exam, OR

3. Complete a radiology course and exam approved by the Utah Dentist and Dental Hygienist Licensing Board that covers the topics found in Board rules.

Nevada Registered Dental Assistants: No

The Nevada State Board of Dental Examiners does not license dental assistants in radiation health, safety, and administration. Rather, each licensed dentist must, with his or her application for license renewal, include a certified statement containing the name and position of each dental assistant who assists in radiographic procedures, the date each dental assistant began to assist in radiographic procedures, and a statement attesting that each such dental assistant is qualified to operate radiographic equipment and has received all of the following:

1. Adequate instruction in radiographic procedures, *AND*

2. Training in CPR at least every two years while employed, *AND*

3. A minimum of four hours of continuing education in infection control every two years while employed, *AND*

4. Before commencing performance of radiographic procedures, a copy of the Nevada statutes and regulations governing dentistry.

Per legislation signed in 2023 (SB 310), Nevada will begin requiring successful completion of DANB's CDA certification for the newly recognized expanded function dental assistant level. Although the effective date of the bill is 1/1/2024 and the Nevada State Board of Dental Examiners has drafted rules to implement this new law, the new rules are not yet finalized and effective.

Practice

What's the Difference Between a Certified Dental Assistant and a Registered Dental Assistant?

If you're thinking about becoming a dental assistant, you might be confused by the education and training requirements—and that's okay, because it can be confusing! Every state has different regulations regarding what you're allowed to do as an assistant, how long you have to go to school before becoming certified, and even whether you need to be certified at all. On top of that, dental assistant titles vary from state to state, with a hodgepodge of acronyms including things like RDA, CDA, EFRDA, CPFDA, and CDPMA—which can all have different certifying requirements and allowed duties depending on where you live.

The two most common titles you'll see are Registered Dental Assistant (RDA) and Certified Dental Assistant (CDA). While many states allow dental assistants to work with little to no training under the direct supervision of a licensed dentist, dental assistants who have earned the title of RDA or CDA have more freedom to work independently. They have proven advanced knowledge in the field, and are paid better for their skills than unlicensed assistants.

Certified Dental Assistants and Registered Dental Assistants are often similar in their training requirements and allowed duties. The difference is that Certified Dental Assistants are qualified through the Dental Assisting National Board and their certifications are valid in many states. Registered Dental Assistants are qualified by their respective individual states, many of which require CDAs to obtain additional training before they can become RDAs.

Beyond the RDA and CDA

Additional certifications and training are available beyond RDA and CDA. Many states offer extended function certifications in areas such as coronal polishing. Radiography is sometimes part of standard

training and sometimes requires extra certification. Other options include certifications in anesthesia, oral surgery, or orthodontics.

Get ready for alphabet soup

The table below gives a brief overview of the titles available and the training required for dental assistants in each of the fifty states of the U.S. These listings are not authoritative; they're just a general introduction. You can click the link at each state to get more detail from the appropriate dental board. Also, there are a couple things you'll see over and over in the list that we should define up front:

DANB — Dental Assisting National Board. The DANB offers a number of national certifications, including the CDA. Some states require that you pass DANB's CDA exam, while other states have their own exams that you must pass instead to become an RDA.

CODA — Commission on Dental Accreditation. CODA offers accreditation for many dental assisting schools, and many states require assistants to be graduates of one of these schools. If your state requires graduation from a CODA-accredited school, you can start your search for one here.

What are the requirements for being a dental assistant in my state?

State	Recognized Levels of Dental Assistant	
Alabama	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist
Alaska	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist
	Dental Assistant Qualified in Restorative Functions	Certification in restorative functions required
	Dental Assistant Qualified in Coronal Polishing Procedures	Certification in coronal polishing required
Arizona	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist
	Dental Assistant Qualified in Coronal Polishing Procedures	Must hold Arizona Coronal Polishing Certificate

	Expanded Functions Dental Assistant	Allowed to perform specified restorative functions. Must hold an Arizona Expanded Function Restorative certification
Arkansas	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist
	Registered Dental Assistant	There are a variety of paths to becoming an RDA in Arkansas. One option is getting your CDA and then passing the Arkansas exam. As an RDA you'll be allowed to perform coronal polishing, operate radiographic equipment, and other duties not authorized for general Dental Assistants.
California	Unlicensed Dental Assistant	After minimal training, is allowed to perform basic supportive procedures under the direct supervision of a dentist
	Registered Dental Assistant	Extensive education and/or work experience plus approved training in radiation safety, coronal polishing, infection control, and basic life support is required, along with passing the state RDA exam.
	Registered Dental Assistant with Extended Functions	With extended functions certification, an RDA's duties can expand to include preliminary oral health evaluations, taking impressions, and more.
	Registered Dental Assistant in Extended Functions with additional training	With additional training and certification, an RDA will be allowed to make determinations regarding which radiographs to perform for new patients. They will also be allowed to place protective interim restorations.
	Dental Sedation Assistant	A dental sedation assistant is allowed to monitor patients undergoing general anesthesia or conscious sedation, with additional duties including administration of drugs through intravenous lines.

		Twelve months of dental assisting experience is required, plus additional training and examination.
	Orthodontic Assistant	Training and certification as an orthodontic assistant allows duties specific to working in an orthodontist's office.
Colorado	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist
Connecticut	Dental Assistant	Assistants must successfully the DANB infection control exam or an infection control assessment administered by a CODA-accredited dental education program in Connecticut.
	Expanded Function Dental Assistant	Must be a CDA (or Certified Orthodontic Assistant) and complete complete additional education and exam requirements.
Delaware	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist
District of Columbia	Level 1 Dental Assistant	Assistants must have a high school diploma and must complete a satisfactory course in dental radiography.
	Level 2 Dental Assistant	Must be a CDA or have completed another approved dental assisting education program. A course in dental radiography is also required.
Florida	On-the-Job Trained Dental Assistant	Performs basic supportive dental procedures under the supervision of a licensed dentist.
	Dental Assistant formally trained in expanded functions	Must complete a CODA-accredited dental assisting program or a program approved by the Florida Board.

	Dental Assistant formally trained in restorative functions	To perform intraoral restorative functions under supervision of a licensed dentist, an assistant must have graduated from an approved dental assisting program, document 2,400 hours of clinical work experience, and complete an accredited restorative functions training course approved by the Florida Board of Dentistry.
Georgia	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Expanded Duty Dental Assistant	A high school diploma, current CPR certification, and completion of a Georgia Board-approved course in expanded assisting duties (DANB's CDA will work) are required.
Hawaii	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
Idaho	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
Illinois	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Dental Assistant Qualified in Expanded Functions	To perform coronal scaling, coronal polishing, or to place and finish amalgam, composite, or interim restorations, must meet state requirements and work under the direct supervision of a dentist.
	Expanded Function Dental Assistant	Must complete approved training courses in expanded functions.
Indiana	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.

	Dental Assistant Qualified in Coronal Polishing / Dental Assistant Qualified in Medicaments for the Control of Dental Caries / Dental Assistant Qualified in Administering Nitrous Oxide	Must complete certifications and (for medicaments and nitrous) have minimum one year experience.
Iowa	Dental Assistant Trainee	Must be a high school graduate and must apply for a certificate of trainee status.
	Registered Dental Assistant	Must have six months experience as an assistant or be a graduate of an approved assisting program, and must complete additional courses in infection control and hazardous materials.
	Basic Expanded Function Provider	Must be a graduate of a CODA-accredited program, hold a current DANB certification, or have a minimum of one year experience as a registered dental assistant.
	Certified Level 1 Provider	A registered dental assistant must complete a board-approved training program in all Level 1 expanded functions (gingival retraction, applying cavity liners and desensitizing agents, taking final impressions, placement of temporary filling materials, etc.).
	Certified Level 2 Provider	Must complete one year as a Level 1 provider and complete an approved training program in all Level 2 functions (placement and shaping of amalgam and adhesive restorative materials, placement of intracoranal temporary fillings, fitting of stainless steel crowns, etc.).
Kansas	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.

	Dental Assistant with Expanded Duties Training	For coronal polishing, the assistant must undergo appropriate training by a licensed dentist. For coronal scaling, the assistant must complete an approved course of instruction. For administration and monitoring of nitrous oxide, the assistant must be certified in CPR and must complete an approved course of instruction at a CODA-accredited teaching program.
Kentucky	Dental Auxiliary	No specific requirements to work under direct supervision of a licensed dentist.
	Registered Dental Assistant	The assistant must be certified in CPR and the supervising dentist must attest to the assistant's competency in delegated procedures.
	Registered Dental Assistant Qualified in Coronal Polishing / Registered Dental Assistant Qualified in IV Placement	The assistant must complete board approved courses from qualified institutions.
Louisiana	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Expanded Duty Dental Assistant	Must complete an expanded duty program approved the the state board or an equivalent CODA-accredited program, and complete an approved radiography course.
Maine	Unlicensed Person	No specific requirements to work under direct supervision of a licensed dentist.
	Expanded Function Dental Assistant	Must hold current DANB CDA certification or an active dental hygiene license and complete expanded function dental assisting program approved by the state.

Maryland	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist. Additional training and experience requirements must be met to work under general supervision for a sealant program.
	Dental Assistant Qualified in General Duties	Must complete an approved 35-hour course relating to Maryland dental assisting duties as well as hold a DANB CDA or pass the Maryland General Dental Assisting Expanded Functions exam.
	Dental Assistant Qualified in Orthodontics	Must complete an approved 35-hour course relating to Maryland orthodontic dental assisting duties as well as hold a DANB COA or pass the Maryland General Orthodontic Assisting Expanded Functions exam.
Massachusetts	Dental Assistant Trained on the Job	Must be 18 years old or older, pass a course on CDC guidelines, and be CPR certified.
	Certified Assistant (CA) or Formally Trained Assistant (FTDA)	For CA, must be DANB certified as CDA, COA, CPFDA, or CRFDA or hold certification from another approved certifying body. For FTDA, must have completed an approved CODA program.
	Expanded Function Dental Assistant	Must hold DANB certification and complete a formal CODA program in Massachusetts expanded functions.
Michigan	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Registered Dental Assistant	Must be certified by an accredited CODA dental assisting program that meets Michigan Board of Dentistry requirements and pass Michigan Board comprehensive and clinical exam.

Minnesota	Dental Assistant	Must be CPR certified and comply with current infection control guidelines to work under direct supervision of a licensed dentist.
	Licensed Dental Assistant (LDA)	Must be certified by an approved DANB CDA program and pass Minnesota licensing exam.
	Licensed Dental Assistant with Collaborative Practice Authorization	A LDA may enter into a collaborative agreement with a licensed dentist to perform specified dental assisting services without direct dental oversight in a health care facility, program, or nonprofit organization.
Mississippi	Dental Assistant	Must be CPR certified within 180 days of employment to work under direct supervision of a licensed dentist.
Missouri	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Expanded Functions Dental Assistant	Must be certified by approved DANB or CODA program with Missouri Dental Board approved expanded function training.
Montana	Dental Auxiliary	Must graduate from a CODA dental assisting program or receive instruction and training by a license dentist or board-approved continuing education course.
	DANB Certified Dental Assistant (CDA)	Must hold DANB CDA certification.
Nebraska	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist. Must be CPR certified to monitor nitrous oxide or assist in administration of anesthesia or sedation.

	Dental Assistant Qualified in Coronal Polishing	Must graduate from CODA-accredited course that includes coronal polishing, or complete 1,500 hours of work experience as a dental assistant and pass an approved course in polishing procedures.
	Licensed Dental Assistant (LDA)	Must graduate from a CODA-accredited course or have equivalent work experience and pass Nebraska Board of Dentistry exams.
	Expanded Function Dental Assistant (EFDA)	Must complete 1,500 hours work experience as an LDA and complete approved expanded functions coursework.
Nevada	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist. The dentist must attest that the assistant has had adequate training in infection control.
New Hampshire	Traditional Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	DANB Certified Dental Assistant (CDA) and Graduate Dental Assistant (GDA)	Must be a Graduate Dental Assistant or DANB CDA.
	Dental Assistant Qualified to Perform Expanded Duties	Must be a Graduate Dental Assistant or DANB CDA or pass an introductory course and qualify in infection control; and must meet specific course, certification, or experience requirements for each expanded function.
	Expanded Function Dental Auxiliary (EFDA)	Must be a registered dental hygienist, hold a DANB CDA, or be a graduate of a CODA-accredited program; and must have a minimum 4,500 hours of clinical experience; and must complete an approved EFDA course in dental restorations; and must be certified in basic life support.

New Jersey	Unregistered Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Registered Dental Assistant (RDA)	Must pass DANB CDA or COA exam and graduate from an approved CODA-accredited assisting program or have two years work experience as a dental assistant and pass an approved program in expanded functions.
	Orthodontic Assistant (RDA)	Must pass an approved dental assisting program or have at least two years experience as a dental assistant; and must pass DANB's COA exam, topical fluoride exam, and coronal polish exam.
New Mexico	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Dental Assistant with State Certification in Expanded Functions	State certification including education and/or work experience is required for coronal polishing and pit and fissure sealants.
	Expanded Function Dental Auxiliary	Approved EFDA coursework is required, and must pass EFDA clinical exam. Must be certified in radiography, coronal polishing, and pit and fissure sealant expanded functions.
	Community Dental Health Coordinator	Must have expanded functions certifications and complete an approved CDHC program.
New York	Dental Assistant with a Limited Permit	Must complete an approved dental assisting program or alternative course of study. Limited permit allows for supervised work experience before taking and passing required exams.
	Registered Dental Assistant	Must complete approved course of study plus 200 hours of clinical experience, or alternative course of study that includes at least 1,000 hours of work experience. Must pass DANB's CDA exam or New

		York's Professional Dental Assisting exam; and must pass DANB's Radiation, Health, and Safety (RHS) and Infection Control (ICE) exams
North Carolina	Dental Assistant I (DA I)	No specific requirements to work under direct supervision of a licensed dentist. To monitor patients under nitrous oxide, must complete an approved seven-hour course.
	Dental Assistant II in Training (DA II in Training)	Training consists of 3,000 hours of chairside assisting under supervision of a licensed North Carolina dentist.
	Dental Assistant II (DA II)	Must complete an approved CODA-accredited assisting program or hold DANB CDA; or must complete 3,000 hours of full-time assisting employment and additional coursework in CPR, infection control, and office emergencies. Additional coursework required for coronal polishing or monitoring nitrous oxide.
North Dakota	Dental Assistant	Must have CPR certificate to work under direct supervision of a licensed dentist.
	Qualified Dental Assistant (QDA)	Must pass DANB's Radiation, Health, and Safety exam and Infection Control exam; must complete 650 hours of instruction including on-the-job training; and must pass examination on North Dakota laws and rules regarding dentistry.
	Registered Dental Assistant (RDA)	Must pass DANB's CDA exam or an approved CODA-accredited program.
	Registered Dental Assistant Qualified to Apply Pit and Fissure Sealants	Must be an RDA and successfully complete an approved course in sealants.

	Registered Dental Assistant with Restorative Functions Permit	Must be an RDA and successfully complete restorative functions coursework and training.
	Anesthesia Assisting	Must be an RDA and successfully complete additional training in anesthesia assisting.
Ohio	Basic Qualified Personel (BQP)	Trained directly by employer/dentist. Must show evidence of immunity/immunization against Hepatitis B. Additional training and work experience required to monitor nitrous oxide.
	Certified Assistant	Requires DANB CDA or certification by Ohio Commission on Dental Assistant Certification. Additional requirements for coronal polishing or pet and fissure sealants.
	Expanded Function Dental Auxiliary	Must be a certified assistant or dental hygienist and complete an approved EFDA training course and pass the EFDA exam. BLS certification also required.
Oklahoma	Dental Assistant	Must be adequately trained by the supervising dentist and must pass a background check.
	Dental Assistant with Expanded Function Permit	Must complete training in expanded functions at CODA-accredited program.
	Oral Maxillofacial Surgery Assistant	Must complete six months of training followed by completion of the Dental Anesthesia Assistant National Certification Exam.
Oregon	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Expanded Function Dental Assistant (EFDA)	Must complete a CODA-accredited assisting program or pass the DANB CDA exam and hold an Oregon certificate of radiologic proficiency.

	Expanded Function Dental Assistant (EFDA) with Restorative Functions	An Expanded Function Dental Assistant must complete additional coursework and training for certification in restorative functions.
	Expanded Function Orthodontic Dental Assistant (EFODA)	For expanded orthodontic functions, an EFDA must have additional training and pass the Oregon Expanded Functions/Orthodontic Assisting exam.
	Expanded Function Preventive Dental Assistant (EFPDA)	Coursework and proficiency in radiology, infection control, and coronal polishing are required.
	Anesthesia Monitor	Must be certified in BLS/CPR and receive training in monitoring patients under sedation and assisting with procedure, problems, and emergencies.
	Anesthesia Assistant with IV Therapy Certificate	Must complete an approved course in intravenous access or phlebotomy.
Pennsylvania	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Expanded Function Dental Assistant	Must graduate from an expanded function dental assisting program, a CODA-accredited hygiene school, or complete an approved state certification program.
Rhode Island	Dental Assistant	Must hold a Basic Life Support certificate and complete on hour per year of infection control training.
	DANB Certified Assistant	Must hold a DANB CDA, COA, CPFDA, CRFDA, COMSA, or CDPMA.
	DAANCE Certified Maxilofacial Surgery Assistant	Must complete an approved program fo Dental Anesthesia Assistants National Certification Exam

		(DAANCE) and complete an approved cardiac life support course.
South Carolina	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist. Must be CPR certified to work in settings where sedation is administered.
	Expanded Duty Dental Assistant (EDDA)	Must graduate from a CODA-accredited assisting program or complete two years of continuous full-time employment as a chairside dental assistant.
South Dakota	Unlicensed Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Registered Dental Assistant (RDA)	Must hold DANB CDA or graduate from an approved dental assisting program. Must be CPR certified.
	Analgesia, Sedation, and Anesthesia Assisting	Must have Basic Life Support certification and complete an approved course in anesthesia assisting.
Tennessee	Practical Dental Assistant	Must be currently receiving practical chairside dental assisting training.
	Registered Dental Assistant (RDA)	Must successfully complete BLS and CPR or equivalent courses and complete the Tennessee Board of Dentistry Ethics and Jurisprudence exam.
	Registered Dental Assistant Qualified to Perform Expanded Functions	Must complete coursework for coronal polishing, sealants, nitrous oxide, and/or restorative/prosthetic functions.
Texas	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.

	Dental Assistant Qualified to Perform Expanded Functions	For coronal polishing or pit and fissure sealants, two years work experience is required plus additional coursework.
	Registered Dental Assistant (RDA)	A DANB CDA or completion of course of study approved by the Texas State Board of Dental Examiners is required.
Utah	Dental Assistant	Dental assistants must have current CPR or BSL certification.
Vermont	Traditional Dental Assistant	Must complete emergency office procedures training within six months of hiring.
	DANB Certified Dental Assistant (CDA) with State Certification	Must hold DANB CDA and be employed by a licensed Vermont dentist.
	Expanded Function Dental Assistant (RDA)	A CDA or licensed dental hygienist must complete training in CODA-accredited program for any expanded function.
Virginia	Dental Assistant I (DA I)	No specific requirements to work under direct supervision of a licensed dentist. For administration or monitoring of anesthesia or sedation, must be certified in basic cardiac life support or be certified as an anesthesia assistant.
	Dental Assistant II (DA II)	Must hold DANB CDA and complete board-approved expanded functions requirements from a CODA-accredited program.
Washington	Registered Dental Assistant (RDA)	Must hold BLS certification and complete seven hours of AIDS education and training.
	Expanded Function Dental Auxiliary (EFDA)	Must have DANB CDA or be a graduate of CODA-accredited program. Must also complete an

		approved EFDA course and pass restorative and clinical exams.
	Dental Anesthesia Assistant	Must complete the Dental Anesthesia Assistant National Certification Exam, California's Orala and Maxillofacial Surgery Assistant's Course, or approved equivalent training.
West Virginia	Dental Assistant	No specific requirements to work under direct supervision of a licensed dentist.
	Dental Assistant Qualified in Expanded Duties	Training and certification is required for nitrous oxide monitoring, coronal polishing, and other expanded duties.
	Qualified Monitor	To work as a Qualified Monitor, training is required in recognition and treatment of medical emergencies, monitoring of vital signs, and operation of related equipment. BLS/CPR certificate is required.
Wisconsin	Unlicensed Person	Any dentist who delegate any remediable dental procedure or function to an unlicensed person must first provide training to or verify the competence of the person.
Wyoming	Dental Assistant	Dental assistants maybe trained by their employer or an approved program.
	Dental Assistant Qualified in Placement of Pit and Fissure Sealants	Must complete an approved pit and fissure sealants course or a CODA-accredited dental hygiene or dental assisting program.

Oregon Board of Dentistry Committee and Liaison Assignments
May 2025 - April 2026
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
Michelle Aldrich, D.M.D.
Sharity Ludwig, R.D.H.
Kieshawn Lewis
Julie Spaniel, D.D.S., ODA Rep.
Heidi Klobes, R.D.H., ODHA Rep.
Jill Lomax, ODAA Rep.
Kristen Moses, R.D.H., DT, DT Rep.

Rules Oversight
Purpose: To review and refine OBD rules.
Committee:
Aarati Kalluri, D.D.S., Chair
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H.
Ginny Jorgensen
Phillip Marucha, D.M.D., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Raelene Cabrera, R.D.H., DT, DT Rep

Dental Therapy Rules Oversight
Purpose: To draft, refine and update dental therapy rules.
Committee:
Kristen Simmons, R.D.H. Chair
Terrence Clark, D.M.D.
Ginny Jorgensen
Sarah Kowalski, R.D.H., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.

Amy Coplen, R.D.H., DT, ODHA Rep.
Alexandria Case, ODAA Rep.
Wilbur Ramirez-Rodriguez, R.D.H., DT, DT Rep.
Kari Kuntzelman, DT, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications
Purpose: To enhance communications to all constituencies.
Committee:
Michelle Aldrich, D.M.D., Chair
Sharity Ludwig, R.D.H.
Olesya Salathe, D.M.D.
Kieshawn Lewis
Alayna Schoblaske, D.M.D., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Christina Becker, ODAA Rep.
Jason Mecum, DT, DT Rep.

Dental Hygiene
Purpose: To review issues related to Dental Hygiene.
Committee:
Sharity Ludwig, R.D.H, Chair
Kristen Simmons, R.D.H.
Michelle Aldrich, D.M.D.
David J. Dowsett, D.M.D., ODA Rep.
Daniel Martinenez Tovar, R.D.H., ODHA Rep.
Lynn Murray, ODAA Rep.
Mark Kobylinsky, R.D.H., DT, DT Rep.

Enforcement and Discipline
Purpose: To improve the discipline process.
Committee:
Terrence Clark, D.M.D., Chair
Kristen Simmons, R.D.H.
Kieshawn Lewis
Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Yadira Martinez, R.D.H., DT, 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.D.S
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

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
June 13, 2025

Staff Updates

The OBD conducted an internal recruitment for the open Investigator position. The OBD is pleased to announce that Dr. Bernie Carter applied and accepted the position. Dr Carter was back to full-time employment effective June 1, 2025.

Gabriel Kubik celebrated his 1-year OBD Work Anniversary on May 1.
Dr. Angela Smorra celebrated her 4-year OBD Work Anniversary on May 1.
Haley Robinson will celebrate her 9-year OBD Work Anniversary on June 20.

OBD Budget Status Report & FY Close info

Attached is the budget report for the 2023 - 2025 Biennium. This report, which is from July 1, 2023, through April 30, 2025, shows revenue of $3,827,176.41 and expenditures of $3,277,405.05. Fiscal Year close information is also provided. **Attachment #1**

Gold Star Certificate for FY 2024

The OBD once again has achieved the Gold Star Certificate for providing accurate and complete fiscal year information in a timely manner. The OBD utilized OMB staff and DAS staff throughout the past year to achieve this, along with outstanding support and contributions from Haley Robinson and Kathleen McNeal. I am also happy to share that the OBD has achieved this every year throughout my 10+ years as Executive Director. **Attachment #2**

OBD 2025 – 2027 Budget Bill Update

Attached are various budget documents regarding the OBD's budget bill (SB 5512). **Attachment #3**

2025 Legislative Session

A report showing bills being tracked for the OBD. **Attachment #4**

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2024, through May 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 #5**

OBD Bylaws

The OBD Bylaws were originally adopted in 2018 and are included for annual review by the Board. **Attachment #6**

Staff Speaking Engagements

I gave a "Board Updates" presentation to the OHSU - School of Dentistry 3rd year students on Tuesday, April 14, 2025.

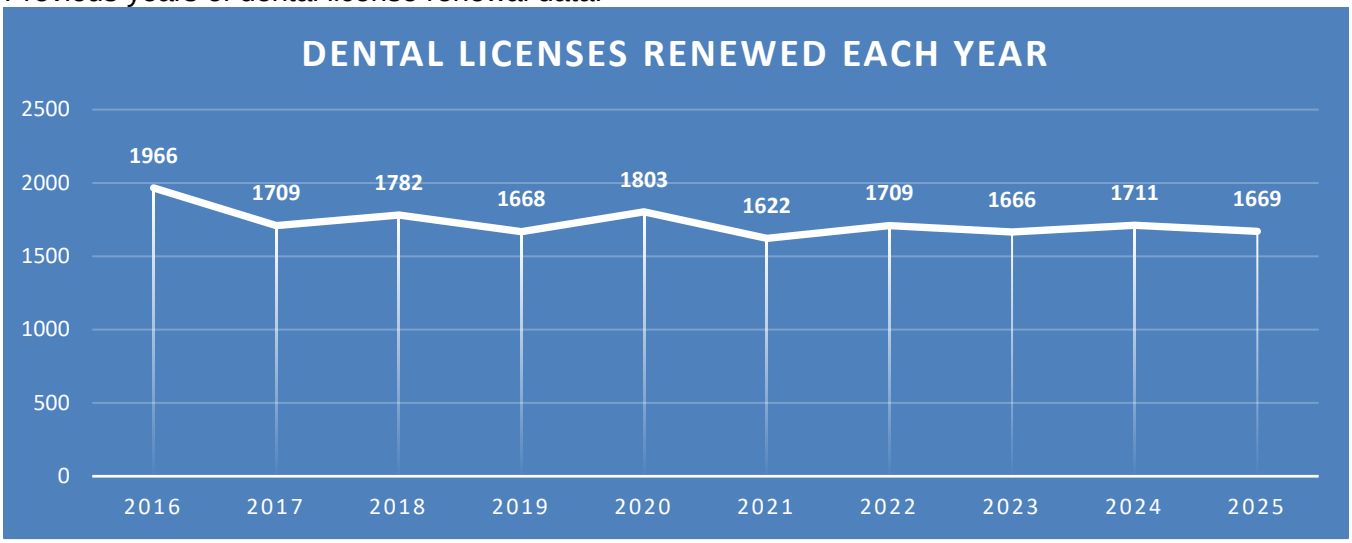
Dr. Angela Smorra and Dr. Bernie Carter gave a "Board Updates – Rules and Enforcement" presentation to the same 3rd year students on Tuesday, April 21, 2025.

Kathleen McNeal gave four License Application virtual presentations to graduating Dental Hygiene Students in May:
Monday, 5/12 Lane Community College
Monday, 5/12 Mt. Hood Community College

Tuesday, 5/13 Portland Community College
Friday, 5/30 Pacific University

2025 Dental License Renewal
The 2025 Dental License renewal period ended on March 31, 2025.
2025 Dental license renewal: 1669 renewed, 153 expired, 19 retired and 1 deceased.

Previous years of dental license renewal data:



American Association of Dental Administrators Meetings
I attended and participated in the AADA Mid-Year Meeting on April 29, 2025. The Annual Meeting is scheduled for Oct 15 -16, 2025, in Grapevine, Texas. I ask that the Board approve my travel & attendance for the meeting. **Attachment #7 ACTION REQUESTED**

Board Meeting Preparation
I suggest we eliminate producing a Case Book (all investigative reports) before each board meeting. The Case Book is not reviewed by all board members, and the feedback is typically minor edits and clarification of data. OBD Investigators consult with our attorney and are well versed on investigations and report writing. The Case Book is extra work, and delays more cases being ready for the next board meeting. I appreciate feedback at this June board meeting. **ACTION REQUESTED**

Strategic Planning
The Board should consider thinking about the next strategic plan, to replace the current 2022-2025 plan. I attached some documents to help start the conversation and look forward to Board discussion and input on this topic. I also included a summary of work completed in support of the current plan. **Attachment #8**

Newsletter
The next OBD Newsletter will be published in August 2025.

Oregon Board of Dentistry

Date run: 5/18/2025

For the Month of **APRIL 2025** 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	80,538.00	3,458,051.00	3,495,149.00
0210	OTHER NONBUSINESS LICENSES AND FEES	2,360.00	19,510.00	14,900.00
0410	CHARGES FOR SERVICES	413.00	27,358.00	148,355.00
0505	FINES AND FORFEITS	3,666.67	204,157.67	240,000.00
0605	INTEREST AND INVESTMENTS	5,795.66	114,689.76	60,000.00
0975	OTHER REVENUE	24.00	3,409.98	14,001.00
Grand Total		**92,797.33**	**3,827,176.41**	**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	71,415.00	175,571.75	267,000.00
Grand Total		**71,415.00**	**175,571.75**	**267,000.00**

3400 BOARD OF DENTISTRY *PERSONAL SERVICES*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
3110	CLASS/UNCLASS SALARY & PER DIEM	59,428.94	1,274,195.24	1,548,096.00
3115	BOARD MEMBER STIPENDS	4,272.00	53,577.00	46,900.00
3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,585.00
3170	OVERTIME PAYMENTS	0.00	1,930.82	6,669.00
3180	SHIFT DIFFERENTIAL	0.00	1.00	0.00
3190	ALL OTHER DIFFERENTIAL	704.04	18,289.46	41,510.00
3210	ERB ASSESSMENT	13.14	295.65	404.00
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	11,250.50	234,738.08	288,767.00
3221	PENSION BOND CONTRIBUTION	2,886.42	61,472.71	72,030.00
3230	SOCIAL SECURITY TAX	4,884.60	102,171.37	130,994.00
3241	PAID FAMILY MEDICAL LEAVE INSURANCE	255.40	5,139.69	5,391.00
3250	WORKERS' COMPENSATION ASSESSMENT	9.89	223.86	351.00
3260	MASS TRANSIT	360.79	7,775.04	10,681.00
3270	FLEXIBLE BENEFITS	11,507.09	255,304.81	301,948.00
Grand Total		**95,572.81**	**2,015,114.73**	**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	329.70	10,923.41	55,194.00
4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,220.00
4150	EMPLOYEE TRAINING	2,235.36	17,972.94	58,929.00
4175	OFFICE EXPENSES	947.33	19,812.99	99,149.00
4200	TELECOMM/TECH SVC AND SUPPLIES	1,554.56	17,954.92	27,088.00
4225	STATE GOVERNMENT SERVICE CHARGES	1,885.96	95,420.48	94,114.00
4250	DATA PROCESSING	6,568.37	120,770.48	163,405.00
4275	PUBLICITY & PUBLICATIONS	0.00	1,799.90	16,145.00
4300	PROFESSIONAL SERVICES	14,682.91	368,441.74	458,367.00
4315	IT PROFESSIONAL SERVICES	679.00	2,790.00	161,038.00
4325	ATTORNEY GENERAL LEGAL FEES	15,372.50	196,854.08	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	6,418.50	161,875.14	206,576.00
4475	FACILITIES MAINTENANCE	1,203.64	11,013.92	634.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	1,890.00	36,774.35	142,660.00
4650	OTHER SERVICES AND SUPPLIES	13,115.86	169,962.94	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		**66,883.69**	**1,262,290.32**	**1,968,770.00**

				Current Month	Bien_To_Date	Rpt Mm Bal Ytd Avg
3400	**BOARD OF DENTISTRY**	Revenue	***REVENUE***	92,797.33	3,827,176.41	586,146.25
		Revenue Total		**92,797.33**	**3,827,176.41**	**586,146.25**
		Expenditures	***PERSONAL SERVICES***	95,572.81	2,015,114.73	340,425.73
			SERVICES AND SUPPLIES	66,883.69	1,262,290.32	250,773.58
			TRANSFER OUT	71,415.00	175,571.75	35,295.00
		Expenditures Total		**233,871.50**	**3,452,976.80**	**626,494.31**

Client Agency – Fiscal Year 25 Year End & 23-25 Biennium Closing

Important dates and timelines

DAS DEPARTMENT OF ADMINISTRATIVE SERVICES
SHARED FINANCIAL SERVICES

Important dates and deadlines – Year End Closing

Goods and services need to be received by June 30th to record in fiscal year 2025, AY25

June 20

- Submit Board member stipends information to payroll

June 27

- Submit capital assets inventory list.

June 30

- Deposit all checks received to date.

July 1

- Complete SPOTS access online transactions. Send all back ups to SFS before this due date

July 7

- Submit copies of deposits, credit card sales reports, and any backup documentation for deposits made during the last week of June.

July 7

- Submit all requests for payment.
- Submit requests for invoices.
- Submit susceptible property and consumable inventories.
- Submit claims for travel that occurred on or before June 30th.

July 18

- June SFMA close.

July 25

- Submit accrual information.
- Submit all outstanding Accounts Receivable documentation

SPOTS

Primary contact: SFS.PaymentProcessing@das.oregon.gov

DAS.SPOTS@DAS.Oregon.gov

- **July 1**
  - All US Bank Access Online entries must be completed
  - Items not received by June 30th the expense will go to fiscal year 26 and Appropriation Year 2027 (new biennium 25-27).
  - All signed transaction logs and supporting documentation must be received at SFS
  - Update the Access online coding at lease once a week
  - If the goods or services were received on or before June 30th, 2025, please add FY25 at the beginning of US Bank Online description for June.
  - July SPOTS card use, for the goods or services received after June 30th start the description with FY26.

Travel Claims

Primary contact: SFS.PaymentProcessing@das.oregon.gov

- July 7th - Date to remember
- Claims for travel expenses incurred on or before June 30th, should be submitted on a separate form and are due by July 7th.
- Claims for travel on or after July 1st can be submitted at the same time but must be on a ***separate*** form.
- Don't combine two fiscal years in one form

Payments

primary contact: SFS.PaymentProcessing@das.oregon.gov

- **June 30 - Date to remember.** Fiscal year end

- All invoices for goods or services should be sent in for payment on a regular basis to keep the accounts current **(at a minimum of once a week).** Have invoices that arrive in July, which are for goods or services that arrived by June 30, be sent in as soon as they are received.

- All invoices received by July 30th will be charged to the appropriate fiscal year. Please get the authorized signature/approval for payment and send to Accounts Payable as soon as you receive the invoices for payments.

Outstanding Payments / Accruals

primary contact: your SFS accountant

- **June 30th - Date to remember**
- Determine if there are any goods or services that have been received by June 30th but for which you have not been invoiced. These will need to be accrued as payables, if you do not know the exact amount a reasonable estimate will be acceptable.
- Expenditures equal to or greater than $5,000 for fiscal year 2025 that have not been paid as of June fiscal month close need to be accrued.
- Send the payments requests for any accrued items as soon as you receive the invoice for payment.

Invoicing / Revenue

primary contact: das.billing@DAS.oregon.gov

- **July 7 - Date to remember**

- Invoices or requests for invoices are due by July 7th. If not posted, your accountant needs to be notified as to the amount of revenue to accrue. This is for goods or services you have delivered or performed by June 30th.

- If you have any contracts or interagency agreements that require an invoice, please communicate with your accountant prior to July 7th. Make sure to include AR team in your communications for invoice DAS.Billing@DAS.oregon.gov. Example, any job rotations, rental space allocations, service agreements etc.

Invoicing / Revenue

primary contacts: your SFS accountant & das.billing@DAS.oregon.gov

- **June 30 - Date to remember**

- Any other types of sales/receipts not recorded in SFMS by close of June need to also be accrued. If agencies are tracking any fines or penalties in their own sub-systems, please send a report as of June 30th balance to the accountants. Accountants will work with each agency to collect all the revenue accrual information.

Deposits

primary contact: das.billing@DAS.oregon.gov

- **July 7th - Date to remember**

- For those making their own deposits, we need to have copies of deposits, credit card reports, sales reports, along with any backup documentation for any deposits made between June 24-30. This is due by July 7th.

- Deposit slips, credit card sales and revenue reports should be processed weekly and daily for large volumes throughout the year. Please be sure to deposit checks and cash on a daily basis.

- Please send all the deposit related information with all the coding and invoice # to das.billing@DAS.oregon.gov .

Capital Asset Inventory

primary contact: SFS Accountant

- **June 27th - Date to remember**

- Capital Assets are any tangible or intangible property used in agency operations and have an initial estimated useful life of more than one year and an initial cost of $5,000 or more. Included in this are ancillary charges, which are costs necessary to put a capital asset into use, such as freight and handling, insurance in transit, and assembly or installations costs. These costs are capitalized as part of the asset, excluding training and maintenance.

- Physical inventories need to be taken annually. Agencies need to keep a list of all susceptible property for their tracking, such as tablets, laptops, mobile devices, hand tools and any non-capital assets assigned to employees, contractors board members and volunteers.

Capital Asset Inventory

primary contact: SFS Accountant

- Please make sure to send a copy of the Property Disposal Request (PDR) for any capital asset that you had sent to Surplus (disposed or traded in) to your SFS accountant. This helps us to keep our fixed asset inventory list up to date. It is very important to include the date of disposal in the inventory report, so we don't depreciate those assets after that date.

Leases and Contracts – Capital & Operating

primary contact: your SFS accountant

- SFS needs to be notified of any existing or pending leases and contracts. The contract is required to extract information for the GASB87 (Leases) and GASB96 (Subscription-Based IT Arrangements) reporting and financial statement disclosures (for example building or equipment leases, any software subscriptions).

- Anytime a lease or contract is entered into, the SFS accountant must be sent a copy of the lease or contract. This information is needed to determine if items may be an operating or capital expense for GASB 87 reporting. All software subscription agreements to determine if it qualifies for GASB96. We will notify you of the correct agency object to use when making these payments.

Supplies on Hand/ Consumable Inventory

primary contact: your SFS accountant

- **July 7 - Date to remember**

- If your agency has consumable inventories (such as office supplies on hand), you may choose to estimate the value of supplies on hand. If the amount is less than $5,000, we can adjust the balance to zero.

Board Member Stipends

primary contact: SFS Payroll

- June 20th – Date to remember
- Please make sure to send all Board member stipend information to SFS payroll by June 20th. So, it will be paid as part of June payroll with FY25.

Shared Financial Services (SFS) primary contacts

SFS Primary Contacts	Phone Number
Bill Lee	971-900-9750
Katy Moreland	971-900-9754
Lyubov Salov	971-900-9758
Lindsey McFadden	971-900-9757
Alicia Michelson	971-374-1957
Andrea Virgin	971-900-9742
Ben Plant	971-718-2512
Taylor Towers	971-900-9760
Irina Kay	971-900-7668
Maddie Kretzschmar	971-453-2114
Daisy Tran	971-900-9759
Hayley Sandburg (Accounts Receivable & Deposits)	971-900-7648
Jeff Fehl Accounts Payable & Receivable Manager	971-900-9753
Mini Fernandez DAS SFS CFO	971-719-1934

Please let us know how we can be of assistance

DAS DEPARTMENT OF ADMINISTRATIVE SERVICES
SHARED FINANCIAL SERVICES

Oregon
Tina Kotek, Governor

Department of Administrative Services
Chief Financial Office | Office of the State Controller
155 Cottage Street NE
Salem, OR 97301

April 8, 2025

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

Re: **GOLD STAR CERTIFICATE FOR FISCAL YEAR 2024**

It is a great pleasure to inform you that your agency has earned the Chief Financial Office's Gold Star Certificate for fiscal year 2024.

The Chief Financial Office's Gold Star Certificate is awarded to state agencies that provide accurate and complete fiscal year end information in a timely manner. Clearly, the Gold Star is a challenge to earn, and its achievement is due primarily to your agency's diligent efforts to maintain accurate and complete accounting records throughout the year.

Your agency's participation in the Gold Star Certificate program is important in meeting statewide fiscal performance goals and key to the timely preparation of Oregon's Annual Comprehensive Financial Report (ACFR) and the statewide Schedule of Expenditures of Federal Awards. Your agency's success in accounting and financial reporting is also critical to Oregon's success in receiving a favorable audit opinion on both statewide documents.

The Chief Financial Office's Gold Star Certificate is Oregon's equivalent to the nationally recognized GFOA Certificate of Achievement for Excellence in Financial Reporting. Through the collaborative team effort of state agencies and the Chief Financial Office, Oregon has earned the GFOA Certificate every year since 1992. Gold Star agencies are key to making this possible.

The Gold Star Certificate was delivered to your agency's lead ACFR accountant, **Katy Moreland**. Congratulations to your agency and your fiscal team for this outstanding work!

Sincerely,

Kate Nass, Chief Financial Officer

Valya Rizzo, Manager
Statewide Accounting and Reporting Services

Mission: Lead state agencies through collaboration in service of Oregonians.

Attachment #2

LEGISLATIVE FISCAL OFFICE
900 Court Street NE, Room H-178
Salem, Oregon 97301
(503) 986-1828

Amanda Beitel, Legislative Fiscal Officer
Paul Siebert, Deputy Legislative Fiscal Officer
John Terpening, Deputy Legislative Fiscal Officer

JOINT COMMITTEE ON
WAYS AND MEANS

Senator Lieber, Senate Co-Chair
Representative Sanchez, House Co-Chair

Senator Girod, Senate Co-Vice Chair
Representative Gomberg, House Co-Vice Chair
Representative Smith, House Co-Vice Chair

To: Education Subcommittee

From: Michael Graham, Legislative Fiscal Office

Date: May 12, 2025

Subject: SB 5512 – Board of Dentistry
Work Session Recommendations

Board of Dentistry
Agency Totals

FUND TYPE	2021-23 ACTUAL	2023-25 LEGISLATIVELY APPROVED	2025-27 CURRENT SERVICE LEVEL	2025-27 LFO RECOMMENDED
Other Funds	3,620,918	4,427,096	5,017,169	4,690,136
TOTAL FUNDS	**3,620,918**	**4,427,096**	**5,017,169**	**4,690,136**
Positions	8	8	8	7
FTE	8.00	7.62	7.62	7.00

SB 5512 is the biennial budget bill for the Oregon Board of Dentistry (OBD). The 2025-27 Legislative Fiscal Office (LFO) recommended budget for OBD is $4,690,136 Other Funds and seven positions (7.00 FTE). The LFO recommended budget represents a decrease of $327,033, or 6.5%, below the current service level.

The 2025-27 LFO recommended budget includes the following adjustments to the current service level:

- Package 070 reduces expenditure limitation by $456,152, due to a revenue shortfall in OBD's budget. To increase OBD's projected ending balance, this package eliminates a part-time Health Care Investigator position (0.62 FTE) and ends OBD's participation in the Health Professionals' Services Program.

- Package 100 is a revenue package that increases the biennial renewal fees for dentists, dental hygienists, and dental therapists, as well as anesthesia permitting fees. These fee increases, ranging from 9.5% to 433% increases, are projected to raise an additional $409,320 in Other Funds fee revenue in the 2025-27 biennium. OBD's last fee increase was in 2023; however, anesthesia permitting fees have not been increased since 1999. The projected additional revenue from this package may only last OBD through the 2025-27 biennium. Without an overall increase in licensees, OBD will likely need another fee increase in the 2027-29 biennium.

- Package 200 increases expenditure limitation by $24,823 for OBD to upgrade to the GovDelivery List Serve to provide important news, updates, and renewal reminders to licensees and interested parties through a proven, efficient email delivery system. Of the total cost, $4,127 will be for one-time implementation costs; the remaining $20,696 will be used for ongoing maintenance costs each biennium.

- Package 300 permanently increases expenditure limitation by $4,296 to transfer OBD's human resources and payroll services from the Oregon Medical Board (OMB) to the Department of Administrative Services Shared Financial Services (DAS SFS). This package complements the prior transfer of OBD's budgeting and accounting services, which were transferred from OMB to DAS SFS in July 2024.

- Package 801 provides a one-time increase in expenditure limitation of $100,000 to OBD's professional services line item to hire an independent contractor investigator, due to the part-time Health Care Investigator position (0.62 FTE) being eliminated in the revenue shortfall package.

Adjustments to Current Service Level

See attached "Work Session Presentation Report."

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

Accept LFO Recommendation

MOTION: I move the LFO recommendation to SB 5512. *(vote)*

OR

Modify LFO Recommendation

MOTION: I move the LFO recommendation to SB 5512, with modifications. *(vote)*

Performance Measures

See attached "Legislatively Proposed 2025-27 Key Performance Measures."

Accept LFO Recommendation

MOTION: I move the LFO recommendation on Key Performance Measures. *(vote)*

OR

Modify LFO Recommendation

MOTION: I move the LFO recommendation on Key Performance Measures, with modifications. *(vote)*

Amendment

LFO recommends a budget of $4,690,136 Other Funds, and seven positions (7.00 FTE), which is reflected in the –1 amendment.

MOTION: I move adoption of the –1 amendment to SB 5512. *(vote)*

Final Subcommittee Action

LFO recommends that SB 5512, as amended by the –1 amendment, be moved to the Ways and Means Full Committee.

MOTION: I move SB 5512, as amended, to the Full Committee with a do pass recommendation. *(vote)*

Carriers

Full Committee: _____

House Floor: _____

Senate Floor: _____

LFO102 - Work Session Presentation Report
2025-27 Biennium

Version: L - 01 - LFO Analyst Recommended
Cross Reference: 83400-000-00-00-00000
Oregon Board of Dentistry

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
2023-25 Agy. Leg. Adopted	**-**	**-**	**4,241,950**	**-**	**-**	**-**	**4,241,950**	**8**	**7.62**
2023-25 Ebds, SS & Admin Act	-	-	185,146	-	-	-	185,146	-	-
Ways & Means Actions	-	-	-	-	-	-	-	-	-
2023-25 Leg Approved Budget	**-**	**-**	**4,427,096**	**-**	**-**	**-**	**4,427,096**	**8**	**7.62**
2023-25 Leg Approved Budget (Base)	**-**	**-**	**4,427,096**	**-**	**-**	**-**	**4,427,096**	**8**	**7.62**
Summary of Base Adjustments	-	-	145,477	-	-	-	145,477	-	-
2025-27 Base Budget	**-**	**-**	**4,572,573**	**-**	**-**	**-**	**4,572,573**	**8**	**7.62**
010: Non-PICS Pers Svc/Vacancy Factor	-	-	(2,018)	-	-	-	(2,018)	-	-
030: Inflation & Price List Adjustments	-	-	446,614	-	-	-	446,614	-	-
2025-27 Current Service Level	**-**	**-**	**5,017,169**	**-**	**-**	**-**	**5,017,169**	**8**	**7.62**
070: Revenue Reductions/Shortfall	-	-	(456,152)	-	-	-	(456,152)	(1)	(0.62)
Adjusted 2025-27 Current Service Level	**-**	**-**	**4,561,017**	**-**	**-**	**-**	**4,561,017**	**7**	**7.00**
Total LFO Recommended Packages	**-**	**-**	**129,119**	**-**	**-**	**-**	**129,119**	**-**	**-**
2025-27 Legislative Actions	**-**	**-**	**4,690,136**	**-**	**-**	**-**	**4,690,136**	**7**	**7.00**
Net change from 2023-25 Leg Approved Budget	-	-	263,040	-	-	-	263,040	(1)	(0.62)
Percent change from 2023-25 Leg Approved Budget	0.0%	0.0%	5.9%	0.0%	0.0%	0.0%	5.9%	(12.5%)	(8.1%)
Net change from 2025-27 Adj Current Service Level	-	-	129,119	-	-	-	129,119	-	-
Percent change from 2025-27 Adj Current Service Level	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%

Attachment #3

LFO102 - Work Session Presentation Report
2025-27 Biennium

Version: L - 01 - LFO Analyst Recommended
Cross Reference: 83400-001-00-00-00000
Board of Dentistry

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
2023-25 Agy. Leg. Adopted	**-**	**-**	**4,241,950**	**-**	**-**	**-**	**4,241,950**	**8**	**7.62**
2023-25 Ebds, SS & Admin Act	-	-	185,146	-	-	-	185,146	-	-
Ways & Means Actions	-	-	-	-	-	-	-	-	-
2023-25 Leg Approved Budget	**-**	**-**	**4,427,096**	**-**	**-**	**-**	**4,427,096**	**8**	**7.62**
2023-25 Leg Approved Budget (Base)	**-**	**-**	**4,427,096**	**-**	**-**	**-**	**4,427,096**	**8**	**7.62**
Summary of Base Adjustments	-	-	145,477	-	-	-	145,477	-	-
2025-27 Base Budget	**-**	**-**	**4,572,573**	**-**	**-**	**-**	**4,572,573**	**8**	**7.62**
010: Non-PICS Pers Svc/Vacancy Factor	-	-	(2,018)	-	-	-	(2,018)	-	-
030: Inflation & Price List Adjustments	-	-	446,614	-	-	-	446,614	-	-
2025-27 Current Service Level	**-**	**-**	**5,017,169**	**-**	**-**	**-**	**5,017,169**	**8**	**7.62**
070: Revenue Reductions/Shortfall	-	-	(456,152)	-	-	-	(456,152)	(1)	(0.62)
Adjusted 2025-27 Current Service Level	**-**	**-**	**4,561,017**	**-**	**-**	**-**	**4,561,017**	**7**	**7.00**
Total LFO Recommended Packages	**-**	**-**	**129,119**	**-**	**-**	**-**	**129,119**	**-**	**-**
2025-27 Legislative Actions	**-**	**-**	**4,690,136**	**-**	**-**	**-**	**4,690,136**	**7**	**7.00**
Net change from 2023-25 Leg Approved Budget	-	-	263,040	-	-	-	263,040	(1)	(0.62)
Percent change from 2023-25 Leg Approved Budget	0.0%	0.0%	5.9%	0.0%	0.0%	0.0%	5.9%	(12.5%)	(8.1%)
Net change from 2025-27 Adj Current Service Level	-	-	129,119	-	-	-	129,119	-	-
Percent change from 2025-27 Adj Current Service Level	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%

Attachment #3

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
Package 070 Revenue Shortfalls									
LFO Recommended	**-**	**-**	**(456,152)**	**-**	**-**	**-**	**(456,152)**	**(1)**	**(0.62)**

Package Description This package reduces the agency's expenditure limitation by $456,152, due to a revenue shortfall in the agency's budget. To increase the agency's projected ending balance, the package eliminates a part-time Health Care Investigator position (0.62 FTE) and ends the agency's participation in the Health Professionals' Services Program.

LFO Recommendation LFO recommends approval of this package.

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)

Package 100 Fee Increases

Package Description This package increases the biennial renewal fees for dentists, dental hygienists, and dental therapists, as well as anesthesia permitting fees. These fee increases, ranging from 9.5% to 433% increases, are projected to raise an additional $409,320 in Other Funds fee revenue in the 2025-27 biennium. The agency's last fee increase was in 2023; however, anesthesia permitting fees have not been increased since 1999. The projected additional revenue from this package may only last the agency through the 2025-27 biennium. Without an overall increase in licensees, the agency will likely need another fee increase in the 2027-29 biennium.

LFO Recommendation LFO recommends approval of this package.

LFO Recommended	-	-	-	-	-	-	-	-	-

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)

Package 200 List Serve Upgrade

Package Description This package increases expenditure limitation by $24,823 for the agency to upgrade to the GovDelivery List Serve to provide important news, updates, and renewal reminders to licensees and interested parties through a proven, efficient email delivery system. Of the total cost, $4,127 will be for one-time implementation costs; the remaining $20,696 will be used for ongoing maintenance costs each biennium.

LFO Recommendation LFO recommends approval of this package.

LFO Recommended	**-**	**-**	**24,823**	**-**	**-**	**-**	**24,823**	**-**	**-**

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
Package 300 HR and Payroll Services									
LFO Recommended	**-**	**-**	**4,296**	**-**	**-**	**-**	**4,296**	**-**	**-**

Package Description This package permanently increases expenditure limitation by $4,296 to transfer the agency's human resources and payroll services from the Oregon Medical Board (OMB) to the Department of Administrative Services Shared Financial Services (DAS SFS). This package complements the prior transfer of the agency's budgeting and accounting services, which were transferred from OMB to DAS SFS in July 2024.

LFO Recommendation LFO recommends approval of this package.

	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	Total Funds	Positions	Full-Time Equivalent (FTE)
Package 801 LFO Analyst Adjustments									
Package Description This packages provides a one-time increase in expenditure limitation of $100,000 to the agency's professional services line item to hire an independent contractor investigator, due to the part-time Health Care Investigator position (0.62 FTE) being eliminated in the revenue shortfall package.									
LFO Recommendation LFO recommends approval of this package.									
LFO Recommended	**-**	**-**	**100,000**	**-**	**-**	**-**	**100,000**	**-**	**-**

Legislatively Proposed 2025 - 2027 Key Performance Measures

Published: 4/29/2025 1:06:26 PM

Agency: Board of Dentistry

Mission Statement:

To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Legislatively Proposed KPMs	Metrics	Agency Request	Last Reported Result	Target 2026	Target 2027
1. Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.		Approved	100%	100%	100%
2. Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.		Approved	8.50	8	8
3. Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.		Approved	7	7	7
4. Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved	94%	90%	90%
	Timeliness		94%	90%	90%
	Overall		94%	90%	90%
	Availability of Information		94%	90%	90%
	Helpfulness		97%	90%	90%
	Expertise		95%	90%	90%
5. Board Best Practices - Percent of total best practices met by the Board.		Approved	100%	100%	100%

LFO Recommendation:

The Legislative Fiscal Office recommends increasing the target of KPM #2 from seven months to eight months, due to the elimination of the part-time Health Care Investigator position (0.62 FTE); and increasing the targets of KPM #4 from 85% to 90% because the Board has easily met or exceeded most of the customer service targets in the last two reporting years. The Legislative Fiscal Office recommends approval of the proposed Key Performance Measures and targets.

SubCommittee Action:

A-Engrossed
Senate Bill 5512

Ordered by the Senate May 20
Including Senate Amendments dated May 20

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

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure. The statement includes a measure digest written in compliance with applicable readability standards.

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.

A BILL FOR AN ACT

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

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

SECTION 1. Notwithstanding any other law limiting expenditures, the amount of $4,690,136 is established for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Board of Dentistry.

SECTION 2. This 2025 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect July 1, 2025.

Note: For budget, see 2025-2027 Biennial Budget

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

SB 5512-1
(LC 9512)
4/24/25 (DFY/ps)

Requested by JOINT COMMITTEE ON WAYS AND MEANS

PROPOSED AMENDMENTS TO

SENATE BILL 5512

In line 6 of the printed bill, delete "$4,559,747" and insert "$4,690,136".

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

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2047	HB 2047 INTRO	Rep Diehl; Rep Reschke; Rep Wright (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2047/Introduced	01/17/25 - Referred to Judiciary.	Judiciary (H)	OR	

Relating to parental rights.

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

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.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2105	HB 2105 INTRO	Rep Osborne (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2105/Introduced	01/17/25 - Referred to Emergency Management, General Government, and Veterans.	Emergency Management, General Government, and Veterans (H)	OR	

Relating to surveys conducted by state agencies.

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

Relating to surveys conducted by state agencies.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2225	HB 2225 INTRO	Presession filed (at the request of House Interim Committee on Behavioral Health and Health Care for Representative Rob Nosse)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2225/Introduced	01/17/25 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means.	Behavioral Health and Health Care (H)	OR	

Relating to equitable access to health care services.

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.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2255	HB 2255 INTRO	Rep Diehl; Rep Wright; Rep Yunker; Sen Nash; Sen Robinson; Sen Smith DB (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2255/Introduced	01/17/25 - Referred to Judiciary.	Judiciary (H)	OR	

Relating to interpretation of laws.

Provides that courts may not defer to an agency's interpretation of a statute or rule.

Relating to interpretation of laws.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2303	HB 2303 INTRO	Rep Diehl; Rep Mannix; Rep Yunker (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2303/Introduced	01/17/25 - Referred to Judiciary.	Judiciary (H)	OR	

Relating to judicial review of administrative rules.

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; creating new provisions; and amending ORS 137.673 and 183.400.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2402	HB 2402 INTRO	Rep Levy B; Rep Scharf; Sen Nash; Sen Weber (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2402/Introduced	01/17/25 - Referred to Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means.	Emergency Management, General Government, and Veterans (H)	OR	

Relating to administrative rules.

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.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2427	HB 2427 INTRO	Rep Diehl; Rep Harbick; Rep Mannix; Rep Reschke; Rep Yunker; Sen Thatcher (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2427/Introduced	01/17/25 - Referred to Judiciary with subsequent referral to Ways and Means.	Judiciary (H)	OR	

Relating to the constitutionality of state laws.

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.

Relating to the constitutionality of state laws.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2429	HB 2429 INTRO	Rep Boice; Rep Mannix; Rep Osborne; Rep Yunker; Sen Nash; Sen Smith DB; Sen Weber (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2429/Introduced	01/17/25 - Referred to Behavioral Health and Health Care.	Behavioral Health and Health Care (H)	OR	

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

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; 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.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2585	HB 2585 INTRO	Rep Pham H (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2585/Introduced	01/17/25 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means.	Behavioral Health and Health Care (H)	OR	

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

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

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

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2594	HB 2594 EN	Rep Javadi; Rep Nosse; Rep Pham H (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2594/Enrolled	05/28/25 - Governor signed.		OR	

Relating to dental laboratories; and prescribing an effective date.

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

Relating to dental laboratories; and prescribing an effective date.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2676	HB 2676 INTRO	Rep Diehl; Rep Harbick; Rep Javadi; Rep McIntire; Rep Pham H; Rep Valderrama; Sen Bonham; Sen Hayden; Sen Meek; Sen Sollman (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2676/Introduced	02/25/25 - Public Hearing held.	Behavioral Health and Health Care (H)	OR	

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

Enacts the interstate Dentist and Dental Hygienist Compact.

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.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 2692	HB 2692 INTRO	Rep Boice; Rep Drazan; Rep Helfrich; Rep Scharf; Rep Wallan; Rep Wright (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2692/Introduced	02/12/25 - Public Hearing held.	Rules (H)	OR	

Relating to administrative law.

Modifies provisions 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.

Digest: The Act changes some laws about agency actions. (Flesch Readability Score: 61.2).
Modifies provisions relating to administrative law.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 3043	HB 3043 INTRO	Presession filed (at the request of Governor Tina Kotek for Oregon State Board of Nursing)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3043/Introduced	05/29/25 - Assigned to Subcommittee On Human Services.	Ways and Means (J)	OR	

Relating to the impaired health professional program; prescribing an effective date.

Defines "monitoring agreement" and "workplace monitor" for purposes of the impaired health professional program.

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.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 3279	HB 3279 INTRO	Rep Evans	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3279/Introduced	01/24/25 - Referred to Emergency Management, General Government, and Veterans with subsequent referral to Behavioral Health and Health Care.	Emergency Management, General Government, and Veterans (H)	OR	

Relating to professional licensing during emergencies.

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.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 3382	HB 3382 A	Rules (H)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3382/A-Engrossed	05/29/25 - Referred to Ways and Means by prior reference.	Ways and Means (J)	OR	

Relating to administrative rules.

Directs the Secretary of State to maintain an online Oregon Rulemaking Information System.

Relating to administrative rules; creating new provisions; and amending ORS 183.335, 183.341 and 276A.253.

Digest: The Act tells the SOS to make an online system about rules. The Act tells agencies to make some data about rules accessible online. (Flesch Readability Score: 71.2).

Directs the Secretary of State to maintain an online Oregon Rulemaking Information System.

Directs agencies to make certain information relating to administrative rules accessible online.

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

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
HB 3912	HB 3912 INTRO	Rep Javadi; Rep McIntire; Rep Pham H	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3912/Introduced	05/20/25 - Work Session held.	Health Care (S)	OR	

Relating to use of the title "doctor"

Requires an individual who uses the title "doctor" in connection with a health care profession to designate on specified material, including social media and professional name badges, the health care profession in which the individual earned a doctoral degree.

Relating to use of the title "doctor"; amending ORS 676.110.

Digest: The Act makes a person who says they are a doctor on some materials say in what health care profession they are a doctor. (Flesch Readability Score: 69.6).

Requires an individual who uses the title "doctor" in connection with a health care profession to designate on specified material, including social media and professional name badges, the health care profession in which the individual earned a doctoral degree.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 411	SB 411 INTRO	Sen Girod (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB411/Introduced	01/17/25 - Referred to Rules.	Rules (S)	OR	

Relating to legislative approval of administrative rules; prescribing an effective date.

Modifies the existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for the rules to take effect.

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.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 476	SB 476 A	Sen Jama (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB476/A-Engrossed	04/02/25 - Referred to Ways and Means by order of the President.	Ways and Means (J)	OR	

Relating to professional workforce; declaring an emergency.

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.

Relating to professional workforce; creating new provisions; amending ORS 677.010 and 677.100; and declaring an emergency.

Digest: The Act says staff of licensing boards must have culturally responsive training. The Act also allows OMB to give a doctor trained in another country a license to practice in Oregon under some conditions. 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: 67.8).

[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.] Allows the Oregon Medical Board to issue a provisional license to a qualified internationally trained physician. Requires the holder of a provisional license to practice under the supervision of a licensed physician for four years prior to applying for full licensure. Directs the board to submit a report every odd-numbered year to the interim committees of the Legislative Assembly related to health care on the provisional licensure of internationally trained physicians.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 482	SB 482 INTRO	Sen Smith DB (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB482/Introduced	01/17/25 - Referred to Rules.	Rules (S)	OR	

Relating to administrative rules.

Provides that a state agency may not adopt rules without statutory authority.

Relating to administrative rules.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 609	SB 609 A	Rep Bowman; Sen Campos; Sen Patterson; Sen Reynolds (Presession filed)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB609/A-Engrossed	04/15/25 - Referred to Ways and Means by order of the President.	Ways and Means (J)	OR	

Relating to equitable access to health care services.

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.

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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 800	SB 800 INTRO	Presession filed (at the request of Governor Tina Kotek for Department of Revenue)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB800/Introduced	01/27/25 - Public Hearing held.	Finance and Revenue (S)	OR	

Relating to compliance with tax laws; prescribing an effective date.

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.

Relating to compliance with tax laws; creating new provisions; amending ORS 9.565, 305.380 and 305.385; and prescribing an effective date.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 835	SB 835 A	Presession filed (at the request of Governor Tina Kotek for Oregon Health Authority)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB835/A-Engrossed	04/10/25 - Referred to Ways and Means by order of the President.	Ways and Means (J)	OR	

Relating to tribal affiliation data; declaring an emergency.

Directs the Oregon Health Authority, in collaboration withthe nine federally recognized Indian tribes in Oregon, to adopt rules governing the collection, storage and use of data on tribal affiliation.

Relating to tribal affiliation data; creating new provisions; amending ORS 413.161, 413.163, 413.164 and 442.373; and declaring an emergency.

Digest: The Act tells OHA to work with the nine tribes in Oregon to adopt rules for collecting tribal data. (Flesch Readability Score: 67.3).
[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.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 844	SB 844 A	Presession filed (at the request of Governor Tina Kotek for Oregon Health Authority)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB844/A-Engrossed	04/10/25 - Referred to Ways and Means by order of the President.	Ways and Means (J)	OR	

Relating to public health.

Changes the date by which the Oregon Health Authority report on opioid and opiate overdoses is due to the Legislative Assembly.

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.380, 475A.483, 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.

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.

BillTracker

Custom Report

Report Date: June 3, 2025

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	State	Effec
SB 5512	SB 5512 A	Presession filed (at the request of Oregon Department of Administrative Services)	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB5512/A-Engrossed	06/02/25 - Rules suspended. Carried over to June 3, 2025 Calendar.		OR	

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

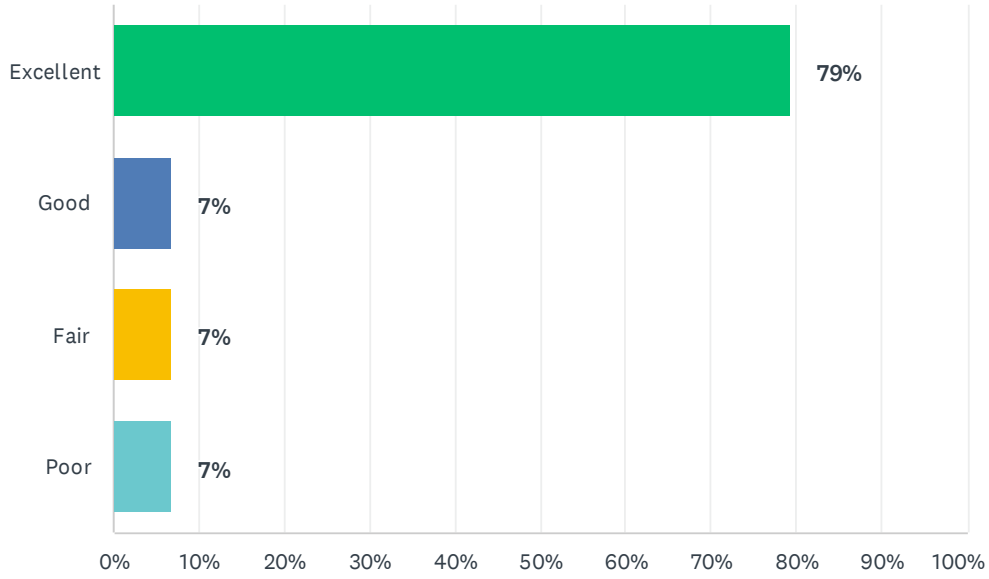
Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Board of Dentistry.

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

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.

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

Answered: 29 Skipped: 0

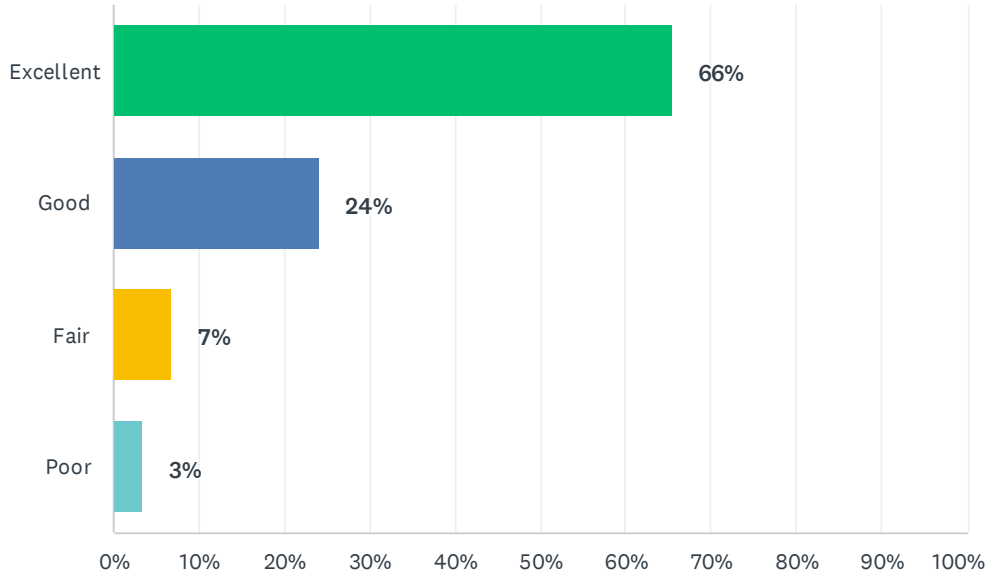


ANSWER CHOICES	RESPONSES	
Excellent	79%	23
Good	7%	2
Fair	7%	2
Poor	7%	2
TOTAL		29

Attachment #5

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

Answered: 29 Skipped: 0

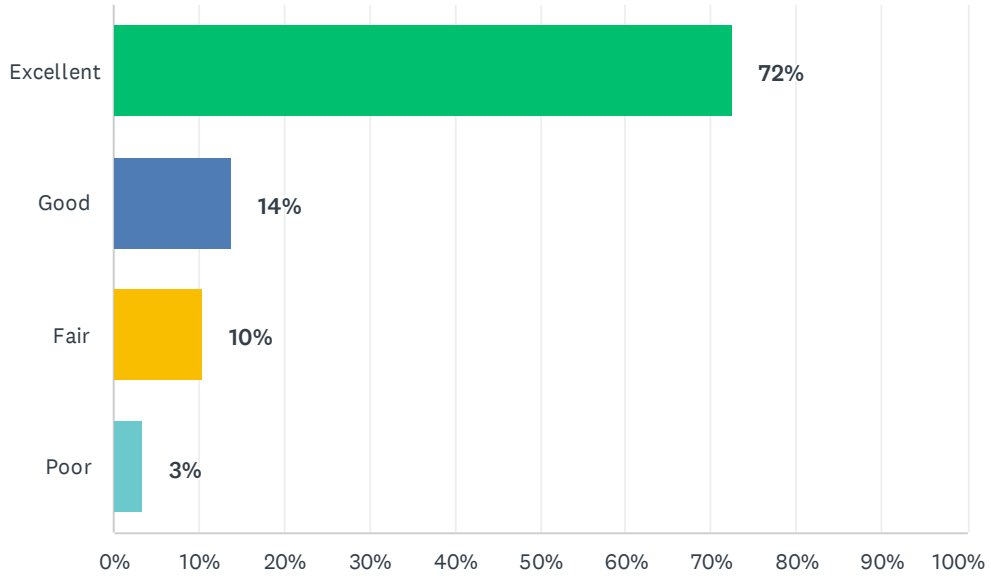


ANSWER CHOICES	RESPONSES	
Excellent	66%	19
Good	24%	7
Fair	7%	2
Poor	3%	1
TOTAL		29

Attachment #5

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

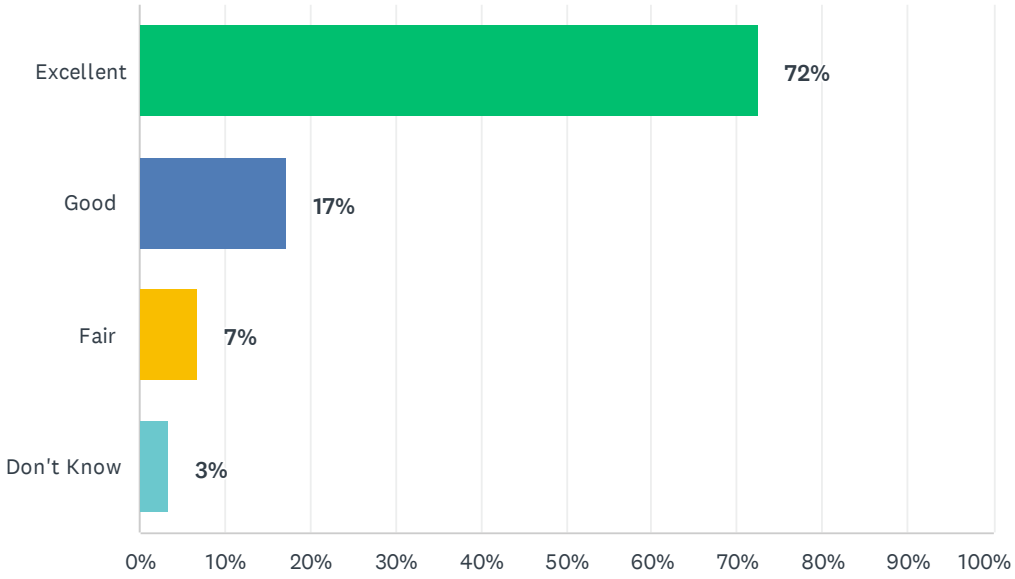
Answered: 29 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	72%	21
Good	14%	4
Fair	10%	3
Poor	3%	1
TOTAL		29

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

Answered: 29 Skipped: 0

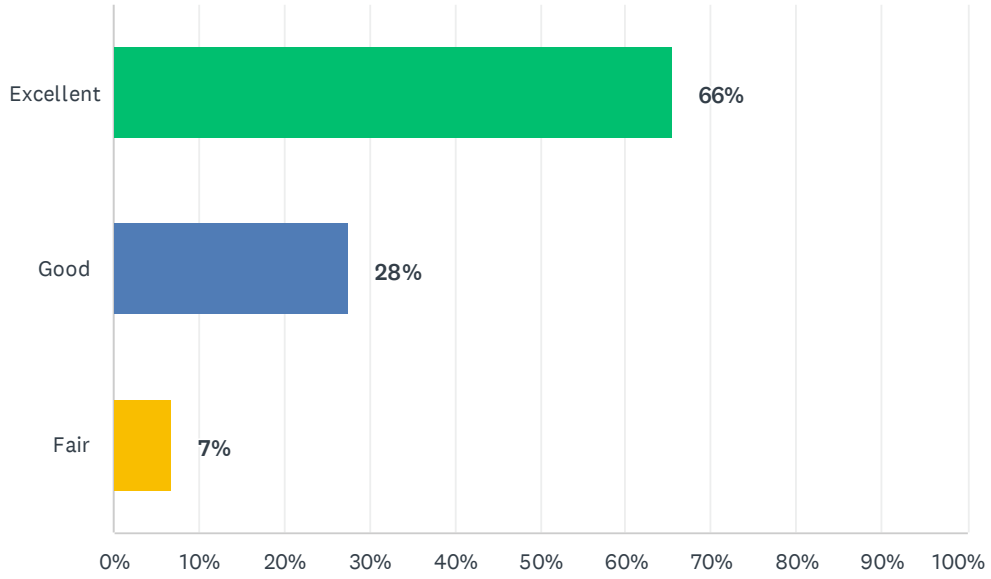


ANSWER CHOICES	RESPONSES	
Excellent	72%	21
Good	17%	5
Fair	7%	2
Don't Know	3%	1
TOTAL		29

Attachment #5

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

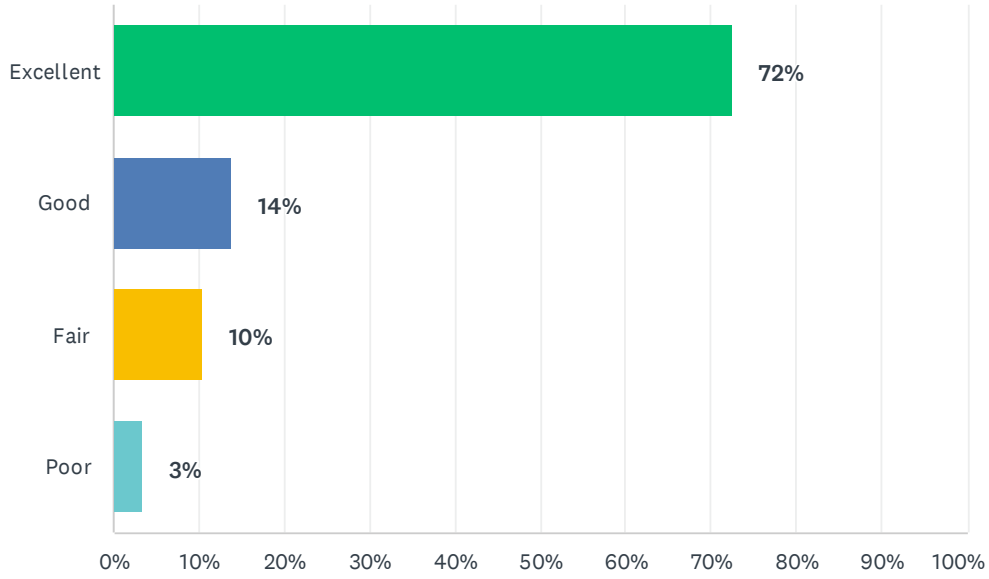
Answered: 29 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	66%	19
Good	28%	8
Fair	7%	2
TOTAL		29

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

Answered: 29 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	72%	21
Good	14%	4
Fair	10%	3
Poor	3%	1
TOTAL		29

Attachment #5

Oregon Board of Dentistry Bylaws

Article I. Name

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

Article II. Mission

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

Article III. Officers and Duties

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

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

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

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

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

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

Article IV. Voting

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

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

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

Article V. Quorum

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

Article VI. Procedures and Rules

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

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

Article VII. Amendments

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

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

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

OFFICERS AND EXECUTIVE COMMITTEE

PRESIDENT
Katherine Landsberg
Dental Assisting National Board
Phone: (312) 280-3431
Email: klandsberg@danb.org

PRESIDENT ELECT
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VICE PRESIDENT
Jamie Sacksteder
Virgina Board of Dentistry
Email: jamie.sacksteder@dhp.virginia.gov

SECRETARY
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Kentucky Dental Board
Email: jeffrey.allen@ky.gov

TREASURER
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CDCA-WREB-CITA
Email: avandiver@cdcawreb.org

IMMEDIATE PAST PRESIDENT
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E-Mail: bridgett.anderson@state.mn.us

ADMINISTRATOR MEMBER -
BOARD OF DIRECTORS FOR AADB
Arthur "Rusty" Hickham, Jr., DDS, Esq.
Louisiana State Board of Dentistry
E-Mail: ahickham@lsbd.org

American Association of Dental Administrators

AADA 2025 MIDYEAR MEETING

10:00 AM – 12:30 PM Central Time
Tuesday, April 29, 2025

Meeting Link: https://us06web.zoom.us/j/86097361058

AGENDA

10:00 AM	Call to Order; Welcome
10:05 AM	Business Meeting

1. President's Report
2. Treasurer's Report
3. Committee Reports
4. Discuss Annual Meeting

10:30 AM	Dental Assisting Professional Model Workgroup Update
11:00 AM	Round-Table Discussion
12:30 PM	Adjourn

DRAFT

2026 – 2029 OBD Strategic Plan Priorities

- **Review and possibly update the Protocols**
- **Simplify Dental Assistant Rules and eliminate pathways and rules (cut the red tape)**
- **Realign Staff resources and positions**
- **At the Feb 2025 Board Meeting, Board Member Dr. Clark expressed his concerns and brought a proposal forward to 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.**
- **We will plan to have articles in OBD Newsletters on resources and highlight applicable statute/rules about safe practice. We will do a better job promoting the OWP as well.**
- **Schedule more board member training – Workday, accessing Board confidential documents, etc…**
- **Annual Public Meetings Law Training for Board**

- **Feedback from Chip Dunn, Board Member 2017-2025**

Looking ahead, I believe one of the most pressing challenge remains improving access to dental care for low-income patients. While the board has made significant strides over the years I've been involved, there is always more work to be done in this area.

Looking at the 2026-2029 plan topics, I would like to see the board prioritize refining the Dental Assistant Rules and Regulations. Streamlining these regulations and eliminating unnecessary red tape could ease the burdens for dental providers, particularly when participating in Medicaid or other public health assistance programs, thereby encouraging more dentists to serve low-income patients. Furthermore, creating clearer pathways into the profession for dental assistants could attract new providers from underserved communities, ultimately elevating the standard of care across Oregon.

FOR OBD (Board & Staff Members) - Oregon Board of Dentistry - Strategic Planning Survey

Strategic Planning Preparation Survey

* 1. Which best describes your relationship to the Oregon Board of Dentistry?

- [ ] I am an OBD Board Member
- [ ] I am an OBD Staff Member or the Sr. AAG

* 2. Have you interacted with the Oregon Board of Dentistry through email, mail, telephone or in person over the last 12 months?

- [ ] Yes
- [ ] No

* 3. How would you rate your overall experience with Oregon Board of Dentistry Staff?

Excellent Good Fair Poor Don't Know

* 4. How do you rate the knowledge and expertise of the Oregon Board of Dentistry Staff?

Excellent Good Fair Poor Don't Know

* 5. How do you rate the availability of information when communicating with the Oregon Board of Dentistry in any manner?

Excellent Good Fair Poor Don't Know

* 6. How do you rate the Oregon Board of Dentistry Website in finding the information you were looking for?

Excellent Good Fair Poor Don't Know

7. Rank (1 is most important, 5 is least important) areas that you believe the OBD should focus on more intently, in upcoming strategic planning

Education - outreach on statutes, rules & protocols (presentations, newsletters, Eblasts, website)

Consumer Protection - communication with consumers to highlight some area of oral healthcare

Rulemaking - public meetings, public participation and implementation

Revisions to Investigations, enforcement and compliance activities

Other (below in survey under comments describe the area the OBD should focus on more intently)

8. What trends or changes do you see affecting the oral healthcare industry that the Oregon Board of Dentistry should consider when developing its new strategic plan?

9. How could the Oregon Board of Dentistry play a role in developing a more diverse and inclusive oral healthcare workforce?

10. Any additional information that the Oregon Board of Dentistry should consider during strategic planning?

Thank you for your important feedback.

AGENCY STRATEGIC PLAN OUTLINE

INSTRUCTIONS AND PURPOSE

This outline is intended to show agencies the core components that must be included in their strategic plans. It is meant to be a minimum, and agencies should add additional components and information to tailor the plan to their own business needs and the needs of the communities and clients they serve. Ideally, agencies will use the strategic planning process to satisfy the state requirements around DEI plans and Information Technology Strategic Plans. Please consult with the Governor's Policy Advisor assigned to your agency as you begin the strategic planning process.

1. DEFINE YOUR VISION, MISSION, AND VALUES & EQUITY STATEMENT

Determine your vision and what you want to achieve in the long term.

VISION:

Determine your mission and what your purpose is.

MISSION:

Determine what your values are.

VALUES:

Determine how you advance equity in your work, and craft an equity statement.

EQUITY STATEMENT:

2. CONDUCT A PESTLE ANALYSIS

Identify the political, economic, sociological, technological, legal, and environmental circumstances your organization is operating within.

A PESTLE analysis is a tool used to conduct an external scan of an organization's environmental influences that helps guide the planning and strategic decision making. It is often referred to as providing a 'big picture' of the environment in which a business operates.

Often, the analysis will determine likely issues/events that will impact the business – these are generally considered to be outside the control of the business.

It is a vital part of any strategic planning that will help you to examine and plan for any external factors (Political, Economic, Sociological, Technological, Legal and Environmental) that could affect us.

PESTLE Factor	Analysis
Political (State or federal policy, rules, new laws, and upcoming elections.)	
Economic (The broad, economic climate we are in, such as inflation rates, interest rates, economic growth, and property prices.)	
Social (The population growth rates, cultural aspects, age distribution, and changing social behaviors.)	
Technological (The availability of technology and rate of technological changes for you and to your customer.)	
Legal (The laws directly connected to us and our area of activity.)	
Environmental (The surrounding environment, weather, natural disasters, geographical position, climate changes, and sustainability.)	

3. CONDUCT A SWOT ANALYSIS

Identify your organization's strengths, weaknesses, opportunities, and threats. This is a key opportunity for community engagement. A SWOT analysis should be done with representatives from key groups, such as employees, community-based organizations, tribes, historically marginalized communities and business partners.

STRENGTHS	WEAKNESSES
•	•
OPPORTUNITIES	**THREATS**
•	•

4. SET GOALS AND OBJECTIVES

Based on your SWOT analysis results, set specific, measurable, achievable, relevant, and time-bound (SMART) goals and objectives. ***Include at least one goal related to Oregon Tribes and one goal related to achieving Diversity Equity and Inclusion.***

S.M.A.R.T	Description
Specific	What do you want to achieve? What is the outcome you are wanting?
Measurable	How will you know the goal has been achieved? How will you measure progress?
Achievable	How can we accomplish the goal? What steps or tasks are needed to achieve the goal?
Relevant	Does this goal align with agency strategies? Is this the right time?
Time-Bound	What is the timeframe to achieve the goal? What is the completion date?

Goal #1:

Outcome(s):

Goal #2:

Outcome(s):

Goal #3:

Outcome(s):

Goal #4:

Outcome(s):

Goal #5:

Outcome(s):

5. DEVELOP STRATEGIES

Determine the best course of action to achieve your goals and objectives.

6. CREATE AN ACTION PLAN

Develop an action plan that outlines the specific steps you will take to implement your strategies.

Description	Start Date	End Date	Duration
Project #1			
Project #2			
Project #3			
Project #4			
Project #5			

7. ALLOCATE RESOURCES

Determine the resources, including financial, human, and technological, required to implement your action plan.

8. MONITOR AND EVALUATE

Determine how you will continuously monitor your progress and evaluate the effectiveness of your strategies to determine if they need to be adjusted.

Oregon Board of Dentistry

Strategic Plan 2022-2025

Adopted February 25, 2022

Table of Contents

Oregon Board of Dentistry

2022-2025 Strategic Plan

Board members and staff of the Oregon Board of Dentistry who participated in the development of this strategic plan at the October 22-23, 2021 Planning Session:

Alicia Riedman, RDH - President
Jose Javier, DDS - Vice President
Amy B. Fine, DMD
Gary Underhill, DMD
Reza J. Sharifi, DMD
Charles "Chip" Dunn
Yadira Martinez, RDH
Jennifer Brixey
Aarati Kalluri, DDS
Sheena Kansal, DDS

Stephen Prisby - Executive Director
Haley Robinson - Office Manager
Winthrop "Bernie" Carter, DDS - Dental Director/Chief Investigator
Angela M. Smorra, DMD - Dental Investigator
Ingrid Nye - Investigator
Lori Lindley - Sr. Assistant Attorney General

Facilitators:
Jennifer Coyne - CEO, The PEAK Fleet
Theresa Trelstad - Contractor Consultant, The PEAK Fleet

Oregon Board of Dentistry
Strategic Plan Overview

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.010 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 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.

In mid-2021 the Board and staff of OBD agreed to secure professional, external strategy and facilitation services in the creation of their next multi-year strategic plan, building upon the efforts of the 2017-2020 Plan.

During the 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. Through the facilitated process between August and October 2021, five key strategic priorities were defined and goals established. Actions needed to meet the strategic goals were drafted and prioritized.

Covered in more detail in the subsequent pages, focus for the next 3-5 years will be on Licensure Evolution (including Dental Therapy legislation implementation),

Dental Practice Accountability, Workplace Environment, Technology & Processes, and Community Interaction & Equity.

This multi-year strategic plan outlines OBD's path and efforts to engage constituents on many levels to upscale practices and processes reflecting the changing environment and statutory responsibilities.

The new strategic plan is built upon a foundation of strength in Staff and Board expertise and experience, as well as positive Licensee sentiment, expressed as 78% positive, following a very tough year with the pandemic and other social impacts (especially on the healthcare industry). In addition, the Board and Staff defined and approved organizational core values of ***integrity***, ***fairness***, ***responsibility***, and ***community.*** Combined with a focus on mission, the newly defined core values are a visible lens through which to make decisions and set direction.

Oregon Board of Dentistry
Mission Statement & Core Values

Mission of the Oregon Board of Dentistry:

To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Oregon Board of Dentistry Core Values:

- Integrity
- Fairness
- Responsibility
- Community

Oregon Board of Dentistry

Organizational & External Influences Analysis

This organizational and external analysis covers the internal factors that will influence the ability to respond to operational needs as well as the external factors that may drive change. The Oregon Board of Dentistry analyzed the social, technological, economic, legal/regulatory, and environmental factors that might affect the practice of dentistry and the OBD's oversight. In addition, the current organizational status was analyzed primarily through staff interviews.

The most significant Strengths, Weaknesses, Opportunities, and Threats that affect the OBD are:

STRENGTHS	WEAKNESSES
• Foundation of known, common values: Integrity, Fairness, Responsibility, Community and commitment to the mission • Skilled, experienced, and dedicated staff • Successful migration and knowledge transfer as new Board and Staff onboarded during previous strategic period • Foresight and proactive succession and onboarding planning • Board composition provides a breadth of perspectives • Member survey shows support in OBD remains high at 78% after problematic pandemic year	• Lack of clear understanding for OBD scope and jurisdiction by public, patients and Licensees • Limited control over budget/funding impact ability to adjust staffing plans to meet overall strategic plan needs • Legislature changes can create significant increases in staff work that are not in alignment with staffing capacity • Low levels of Licensee participation in inputs/surveys. 2020 strategic priorities member survey had 265 responses • Board member turnover creates loss of continuity and historical knowledge
OPPORTUNITIES	**THREATS**
• Ability to implement Dental Therapy licensure process • Migration of technology to improve licensee experience, overall processes & efficiency, and provide workplace flexibility • Collaboration with Oregon Health Authority (OHA) to manage public engagement and expectations for language, cultural diversity, equity, and inclusion across OHA partners. (With guidance from the State Racial Justice Council.)	• Continued lagging technology infrastructure • Shifts in business operations and managed care pose challenges to dentistry practices and regulation • Insurance maximums dating to the 1960's influence patient care recommendations

In addition to the SWOT items called out above it is important to note that ability to address Opportunities, Threats, and Weaknesses will come from the areas of Strength. For instance, the Engaged Board and Staff expertise coupled with the learnings from the migration and knowledge transfer of the previous period is the key to implementing needed technology infrastructure which in turn drives the hybrid work environment. In a similar fashion, collaboration with OHA and the State Racial Justice Council recommendations will set standards for community engagement, helping clarify OBD scope and public expectations for interaction with the OBD.

STRATEGIC PRIORITY A

Licensure Evolution

In support of providing quality oral care equitably to all, the dental profession must address the issue of communities having access to dental care services. This access may be limited by lack of dental care professionals in certain community areas such as rural areas, lower socio-economic areas, or tribal communities. Solving this problem requires creativity and the evolution of types of licenses granted. As new legislation is created, the OBD must implement rules and standards to govern dental professionals in Oregon.

Goals

⇒ Develop and implement rules based on legislation changes

⇒ Successfully implement Dental Therapy license

Action Items

- Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license
- Develop and implement communication strategies with communities most impacted by Dental Therapy license implementation
- Engage interested parties to learn more and gather feedback about implementing Dental Therapy practice in Oregon

STRATEGIC PRIORITY B

Dental Practice Accountability

The landscape of dental practices continues to evolve further toward group dentistry practice including ownership by national corporate entities. This in turn, creates challenges and complexity in ensuring the public safety and high standards of practice are upheld. In addition, when complaints are made, establishing appropriate accountability and encouraging improvements to happen is more challenging than in the past.

Goals

⇒ Ensure Licensees dictate clinical care provided to patients (in contrast to corporate non-Licensees driving care decisions)

⇒ Increase OBD visibility into practice ownership models

⇒ OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model

⇒ Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice

Action Items

- Implement changes to Licensee Renewal form to capture multiple office/group affiliation
- Gather dental practice ownership and training information
- Analyze complaints by ownership types
- Receive OHSU updated curriculum and include in Board Book
- Evaluate options for strengthening statute related to accountability, ownership, and standards of care

STRATEGIC PRIORITY C

Community Interaction and Equity

The Oregon Board of Dentistry recognizes that systemic inequities exist in our society which have resulted in practices that have not always provided equitable access to dental care across our community.

Protecting the Community has always been at the center of the Oregon Board of Dentistry Mission. Fairness and equity are imbedded in the OBD Values. The OBD believes it can do more to address the systemic inequities that have existed and ensure more fully that our mission and values apply to everyone.

Goals

⇒ Communicate and market to reach the diverse communities within Oregon

⇒ Increase ease of access to OBD services

⇒ Ensure equity exists in Investigation outcomes

⇒ Increase OBD Licensee, patient, and community understanding of OBD roles, responsibilities, and services

Action Items

- Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council
- Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations
- Enable OBD to take complaints in complainant's first language
- Create analysis of prior investigations, findings, and actions across Licensee demographics to frame equity-related data

STRATEGIC PRIORITY D

Workplace Environment

The COVID-19 pandemic, technology advances, talent supply/demand issues as well as numerous factors affecting employee expectations of the work environment are driving the need for changes to work environments worldwide. OBD has previously been limited in ability to offer more flexible work location options due to technological limitations. Those limitations are easing, allowing for secure and effective ways to access needed information while employees work from home or other remote locations. Offering this flexibility will likely increase employee satisfaction while at the same time enabling increased efficiency.

In addition to flexible work arrangements, employees also desire clear expectations and recognition for their work as well as fair and equitable processes for advancing their careers. OBD investments in these areas should result in increased employee retention.

Board succession planning is also critical. Several Board members have terms ending in this next plan horizon. The strategic resource plans extend to the Board as well as employees.

Goals

⟹ Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition

⟹ Increase workplace flexibility through a hybrid workplace guideline

⟹ Increase workplace satisfaction and career development conversations

Action Items

- Define and implement hybrid workplace guidelines
- Evaluate overall workload and staff workload balance, consider adjustments for upcoming fiscal cycles
- Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement

STRATEGIC PRIORITY E

Technology & Processes

All organizations are affected by technology developments, and Oregon Board of Dentistry and the dental profession is no exception. The OBD has the strategic opportunity to implement processes and tools that will improve efficiency, employee and Board member experience as well as improve the effectiveness of processes for dental professional engaged with OBD. In addition, growing advances in data collection and analysis will enable the ability to continue to ensure fair and equitable outcomes for applicants and Licensees.

Goals

⇒ Improve efficiency and resource utilization through online record keeping

⇒ Increase ability to complete analytics related to licensees and investigations

⇒ Improve investigation case management with archived files

Action Items

- Complete digitization and modernization process for Board Books
- Complete implementation of InLumon system
- Build working digital database of Licensee records
- Create digital archive of investigation files
- Pilot data analysis capabilities

Oregon Board of Dentistry Strategic Plan 2022-2025

Mission: *To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.*

MISSION-CRITICAL PRIORITIES				
A. Licensure Evolution	B. Dental Practice Accountability	C. Community Interaction & Equity	D. Workplace Environment	E. Technology and Processes
GOALS				
• Develop and implement rules based on legislation changes	• Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions)	• Communicate and market to reach the all communities within Oregon	• Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition	• Improve efficiency and resource utilization through on-line records keeping
• Successfully implement Dental Therapy license	• Increase OBD visibility into practice ownership models	• Increase ease of access to OBD services	• Increase workplace flexibility through a hybrid workplace guideline	• Increase ability to complete analytics related to licensees and investigations
	• OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model	• Ensure equity exists in investigation outcomes	• Increase workplace satisfaction and career development conversations	• Improve investigation case management with archived files
	• Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice	• Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services		
ACTION ITEMS				
• Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license	• Implement changes to Licensee Renewal form to capture multiple office/group affiliation	• Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council	• Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement	• Complete digitization and modernization process for Board Books
• Develop and implement communication strategies with communities impacted by Dental Therapy license implementation	• Gather dental practice ownership and training information	• Enable OBD to take complaints in complaintant's first language	• Define and implement hybrid workplace guidelines	• Complete implementation of InLumon system
• Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon	• Receive OHSU updated curriculum and include in Board Book	• Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations	• Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles	• Build working digital database of Licensee records
	• Analyze complaints by ownership types	• Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data		• Pilot data analysis capabilities
	• Evaluate options for strengthening statute related to accountability, ownership, and standards of care	• Additional prioritized actions taken from recomendations and resources proivided by State Racial Justice Council		• Create digital archive of investigation files
	• Potential for proposed legislative changes			

Oregon Board of Dentistry 2022-2025 Strategic Plan

Roadmap and Goals

Strategic Priorities	2022-2023	2023 - 2024	2024-2025	Goals
Licensure Evolution	• Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license	• Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon		• Develop and implement rules based on legislation changes
	• Develop and implement communication strategies with communities impacted by Dental Therapy license implementation			• Successfully implement Dental Therapy license
Dental Practice Accountability	• Implement changes to Licensee Renewal form to capture multiple office/group affiliation • Gather dental practice ownership and training information • Receive OHSU updated curriculum and include in Board Book	• Analyze complaints by ownership types • Evaluate options for strengthening statute related to accountability, ownership, and standards of care	• Potential for proposed legislative changes	• Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions) • Increase OBD visibility into practice ownership models • OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model • Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice
Community Interaction and Equity	• Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council	• Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations	• Additional prioritized actions taken from recomendations and resources proivided by State Racial Justice Council	• Communicate and market to reach the all communities within Oregon
	• Enable OBD to take complaints in complaintant's first language	• Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data		• Increase ease of access to OBD services
				• Ensure equity exists in investigation outcomes
				• Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services
Workplace Environment	• Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement • Develop and implement hybrid workplace guidelines	• Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles		• Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition • Increase workplace flexibility through a hybrid workplace guideline • Increase workplace satisfaction and career development conversations
Technology and Processes	• Complete digitization and modernization process for Board Books	• Build working digital database of Licensee records	• Create digital archive of investigation files	• Improve efficiency and resource utilization through on-line records keeping
	• Complete implementation of InLumon system	• Pilot data analysis capabilities		• Increase ability to complete analytics related to licensees and investigations
				• Improve investigation case management with archived files

Brief summary of work & actions in support of OBD 2022-2025 Strategic Plan – prepared for OBD June 13, 2025, Board Meeting

Priority A – Licensure Evolution

The Dental Therapy Rules Oversight Committee had five meetings leading up to the inaugural rules and policies to regulate dental therapists in Oregon. Dental Therapy rules, license instructions and applications were in place and ready on July 1, 2022
The first application for licensure was received in September 2022, and issued November 1, 2022
Dental Therapists are members of the Board's Committees and all DT are annually invited to participate on them as well
DAWSAC recommendations to Board
Expanded scope of DA with Local Anesthesia
Botox for DH being considered

Strategic Priority B – Dental Practice Accountability

Initial review of types of complaints to assess any recent trends on reoccurring issues
OBD aware of practice models that utilize teledentistry and remote technology
Awareness of new procedures with cosmetic dentistry and related health spa treatment providers
Awareness and monitoring license compacts and studying possible impact on Oregon
Feedback given to Legislators, governor's office and interested parties regarding Oregon joining License Compact

Strategic Priority C – Community Interaction and Equity

Oregon DAS Office of Cultural Change invited to Aug 2022 Board Meeting
Engage the dental therapy community and added a regular standing Dental Therapy Rules Oversight Committee.
DEI Plan being reviewed by the board at multiple meetings before being finalized in October 2023
DEI Meetings attended & information disseminated to all staff
Recognized and accepted comments & feedback from the dental assistant community on legislative and other issues
Implemented DAWSAC and fulfilling the requirement to have quarterly meetings.
OBD Tribal Relationship & Cooperation Policy in place and Tribes invited to every regular Board Meeting
Gov-Tribe Summit attended
Translation Service Provider available for staff to interact with people nonfluent in English
Implemented robust new customer service policy

Strategic Priority D – Workplace Environment

Hybrid Work Environment successfully implemented with flexibility to work remote up to 3 days a week

Professional Development opportunities for staff – Investigator Specific Training, including AG Law Conference, CLEAR training, DOCS Education, etc…

Staff informed on timely announcements with Workday and Paid Leave Program implementation from the Employment Department

New State Holiday - Juneteenth adding another day off for all employees

Regular Weekly Meetings & Quarterly one on one Check-ins with all staff

Gallup Survey for all staff on work happiness & conditions

Input from all Staff sought on any new policy implementation

Strategic Priority E – Technology & Process

Modernization Efforts - Board Meetings, Teams Environment

Laptops distributed to Board members, emails, first Board Books distributed for October 2022 Board meeting

December 2022 Initial license applications completed online and complete transition away from paper applications

Updated & Streamlined Protocols and implemented Compliance Audit Project

InLumon updates regularly and increased functionality & enhancements

UNFINISHED BUSINESS & RULES

Oregon
Tina Kotek, Governor

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DATE: June 2, 2025
TO: OBD Board Members
FROM: OBD Executive Director Stephen Prisby
SUBJECT: Temporary Rules Needed

The Board should consider approving a temporary rule change to OAR 818-001-0087 (the fee rule). Due to the OBD's Budget Bill (SB 5512) being approved by the Legislature. A temporary rule allows these fees to be effective July 1, 2025, in alignment with our new budget.

In addition, the Board should consider approving updates to three dental assisting rules, so that these rules are aligned with the requirements of HB 3223 (2024) that are effective July 1, 2025. These rules were discussed at the April Board Meeting during DANB's presentation at the meeting.

The Board would have to make the temporary rules permanent 180 days of the temporary rule change's effective date of July 1. The rule would need to be permanent by December 28, 2025, or the temporary rules would no longer be valid, and the old fees & rule language would go back into effect. I believe the temporary rules meet the requirements of ORS 183.335(5). The need is clearly justified due to legislative action.

The rules are attached.

Fee increases proposed in OBD's 2025-27 Budget.

818-001-0087
Fees

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental —$~~440~~; **$490**

(B) Dental — retired — $0;

(C) Dental Faculty — $~~385~~; **$435**

(D) Volunteer Dentist — $0;

(E) Dental Hygiene —$~~255~~; **$279**

(F) Dental Hygiene — retired — $0;

(G) Volunteer Dental Hygienist — $0;

(H) Dental Therapy - $~~255~~; **$279**

(I) Dental Therapy - retired - $0;

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — $40;

(B) Minimal Sedation Permit — $75;

(C) Moderate Sedation Permit — $~~75~~; **$200**

(D) Deep Sedation Permit — $~~75~~; **$400**

(E) General Anesthesia Permit — $~~140~~; **$400**

(F) Radiology — $75;

(G) Expanded Function Dental Assistant — $50;

(H) Expanded Function Orthodontic Assistant — $50;

(I) Instructor Permits — $40;

(J) Dental Hygiene Restorative Functions Endorsement — $50;

(K) Restorative Functions Dental Assistant — $50;

(L) Anesthesia Dental Assistant — $50;

(M) Dental Hygiene, Expanded Practice Permit — $75;

(N) Non-Resident Dental Background Check - $100.00;

(c) Applications for Licensure:

(A) Dental — General and Specialty — $445;

(B) Dental Faculty — $405;

(C) Dental Hygiene — $210;

(D) Dental Therapy - $210;

(E) Licensure Without Further Examination — Dental — $890.

(F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — $820

(d) Examinations:

(e) Jurisprudence — $0;

(f) Duplicate Wall Certificates — $50.

(2) Fees must be paid at the time of application and are not refundable.

(3) The Board shall not refund moneys under $5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment orthe person's legal representative requests a refund in writing within one year of payment to the Board.

818-042-0080 Certification – Expanded Function Dental Assistant (EFDA)

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

(1) By credential in accordance with OAR 818-042-0120, or

(2) If the assistant submits a completed application, pays the fee and provides evidence of;

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination,~~ **Oregon Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. **The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.**

818-042-0110 Certification - Expanded Function Orthodontic Dental Assistant (EFODA)

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

(1) By credential in accordance with OAR 818-042-0120, or

(2) Completion of an application, payment of fee and satisfactory evidence of;

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

Passage of the ~~Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination,~~ **Oregon Orthodontic Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients.

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

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

(1) By credential in accordance with OAR 818-042-0120, or

(2) If the assistant submits a completed application, pays the fee and provides evidence of;

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant examination, or the Coronal Polishing (CP) examination,~~ **Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination,** or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Background: Board and staff members brought up inconsistent language between OAR 818-042-0115 and OAR 818-042-0117. Subsection "c" in OAR 818-042-0115 has a typo in the SOS filing that also needs correction. Also, for discussion is how much detail or not, to amend rules to somehow make them clearer.

818-042-0115
Expanded Functions — Certified Anesthesia Dental Assistant

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

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

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

(c) Perform phlebotomy for dental pr~~r~~ocedures **in accordance with OAR 818-042-0117**.

or

only after the dental assistant complies with the requirements of OAR 818-042-0117.

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

818-042-0117
Initiation of IV Line and Phlebotomy Blood Draw

The Board may certify an Anesthesia Dental Assistant or an Expanded Function Dental Assistant with a Local Anesthesia Functions Certificate to perform the expanded function anesthesia duties below if the applicant submits a completed application, pays the certification fee and:

(1) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the Indirect Supervision of a dentist holding the appropriate anesthesia permit.

(2) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may perform a phlebotomy blood draw under the Indirect Supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

(3) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Dental Assistant who holds a Local Anesthesia Function certificate may perform a phlebotomy blood draw under the Indirect Supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

818-035-0030
Additional Functions of Dental Hygienists

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

(a) Make preliminary intra-oral and extra-oral examinations and record findings;

(b) Place periodontal dressings;

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;

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

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.

(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.

(h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

(a) Determine the need for and appropriateness of sealants or fluoride; and

(b) Apply sealants or fluoride.

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

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

818-038-0022
Additional Functions of Dental Therapists

In addition to functions set forth in ORS 679.010, a dental therapist may perform the following functions under the indirect supervision of a licensed dentist:

(1) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(2) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

CORRESPONDENCE

Outlook

AAPD State Regulatory Framework for Pediatric Moderate Sedation

From Becky Valek <bvalek@aapd.org>
Date Mon 4/28/2025 9:01 AM

3 attachments (442 KB)
Outlook-nofz12py; UTF-8AAPD Notice of State Regulatory Framework for Pediatric Moderate Sedation_sdb.pdf; UTF-8AAPD State Regulatory Framework for Pediatric Moderate Sedation_March 2025.pdf;

Dear State Dental Board:

Please see the attached communication from Dr. Scott Smith, President of the American Academy of Pediatric Dentistry, containing resources related to pediatric moderate sedation in your state.

Thank you!

B Valek *(they/them)*
Administrative Coordinator, Research and Policy Center
American Academy of Pediatric Dentistry
211 E Chicago Ave, Suite 1600, Chicago, IL 60611
AAPD Research & Policy Center | *RPC Rundown*
bvalek@aapd.org | 773.916.3678

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

April 28, 2025 *Delivered electronically*

Dear State Dental Board:

The American Academy of Pediatric Dentistry (AAPD) has observed that several states are currently reviewing regulations and legislation concerning dental procedural sedation. As pediatric dentists frequently rely on moderate sedation to provide essential dental care for some of their patients, we believe this review process is of significant importance.

To support your Board's deliberations regarding pediatric dental procedural moderate sedation, we have compiled a **Regulatory Framework for Pediatric Moderate Sedation Permits, Sub-Permits, or Endorsements** (attached and available online here). This resource draws upon the established Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures, a collaborative effort between the AAPD and the **American Academy of Pediatrics** (AAP), as well as other recognized and reputable sources. We are confident that this framework – based on the only guideline jointly constructed and endorsed by pediatric medicine and pediatric dentistry – will be a valuable resource as you consider regulations specific to the unique needs of pediatric patients undergoing moderate sedation.

Should you have any questions or require further assistance, please do not hesitate to contact the AAPD Research & Policy Center at RPC@aapd.org. Thank you for your ongoing commitment to the dental profession and, most importantly, to ensuring the safety of children receiving dental care.

Sincerely,

Scott D. Smith, DDS, MS
AAPD President

About the American Academy of Pediatric Dentistry

The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its nearly 12,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents, and individuals with special health care needs. As advocates for the optimal oral health of all children, the AAPD promotes evidence-based policies, best practices, and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; supports research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Visit the AAPD website at www.aapd.org or the AAPD's consumer website at www.mychildrensteeth.org for more from the BIG Authority on little teeth.

211 East Chicago Avenue, Suite 1600 • Chicago, Illinois 60611
312-337-2169 • Fax: 312-337-6329 • www.aapd.org • www.mychildrensteeth.org

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

Regulatory Framework for Pediatric Moderate Sedation Permits, Pediatric Sub-Permits for Moderate Sedation, or Pediatric Endorsements on Moderate Sedation Permits

This regulatory framework is offered to states to ensure the safe administration of moderate sedation for dental procedures for pediatric patients. It should be incorporated into state dental practice acts and/or state dental licensing board regulations as needed for consistency and clarity.

Acronyms:

AAP: American Academy of Pediatrics

AAPD: American Academy of Pediatric Dentistry

ADA: American Dental Association

BLS-HCP: Basic Life Support for Health Care Professionals

CODA: Commission on Dental Accreditation

PALS: Pediatric Advanced Life Support

PEARS: Pediatric Emergency Assessment, Recognition, and Stabilization

Section 1: Introduction

Purpose: The objective of this regulation is to promote patient safety and uphold a zero-tolerance policy for adverse sedation events.

Definition of Pediatric Patients: For the purposes of this regulation, "pediatric" refers to individuals under the age of 13 (i.e., the child has not reached their thirteenth birthday).

Definition of Moderate Sedation: Moderate sedation is defined by the American Society of Anesthesiologists as "a drug-induced depression of consciousness during which patients respond purposefully** to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained."

Available at https://www.asahq.org/standards-and-practice-parameters/statement-on-continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia.

Goals of Sedation: The goals of procedural sedation in the pediatric patient for diagnostic and therapeutic procedures are as follows:

1. Ensure patient safety and welfare.
2. Minimize physical discomfort and pain.
3. Control anxiety and mitigate psychological trauma.

4. Facilitate safe completion of procedures through behavior modification.
5. Expedite recovery to a discharge-ready state per recognized medical standards.

Section 2: Administration of Moderate Sedation for Pediatric Patients

1. A dentist may administer moderate sedation to a pediatric patient only if holding a valid [pediatric moderate sedation permit, pediatric endorsement on a moderate sedation permit, or pediatric sub-permit for moderate sedation], at minimum.
2. The moderate sedation provider must be prepared to manage a level of anesthesia deeper than intended as it is not always possible to predict how a given patient will respond to anesthesia. The ultimate responsibility of the moderate sedation provider is to protect the patient including, but not limited to, identification and management of any complication(s) during the time of anesthesia.

Section 3: Requirements for a Pediatric Endorsement on Moderate Sedation Permits

To obtain an initial pediatric endorsement on a moderate sedation permit, applicants must submit evidence to the [State Dental Board] demonstrating:

1. Completion of a **pediatric-specific sedation training program** via one of the following pathways within the two years preceding the application:
    A. CODA-accredited advanced dental education in pediatric dentistry

    or

    B. [state dental board] approved continuing education coursework specific to pediatric moderate sedation that meets the following didactic and clinical requirements:
        1. Didactic Requirements: Complete at least 60 hours of didactic instruction in pediatric sedation (Note that BLS, PALS, or PEARS may not count toward this hour requirement) that is consistent with the most current version of *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* as adopted by the American Dental Association (ADA) and is recognized by the ADA Commission for Continuing Education Provider Recognition (CCEPR) or by the AMA PRA Credit System as continuing medical education (CME).
        2. Clinical Requirements
            a) Completion of at least twenty (20) individually-managed pediatric moderate sedation cases with sedative agent(s) administered by any route. Documentation of these cases shall be maintained and

available for review. (Note: Individually managed cases ensure that only a single course participant earns credit for each patient encounter. An individual patient may be sedated no more than once per day.)

b) Completion of at least twenty (20) additional sedation experiences by individual or group participation or with human sedation/anesthesia simulation experiences or a combination thereof

As indicated above, there are two pathways to eligibility as a sedation provider: completing a CODA-accredited advanced education program or completing at least sixty (60) credits of continuing education in sedation for pediatric patients. This CE requirement is consistent with the ADA Guidelines for Teaching Pain Control and Sedation. The following courses are examples of those that would be suitable for reaching the CE requirement:

- *AAPD Safe and Effective Sedation for the Pediatric Dental Patient (18 credits)*
- *AAPD Management of Pediatric Sedation Emergencies: Simulation (9 credits)*
- *AAPD Education Passport – Sound Bites: Basic and Advanced Elements of Oral Sedation (1 credit)*
- *AAPD Education Passport – Effectiveness of Sedation for Patients with Special Needs (2.5 credits)*
- *AAPD Education Passport – Sound Bite: Open Wide – Improving the Quality and Safety of Pediatric Dental Sedation (1 credit)*
- *AAPD Education Passport – Oral Sedation – Choices, Pitfalls and Prevention (3 credits)*
- *AAPD Education Passport – Sedation in the Dental Office for the Pediatric Patient (3 credits)*
- *AAPD Journal CE – Sedation-related publications*
- *ASA Procedural Sedation for Pediatrics (4.75 credits)*
- *ADA Sedation and Medical Emergencies in Children Part 1 (2 credits)*
- *ADA Sedation and Medical Emergencies in Children Part 2 (2 credits)*
- *AAP Pediatrics in Review Journal CE: Outpatient Sedation and Risks (Including Dental) (1 credit)*
- *CSPD Dr. Lenhart Sedation Courses Package (7.5 credits)*
- *CSPD Dr. Rothman Sedation Courses Package (7.5 credits)*

The didactic and clinical experiences noted above should include preoperative evaluation/assessment, risk management and pharmacology. Surgical setting or high fidelity simulation experiences (e.g., SimMan) that include venipuncture or intraosseous access, advanced airway placement, patient monitoring and

management of anesthetic emergencies in pediatric patients should be a component of the educational and training experiences.

2. Written certification by the residency program director or a continuing education course director indicating the applicant's competence in:
    A. moderate sedation techniques for pediatric patients, and
    B. rescuing pediatric patients from a level of sedation deeper than intended including advanced airway management and reversal medication use.

    The written certification should be provided by a course director (in residency or of a CE program) of a "Competency Course," as described by the ADA Guidelines for Teaching Pain Control and Sedation: [A course that] "consist[s] of lectures, demonstrations and sufficient clinical participation to assure the faculty that the dentist understands the procedures taught and can safely and effectively apply them so that mastery of the subject is achieved. Faculty must assess and document the dentist's competency upon successful completion of such training. To maintain competency, periodic update courses must be completed."

    Please note that the AAPD Safe and Effective Sedation course listed above functions as both a Competency Course (for trainees or initial applicants) and an Update Course (for current practitioners).
3. Documentation of certification in Basic Life Support (BLS-HCP) and Pediatric Advanced Life Support (PALS) or an equivalent (e.g., Pediatric Emergency Assessment, Recognition, and Stabilization, PEARS).
4. Proof of a properly equipped facility for monitoring, personnel, and emergency management in accordance with the latest recommendations from the AAP, AAPD, and ADA, including an attestation to utilize equipment and personnel as recommended.

Section 4: Clinical On-Site Evaluation

1. The [State Dental Board] shall conduct an on-site evaluation of facilities, equipment, personnel, and sedation techniques prior to endorsement approval.
2. The evaluation must occur at the site where sedation is performed. Each site where sedation is performed shall be evaluated.
3. Evaluations should occur at least every five (5) years.
4. Evaluations shall be performed by board-appointed consultants.

Section 5: Emergency Preparedness and Monitoring

1. An emergency cart or kit must be immediately available and include age-appropriate equipment to resuscitate a nonbreathing and unconscious child. (e.g., oral and nasal

airways, bag-valve-mask device, laryngeal mask airway (LMA) or other supraglottic devices, laryngoscope blades, tracheal tubes, face masks, blood pressure cuffs, intravenous catheters, etc.).

2. The contents of the emergency cart or kit must allow for the provision of continuous life support while the patient is transported to a medical/dental facility or to another area within the facility.
3. All equipment, medications, and emergency management plans (including transfers to a facility offering advanced emergency care) shall be regularly reviewed and maintained on a scheduled basis.
4. Patient monitoring, staff presence and training, and other considerations must be in accordance with current recommendations from the American Academy of Pediatric Dentistry, American Academy of Pediatrics, and American Dental Association.

Section 6: Pediatric Endorsement Renewal

Pediatric endorsements on moderate sedation permits shall be renewed in conjunction with dental licensure renewal, provided that the endorsement holder:

1. Maintains certification in Basic Life Support for Health Care Professionals (BLS-HCP) and Pediatric Advanced Life Support (PALS) or an equivalent (e.g., Pediatric Emergency Assessment, Recognition, and Stabilization, PEARS).
2. Completes at least six hours per year of board-approved continuing education focused on sedation-related emergency prevention or management. (Note: BLS, PALS, PEARS do not count toward this hour requirement.)
3. Conducts and documents quarterly emergency drills covering recognition and management of:
    - Cardiovascular emergencies (e.g., hypotension, hypertension, bradycardia, tachycardia).
    - Airway-related crises (e.g., hypoventilation that progresses to respiratory arrest, soft tissue or foreign body obstruction of the airway, laryngospasm, bronchospasm) and loss of capnography
    - Unexpected declines in consciousness, including consideration of multiple possible etiologies (e.g., over-sedation, stroke, seizure, street drug use, hypoxia, anaphylaxis, etc.)

    Documentation shall include the date, nature of the simulation, names, and roles of all participants. All scenarios noted above are required for simulation on an annual basis.
4. Provides documented evidence of activity in sedation procedures (e.g., case log) since the last license, permit, and endorsement renewal period.

Section 7: Provisional Privileges

1. A dentist meeting all endorsement requirements except for the clinical on-site evaluation may be granted provisional moderate sedation privileges valid for up to one year.
2. If an extension is necessary due to pending status of the on-site evaluation, the endorsement holder must submit a request at least 90 days before expiration.

Reference Materials:

- Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, Commission on Dental Accreditation. Available at https://coda.ada.org/standards.
- Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. American Academy of Pediatric Dentistry and American Academy of Pediatrics. 2019. Available at https://www.aapd.org/research/oral-health-policies--recommendations/monitoring-and-management-of-pediatric-patients-before-during-and-after-sedation-for-diagnostic-and-therapeutic-procedures/.
- Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. American Dental Association House of Delegates. 2016. Available at https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/ada_sedation_teaching_guidelines.pdf?.
- Statement on Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. American Society of Anesthesiologists. 2024. Available at https://www.asahq.org/standards-and-practice-parameters/statement-on-continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia.

For more information, please contact the AAPD Research and Policy Center at rpc@aapd.org.

About the American Academy of Pediatric Dentistry

The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its nearly 12,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents, and individuals with special health care needs. As advocates for the optimal oral health of all children, the AAPD promotes evidence-based policies, best practices, and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; supports research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Visit the AAPD website at www.aapd.org or the AAPD's consumer website at www.mychildrensteeth.org for more from the BIG Authority on little teeth.

From: Nissreen Ayyad
To: OBD Info * OBD
Subject: Letter from American Academy of Dental Sleep Medicine
Date: Wednesday, April 30, 2025 9:33:52 AM
Attachments: Dental Board Letter.pdf

To whom it may concern,

Please see the attached letter from Kevin Postol, DDS President, American Academy of Dental Sleep Medicine.

Best,
Nissreen Ayyad
Research and Health Policy Project Specialist
American Academy of Dental Sleep Medicine

901 Warrenville Road,
Suite 180
Lisle, IL 60532
Phone: 630-686-9875
Fax: 630-686-9876
Web: AADSM.org

April 30, 2025

Reza J. Sharifi, DMD
President, Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

SENT VIA EMAIL: Information@obd.oregon.gov

Dear Dr. Sharifi,

The American Academy of Dental Sleep Medicine (AADSM) recently published an update to its *Dental Sleep Medicine Standards for Screening, Treatment, and Management of Sleep-Related Breathing Disorders in Adults Using Oral Appliance Therapy*.

In this update, the AADSM identified three critical components of oral appliance therapy (OAT) for obstructive sleep apnea to be completed in person, rather than by teledentistry, specifically noting they are essential for ensuring treatment accuracy, patient safety, proper fit, and long-term success:

- The comprehensive dental sleep medicine examination where the dentist assesses the patient's existing restorations (like fillings, crowns and dentures), their teeth and bite, the temporomandibular joint, and craniofacial structures to ensure that the patient is a suitable candidate for oral appliance therapy.

- Taking dental impressions, which are imprints of your teeth, gums and surrounding oral structures taken by digital scans or dental putty and must be precise to create a custom-fit appliance that fits correctly, is comfortable and effectively treats obstructive sleep apnea.

- Taking a bite registration, which is a personalized measurement that helps the dentist find the best starting position for a patient's oral appliance.

The standards continue to outline that qualified dentists are the appropriate clinicians to provide OAT. Dentists are trained to evaluate the patient's dentition as well as intraoral hard and soft tissues; consider craniofacial structures and oral, dental, and periodontal tissues to select the appropriate appliance for a patient; and manage treatment effects from OAT on the temporomandibular joint (TMJ), dental occlusion, and related structures - all which impact adherence and treatment success.

Thank you in advance for considering these papers as you continue to ensure public safety. A repository of AADSM standards is available at aadsm.org/standards_for_practice.php, and the AADSM is available as a resource should you want any additional clinical expertise on the topic of OAT for obstructive sleep apnea. Please reach out to kpostol@aadsm.org.

Sincerely,
Kevin Postol, DDS
President, AADSM

OTHER ISSUES

COMMITTEE INFORMATION

EXECUTIVE COMMITTEE

The Executive Committee is empowered to act on behalf of the Commission between Commission meetings, except for rulemaking, amendment to bylaws or amendment of the Compact.

Position	Name	State/Affiliation
Chair	Dr. Matthew Bistan	Wisconsin
Vice Chair	Bridgett Anderson	Minnesota
Treasurer	Corey Schaal	Ohio
Secretary	Jamie Sacksteder	Virginia
Member-at-Large	Vacant	

RULES COMMITTEE

The Rules Committee develops compact rules, bylaw amendments, and policies for consideration by the Commission. They also review current rules and policies and recommend amendments.

Name	State/Affiliation
Dr. Matthew Bistan	Wisconsin
Bridgett Anderson	Minnesota
Corey Schaal	Ohio
Jamie Sacksteder	Virginia
Catharine Roner-Reiter	Washington

FULL COMMISSION MEETINGS

Meetings of the Dentist and Dental Hygienist Compact Commission are listed below. Per the model legislation, all commission meetings are open to the public and require 30 days notice.

Public Participation: Opportunity for public comment will be provided at each commission meeting. To request the opportunity to submit written or oral public comment, please contact dentalcompact@csg.org with the subject line "Public Comment Request" at least 48 hours prior to the meeting. Please identify which agenda item you are requesting to speak on.

To register to attend a meeting, click register below.

Date	Location	Agenda	Documents	Minutes
August 28, 2024 9:00 AM EST	Zoom	Agenda	Meeting Packet	Minutes
January 21, 2025 10:00 AM EST	Register	Meeting Packet	Governance Document Drafts	Minutes
March 10, 2025 1:00 PM EST	Register	Agenda	Data System RFI	Minutes
May 12, 2025 1:00 PM EST	Register	Agenda		

DDH Dentist and Dental Hygienist Compact

DDH Compact Executive Committee Agenda
June 2, 2025 1:00 p.m. ET

Register for Zoom: https://csg-org.zoom.us/webinar/register/WN_31_hwGCFQGumUhG5HbQPLw

Public Participation: To request the opportunity to submit written or oral public comment, please contact dentalcompact@csg.org with the subject line "Public Comment Request" at least 48 hours prior to the meeting. Please identify which agenda item you are requesting to comment on.

1:00 p.m. ET	**Call to Order**
	Roll Call
	Adoption of Agenda*
1:10 p.m.	**Data System Discussion**
	Potential Components
	Sample RFP
1:45 p.m.	**Delegate Comment and Questions**
	Public Comment and Questions
	Schedule Next Meeting
2:00 p.m.	**Adjourn**

* Indicates agenda item requires Commission vote

Outlook

Written Comment for May 12 CSG D/DH Compact Commission Meeting

From PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Date Fri 5/9/2025 8:30 AM
To dentalcompact@csg.org <dentalcompact@csg.org>
Cc Sacksteder, Jamie (DHP) <jamie.sacksteder@dhp.virginia.gov>; Anderson, Bridgett (HLB) <bridgett.anderson@state.mn.us>; drmatt@sigdentwi.com <drmatt@sigdentwi.com>
Bcc ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>

Commissioners,

I recommend you direct CSG Staff to post all meeting materials at least 5 business days before any regular and/or public meeting. Interested parties and the public need sufficient time to review meeting materials to provide the Commission important feedback and input on Commission work. An agenda is not enough information. This will inspire trust and transparency in your work.

Thank you,
Stephen Prisby

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."

DDH Compact Commission Meeting Minutes – March 10, 2025

Zoom Webinar

State	Name	Voting Member	Attendance
Colorado	Yukon Morford	x	*x*
Iowa	Jessica O'Brien	x	*x*
Kansas	Lane Hemsley	x	
Maine	Penny Vaillancourt	x	*x*
Minnesota	Bridgett Anderson	x	x
Ohio	Corey Schaal	x	x
Tennessee	Ailene Macias	x	*x*
Virginia	Jamie Sacksteder	x	x
Washington	Catharine Roner-Reiter	x	x
Wisconsin	Dr. Matthew Bistan	x	*x*
	Name		
Iowa	Dakota Allison	alternate	
Kansas	Charity Carlat	alternate	x
Maine	Gregory V. Sarka	alternate	
Tennessee	Suzanne DuVall	alternate	
Virginia	Erin T. Weaver	alternate	
Washington	Bruce Bronoske	alternate	*x*

Note- Quorum = 6/10

Name	Agenda	Approve Minutes	RFI with deadline edit	Adjourn		
Yukon Morford						
Jessica O'Brien						
Lane Hemsley						
Penny Vaillancourt			1			
Bridgett Anderson		1		2		
Corey Schaal	1	2	2	1		
Ailene Macias						

Jamie Sacksteder						
Catharine Roner-Reiter	2					
Dr. Matthew Bistan						
	Motion passes	Motion passes	Motion passes	Motion passes		

1:01 p.m. – Call to Order

Roll Call: CSG takes attendance.

Adoption of Agenda:

- Chair Bistan introduces the agenda for adoption.

Motion

- **C. Schaal motions to adopt the agenda.**
- **C. Roner-Reiter seconds.**
- **All members voted in favor. Agenda is adopted.**
-

Review and Adoption of Minutes from January Meeting:

- Chair Bistan introduces minutes for review.

Motion

- **B. Anderson motions to adopt the minutes.**
- **C. Schaal seconds.**
- **All members voted in favor. Minutes are adopted.**

Legislative Update:

- **M. Shafer** reports that 16 active bills have been introduced in state legislatures as of March 10, 2025.

RFI

- **Chair Bistan** introduces RFI agenda item. Asks for questions and comments.
- **P. Vaillancourt** asks for clarification about social security numbers. How will the RFI deal with states that do not use social security numbers?
    - **S. Nance** explains unique identifiers will be established in rulemaking. Some compacts use testing numbers or some other unique identifier specific to the profession. The responses to the RFI will not have confidential information.
- **C. Schaal** asks about application process and fee structure related to RFI.
    - **M. Shafer** this would be established in a rulemaking process as well. Typically the data system would also handle application process and fees.
- **J. Sacksteder** asks about timeline and proposals received
    - **J. Thomas** clarifies this has not yet been posted. Timeline is an example and will be changed before posting when a deadline is set.
- Deadline of May 5, 2025 established so that committee can review the responses at the May 12, 2025 commission meeting.

Motion

- **P. Vaillancourt motions to release the RFI with amended May 5, 2025 deadline.**
- **C. Schaal seconds.**
- **All members voted in favor. RFI is finalized.**

Discussion of Rule on Clinical Assessment:

- **Chair Bistan** introduces the agenda item.
- **B. Anderson** speaks to looking for commonalities instead of anomalies. Would like the rulemaking committee to look for what the states have in common.
    - **Chair Bistan** agrees, want to make sure the rules committee comes out with something that the commission can agree on.
- **Chair Bistan** asks for input on diploma privilege counting as a clinical assessment.
    - **S. Nance** the commission can give directive to the rules committee as they are drafting a rule.
    - **P. Vaillancourt** asks for more information about the Marquette diploma privilege. Does not want to single out one school inappropriately.
        - Chair Bistan explains that Wisconsin counts graduating from the Marquette program as satisfying all clinical assessments required for

licensure in Wisconsin. The rules committee may not want to count this pathway as it is an outlier.
        - Chair Bistan gives some further background on clinical assessments and references the clinical assessments accepted by the ten current member states.
        - S. Nance explains this question of Marquette is taking up some time in testimony and having a clear answer from the commission would help other states in their decision.
- **B. Anderson** this is an anomaly, supportive of not allowing the Marquette diploma pathway.
    - C. Roner-Reiter, J. Sacksteder, Y. Morford, J. O'Brien, C. Schaal all agree with B. Anderson
- **C. Schaal** concern that with Ohio's reciprocity laws, these Wisconsin dentists could get an Ohio license after one year of practice. This is something to keep in mind with the data system.
    - **Chair Bistan** there are still qualifiers outside of the qualifying license that a dentist would need to meet, they'd have to check all the boxes to use the compact.
    - **S. Nance** timely point as the commission looks at data sytstems. Make sure there are ways to track clinical assessment and whether people meet that requirement.
- **Chair Bistan** Clarifies that this does not need a formal vote yet. Summary that the rules committee will not be considering Marquette diploma as meeting the clinical assessment requirement as they draft a clinical assessment rule.

Rules Committee Volunteers: Bridgett Anderson, Dr. Matt Bistan, Catharine Roner-Reiter, Jamie Sacksteder and Corey Schaal

Meeting Summary and Next Steps

- **M. Shafer** CSG will be sending out and posting the RFI, Rules Committee will meet, these are also public meetings.
    - **S. Nance** reviews the steps for rulemaking. The rulemaking committee will draft a rule and vote it out to the commission, the commission will meet to approve the rule, there will be a public hearing with at least 30 days notice for written or verbal comments.

Public Comment and Questions:

- **J. Thomas** There were no submitted public comments.
- **M. Shafer** answers one public question: Who are the commissioners and how are they appointed?
    - The commissioners are representatives of the ten member states. They are representatives of each state dental board/licensing authority.

Adjournment

Motion

- **C. Schaal motions to adjourn the meeting.**
- **B. Anderson seconds.**
- **All members voted in favor. Meeting adjourned 1:46 p.m. ET.**

NEWSLETTERS & ARTICLES OF INTEREST

DANB
Dental Assisting National Board

Now in Spanish: Expanded functions and infection control exams

Oregon dental assistants can now take several DANB exams in Spanish, including DANB's Infection Control exam and several Oregon state exams. DANB worked closely with dental leaders in Oregon to make the exams available. DANB's Radiation Health and Safety (RHS) exam has been available in Spanish since January 2024.

"Nearly 15% of Oregon's population identify as Hispanic or Latino, and the community is growing," said Stephen Prisby, Oregon Board of Dentistry Executive Director. "Offering Oregon's dental assisting exams in Spanish supports Spanish-speaking dental assistants in earning credentials and growing their careers. It also positions them to be excellent oral healthcare providers to Spanish-speaking patients."

Additionally, DANB offers study materials and other resources in Spanish.

Later this year, Oregon exams will be available in Vietnamese.

Exams available in Spanish

- Infection Control (ICE) exam
- Radiation Health and Safety (RHS) exam
- RHS/ICE exam
- Oregon Expanded Functions General Dental Assisting exam (ORXG)
- Oregon Expanded Functions Orthodontic Assisting exam (ORXO)

Practice tests in Spanish

- ICE Practice Test
- RHS Practice Test

Learn more about DANB exams in Spanish.

About DANB exams in Spanish

The exams are offered in Modern Spanish. DANB worked closely with exam translation consultants and subject matter experts to ensure exam accuracy and integrity. The exams in English and Spanish are equivalent. They follow the same exam outline, use the same question bank, have the same pass point, and have been constructed based on the same psychometrically valid principles. Candidates who opt to take the exam in Spanish will be able to see the questions in English or Spanish.

Oregon Hispanic population data: Oregon Office of Economic Analysis

ADEA Trends in Dental Education 2024-25

Empower Tomorrow in Oral Health Education

ADEA | THE VOICE OF DENTAL EDUCATION

Access the interactive version with videos, charts and downloadable data at **ADEA.org/ADEATrends**

ADEA Trends in Dental Education 2024-25: Empower Tomorrow in Oral Health Education

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Foreword

I am very pleased to present this report on ADEA Trends in Dental Education 2024-25. I would like to thank the oral health education community for your participation in this valuable research. It is through your solid and generous commitment that we are able to analyze trends, identify influencers of change, and assess opportunities to improve the oral health education landscape.

There are several factors that can play a role in impacting our academic environment, including cultural shifts, economic circumstances, technological breakthroughs and curriculum interests. Through the findings of this report, we can determine how these and other factors have played a role in shaping the outlook of oral health education. As an example, you'll find a healthy boost in the interest of such disciplines as dental hygiene, endodontics, orthodontics and dentofacial orthopedics, expanding the focus of oral health education. There is also a steady trend of the increase in female faculty at U.S. dental schools.

And too, there is the recognition that AI will play a significant role in the oral health learning environment.

Some of the findings also prepare us for the challenges facing our industry. There is data that indicates we can expect fewer high school graduates in the near future. And the rising cost of tuition remains an immediate concern.

While these highlights are just a sampling of the comprehensive materials you will find in this report, I invite you to thoroughly review these findings to generate new thinking and strategy development. Recognized as "The Voice of Dental Education," ADEA is your leader in these ongoing efforts to gain insights, evaluate trends and promote oral health education. Together, we will lead the charge for innovation, advancements and success in oral health education.

Karen P. West

Karen P. West, D.M.D., M.P.H.
ADEA President and CEO

Executive Summary

Key findings of this edition include:

1. **Academic dentistry is expanding.** As of November 2024, there were 1,440 Commission on Dental Accreditation (CODA) accredited dental education programs, present in every U.S. state, the District of Columbia and Puerto Rico (Fig. 1.1). After the closing of seven dental schools between 1978 and 2001, the trend has been upward for predoctoral programs (Fig. 1.2). In the past 23 years, 21 dental schools were CODA accredited in the United States and Puerto Rico, nine between 2020 and fall 2024 (Fig. 1.3).

The number of accredited allied dental education programs was 585 in fall 2024, still lower than the peak of 2011, with some of the dental assisting programs letting their accreditation expire (Fig. 1.4). Accredited advanced dental education programs reached a high of 780 in fall 2024 (Fig. 1.5).

When it comes to school finances, both revenues and expenditures of U.S. dental schools expanded at about 3% annually on average between FY 2013 and FY 2023 (Fig. 1.6). Schools increasingly had to rely on student tuition and fees as all the other revenue sources declined for the past decade (Fig. 1.7). Patient care services revenue is one of the sources of funding that grew slowly. One reason is the larger share of Medicaid and/or CHIP in dental school clinics revenue than the national average(Fig. 1.8). On the expenditures side, expenses associated with patient care services were rising faster than the overall school expenditures(Fig. 1.9).

2. **There are more applicants, more applications and earlier decisions to pursue a career in dentistry than five years earlier.** Personal dental experience is the most influential factor for students to apply to predoctoral or allied dental programs (Fig. 2.1). And the decision to pursue a career as a dentist was occurring earlier, before going to college for more than half of the respondents to the 2024 ADEA U.S. Predoctoral Senior Student Survey (Fig. 2.2).

U.S. dental schools continued their mission to train and educate oral health professionals and provide oral health care through their clinics to local communities.

A lower cost of attendance and proximity to family and friends were the most frequently cited reasons by predoctoral students for choosing the school they were graduating from in 2024, similar with 2019 (Fig. 2.3).

Most types of oral health education programs saw increases in the number of applicants and/or applications. Predoctoral programs attracted 12% more applicants to start dental school in 2024 than five years before (Fig. 2.4). In terms of applications, advanced dental education programs recorded an 18% increase between 2018-19 and 2023-24, with a surge of interest in endodontics and orthodontics and dentofacial orthopedics (Fig. 2.5). Dental hygiene applications also soared over the past five years, a 23% increase, while dental assisting and dental laboratory technology continued their decline (Fig. 2.6).

3. The growth in the number of applicants and/or applications has not translated yet into more enrollees and graduates over the past five years. The rise of the number of applicants is encouraging for the years to come, but is not yet converting into a large enrollment increase across oral health education programs (Fig. 3.1). First-year enrollment and number of graduates actually declined between 2018-19 and 2023-24, with only predoctoral consistently on an upward trend among oral health education programs (Fig. 3.2). The 2024 entering class is the largest predoctoral cohort in 20 years (Fig. 3.3). There is more variety in terms of race and ethnicity among students, first-year or overall, and graduates in academic dentistry than five years before (Fig. 3.4, 3.5 and 3.6). By 2023-24, women represented the majority of students and graduates, at different rates across oral health education programs (Fig. 3.7). When it comes to funding an oral health degree, predoctoral students continue to use loans for two thirds of their cost, while allied students rely more on grants and scholarships and financial support from close ones (Fig. 3.8 and 3.9).

For predoctoral students graduating with debt, education debt remains on the rise, reaching $312.7 thousands by 2024 (Fig. 3.10). With a lower cost of attendance, less than half of allied students graduated with education debt in 2024 (Fig. 3.11). Working in private practice immediately upon graduation increased in popularity among predoctoral students over the past five years and is the top choice for more than two thirds of the graduating allied students in 2024 (Fig. 3.12).

The competition for a place in a U.S.-accredited advanced dental program is robust, with applications numbers growing in double digits between 2018-19 and 2023-24 and first-year enrollment dropping between those two years (Fig. 3.13). General dentistry recorded a significant decline in number of incoming matriculants in 2023-24 versus 20218-19, also reflected in the overall enrollment trends between the two years (Fig. 3.14 and 3.15).

4. **Dental schools recorded higher turnover among faculty and deans and greater numbers of female faculty between 2018-19 and 2023-24.**
Dental schools had more new faculty in 2022-23 than in 2018-19, mainly from other schools for full-time and private practice for part-time (Fig. 4.1). Related, leaving for other academic opportunities was cited more often by departing faculty in 2022-23 than four years before (Fig. 4.2). In terms of demographics, there were more female faculty in allied programs and dental schools and they were more likely to be under age 49 than male faculty (Fig. 4.3–4.6). The race and ethnicity figures for 2022-23 for dental school faculty are difficult to interpret, given that one in four faculty had unknown race and ethnicity and/or undisclosed legal status information (Fig. 4.7). No major changes were recorded in terms of race and ethnicity among allied faculty (Fig. 4.8).

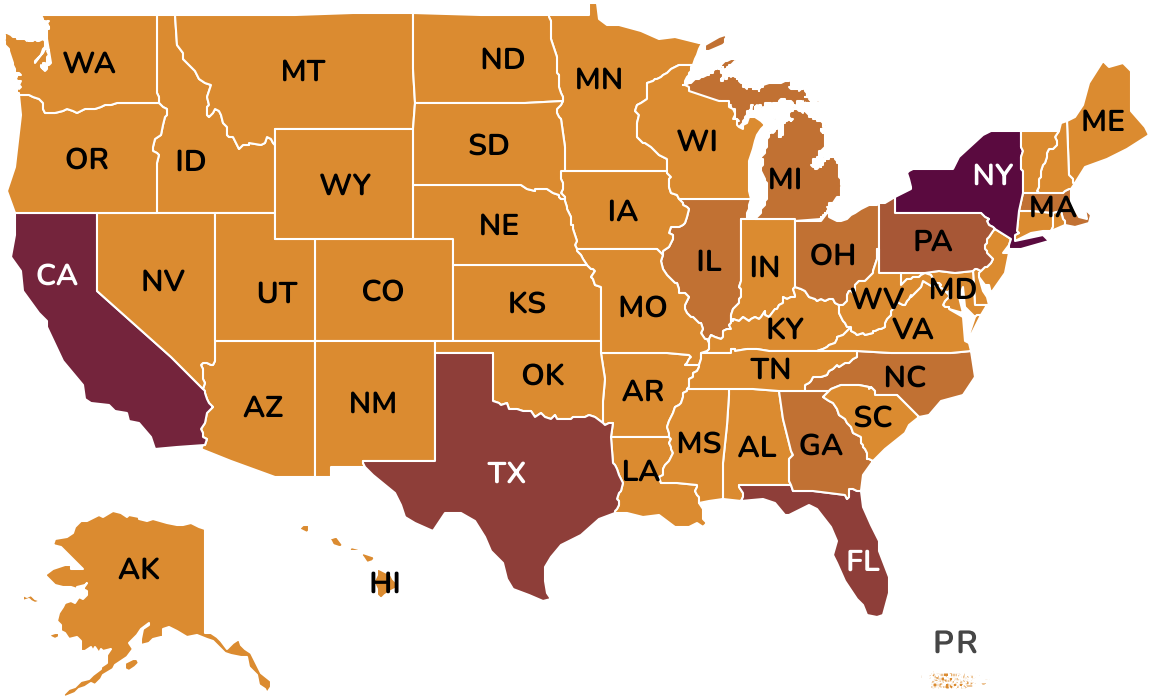
Dental school deans are also seeing changes in the United States and differences with their Canadian counterparts. The percentage of women among the U.S. deans nearly tripled between 2002 and 2024, while Canada has gender parity among deans (Fig. 4.9). With new schools receiving accreditation between 2021 and November 2024, more U.S. deans had a primary discipline in General-Operative-Restorative or General Practice/Advanced Education in General Dentistry/Hospital Dentistry in 2024 than in 2021 (Fig. 4.10). The shortening of the tenure as a dean at U.S. schools points towards the turnover of deans at existing schools; by 2024, a U.S. dean had been in their position 3.3 years, less than 5 years in 2021 and more than the 2.7 years tenure of Canadian deans (Fig. 4.11). U.S. deans are more likely to have a predoctoral dental degree than Canadian deans, but less likely to have a doctoral degree such as Ph.D., M.D., Ed.D., DSc.D. and J.D. or be dean at the school where they completed their dental education (Fig. 4.12).

5. The rapid development and deployment of Artificial Intelligence (A.I.) adds to the economic and policy environment uncertainty facing dental education.
Before the change in administration, the U.S. Congressional Budget Office (CBO) predicted inflation to fall in 2025 and 2026, and subsequently the U.S. Federal Reserve to reduce interest rates through 2026 (Fig. 5.1). Dental schools were already under the strain of insufficient government funding relative to their expenditures, as seen over the past decade (Fig. 5.2). In terms of population, CBO predicted 13 million fewer people aged 24 years and younger between 2025 and 2055 (Fig. 5.3). The demographic challenge will translate into fewer high school graduates between 2026 and 2031, which brings increasing uncertainty to the applicant pool starting in early 2030s (Fig. 5.4). Asked in 2023, higher education and higher education faculty and staff thought that AI would help reduce their workloads and be used for learning analytics by 2026, while contributing to more academic dishonesty (Fig. 5.5).

Section 1. Dental Education Programs

The Past, The Present and The Future

Fig. 1.1 The Landscape of Dental Education, November 2024



1,440 Commission on Dental Education (CODA) accredited dental education programs in the 50 U.S. states, DC and Puerto Rico in fall 2024:

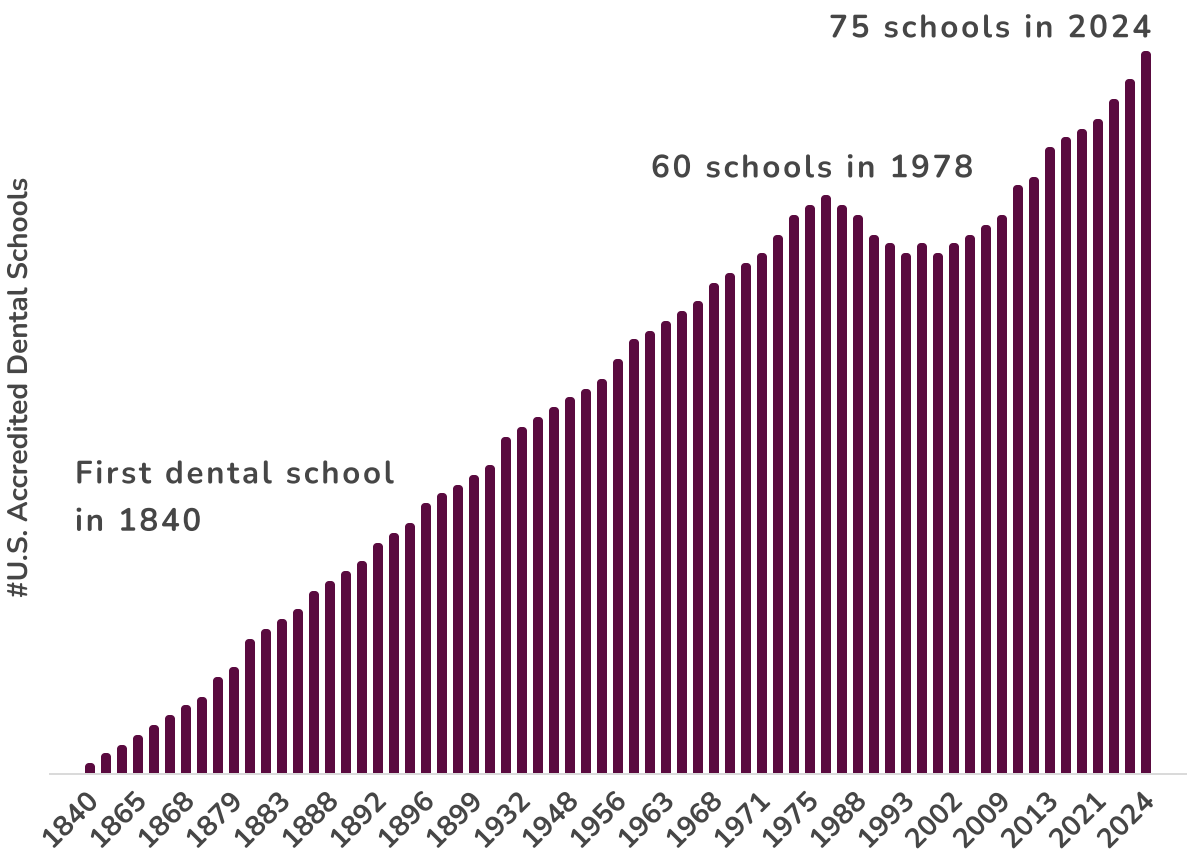
- 75 predoctoral dental programs in 37 states, DC and PR;
- 780 advanced dental education programs in 45 states, DC and PR; and
- 585 allied dental education programs in 50 states, DC and PR.

This includes:

- 342 dental hygiene education programs.
- 227 dental assisting education programs.
- 13 dental laboratory technology programs.
- 3 dental therapy programs.

Sources: ADEA analysis of Commission on Dental Accreditation data, Search for Dental Programs, as of November 2024.

Fig. 1.2 Number of U.S. Predoctoral Dental Education Programs/Dental Schools, 1840-2024



75 accredited dental schools in the U.S. states, DC and Puerto Rico in fall 2024.

Predoctoral Dental Degrees Awarded:

- D.M.D.
- D.D.S.

Time to Completion:

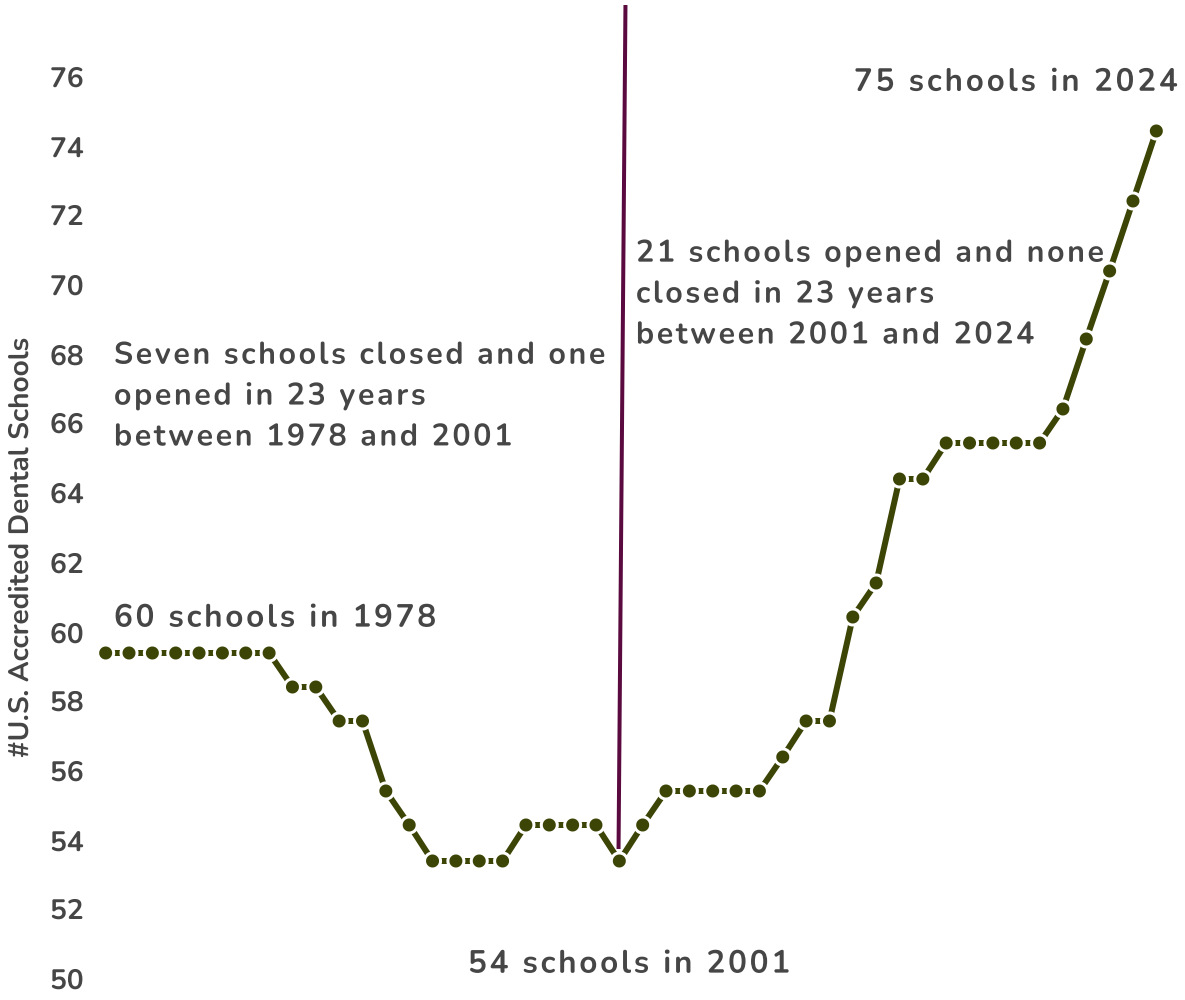
- 72 programs with 4 years of education;
- One school with a first class of 3.5 years;
- Two programs with 3 years of education.

The oldest dental school in the world:

The Baltimore College of Dental Surgery, established in 1840, was the first dental school in the United States and the world.

Sources: The analysis shows only the years with a changing number of dental schools. ADEA analysis of founding year, first accreditation year for schools accredited since late 1990s and closing year of U.S. dental schools. Stats based of Commission on Dental Accreditation data, Search for Dental Programs, as of November 2024. ADA, Health Policy Institute, Commission on Dental Accreditation Dental Education Program Enrollment and Graduates Report, 2022-23 and 2023-24; ADA, Health Policy Institute, Commission on Dental Accreditation Survey of Dental Education Series, 2021-22; and school websites for the duration of predoctoral programs for Kansas City University College of Dental Medicine, Lincoln Memorial University College of Dental Medicine, and Ponce Health Sciences University School of Dental Medicine.

Fig. 1.3 Closed and New U.S. Dental Schools, 1978-2024

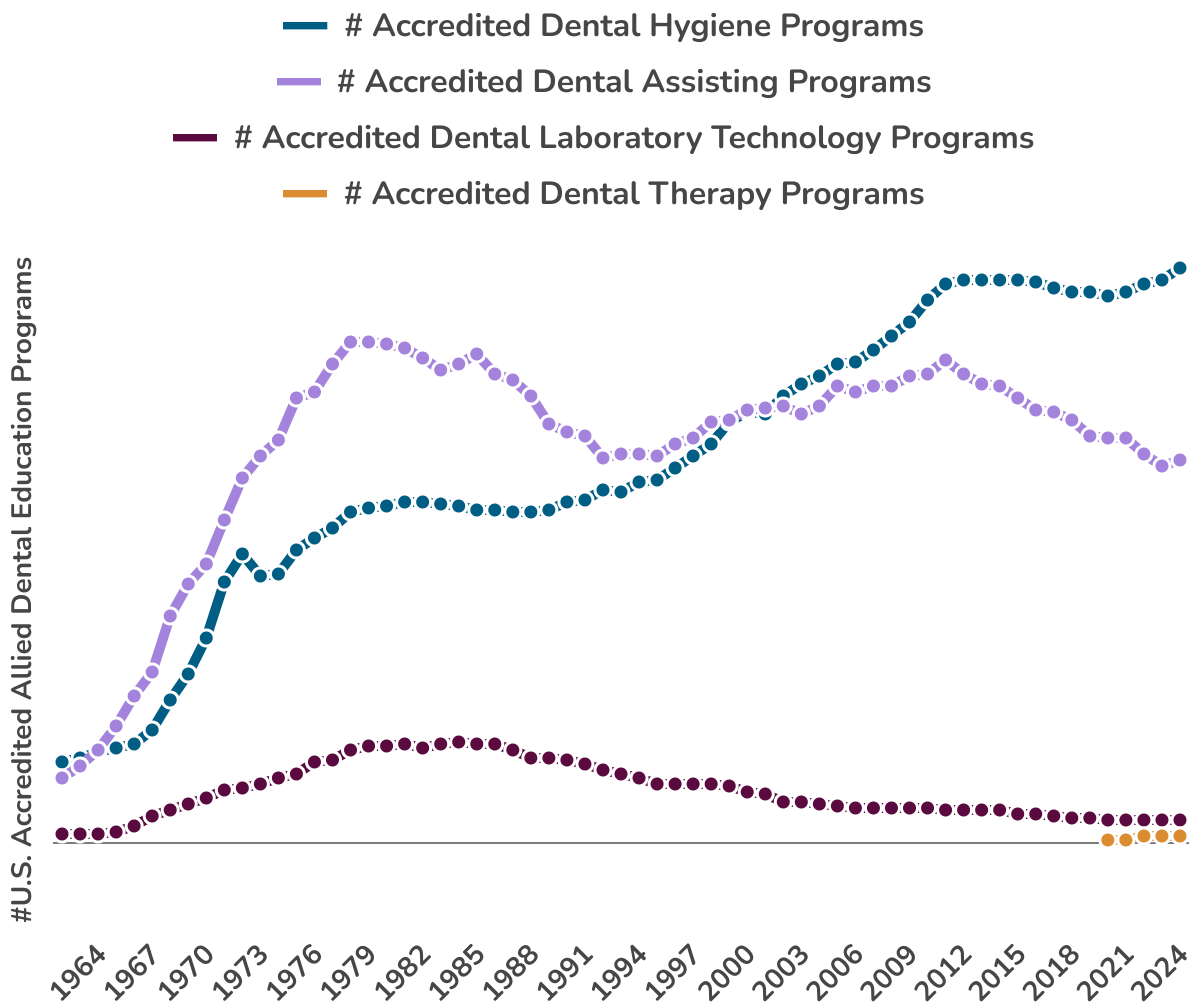


Sources: ADEA analysis of first accreditation year of U.S. dental schools. Based of Commission on Dental Accreditation (CODA) data, Search for Dental Programs, 2001-2024.

Of the 21 schools that opened in the U.S. states, DC and Puerto Rico between 2001 and 2024, nine received initial CODA accreditation between 2020 and fall 2024:

- 2024: Northeast Ohio Medical University Bitonte College of Dentistry
- 2024: Pacific Northwest University of Health Sciences School of Dental Medicine
- 2023: High Point University Workman School of Dental Medicine
- 2023: Universidad Ana G. Méndez - Gurabo, School of Dental Medicine
- 2022: Lincoln Memorial University College of Dental Medicine
- 2022: Ponce Health Sciences University School of Dental Medicine
- 2021: Kansas City University College of Dental Medicine
- 2021: California Northstate University College of Dental Medicine
- 2020: Texas Tech University Health Sciences Center El Paso Woody L. Hunt School of Dental Medicine

Fig. 1.4 Number of U.S. Accredited Allied Dental Education Programs, 1962-2024



585 accredited allied dental programs in the U.S. states, DC and Puerto Rico in fall 2024:

- 342 Dental Hygiene
- 227 Dental Assisting
- 13 Dental Laboratory Technology
- 3 Dental Therapy

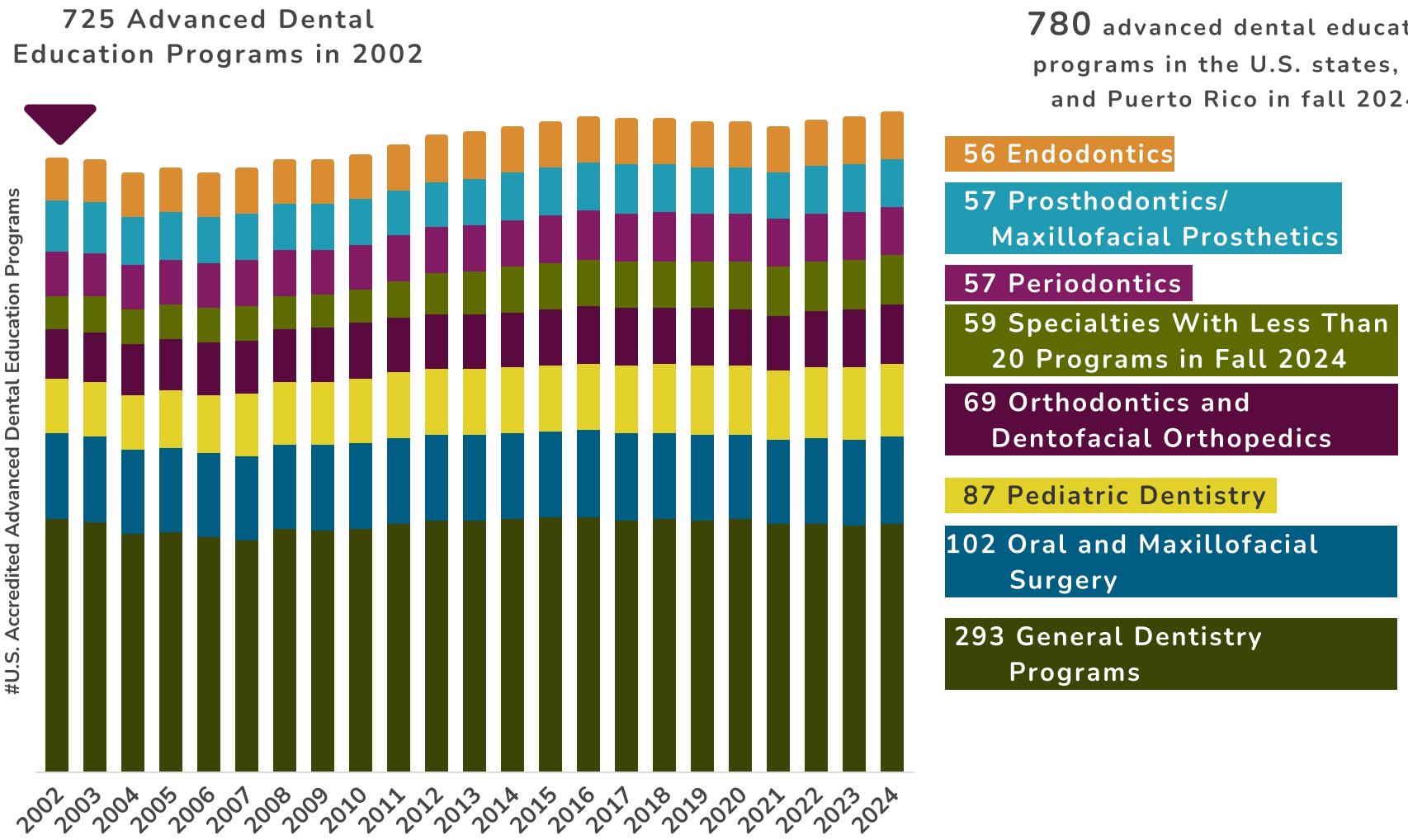
Allied Dental Degrees Awarded:

- Associate Degree
- Diploma
- Certificate
- Baccalaureate degree
- Baccalaureate degree in Dental Hygiene
- Bachelor of Science in Dental Technology

Time to completion:
10 to 180 weeks

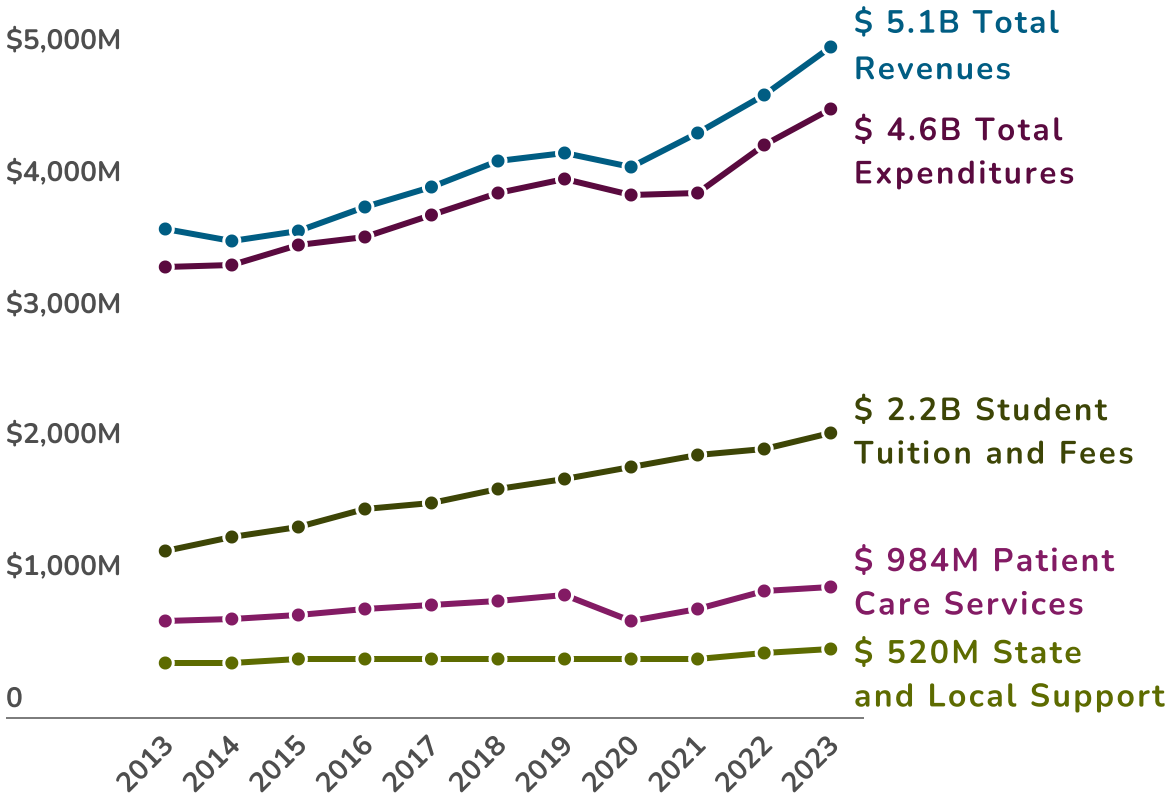
Sources: ADEA analysis ADA, Health Policy Institute, Commission on Dental Accreditation, Survey of Allied Dental Education, 1962-63 to 2010-11; 2011-12 to 2021-22; Dental Education Program Enrollment and Graduates Report, 2022-23. 2024 data are based on Commission on Dental Accreditation (CODA) data, Search for Dental Programs, as of November 2024.

Fig. 1.5 Number of U.S. Accredited Advanced Dental Education Programs, 2002-2024



Notes: General dentistry includes general practice residency, advanced education in general dentistry, dental anesthesiology, oral medicine, and orofacial pain. Specialties with less than 20 programs in November 2024 include dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, clinical fellowship to oral and maxillofacial surgery, clinical fellowship in orthodontics and orthodontics/periodontics,
Source: 2024 data are based on Commission on Dental Accreditation (CODA) data, Search for Dental Programs, as of November 2024. ADEA analysis of ADA, Health Policy Institute, Commission on Dental Accreditation Survey of Advanced Dental Education, 2011-12 to 2022-23.

Fig. 1.6 Main Revenue Sources and Total Expenditures of U.S. Dental Schools, Current Dollars, FY 2013 to FY 2023

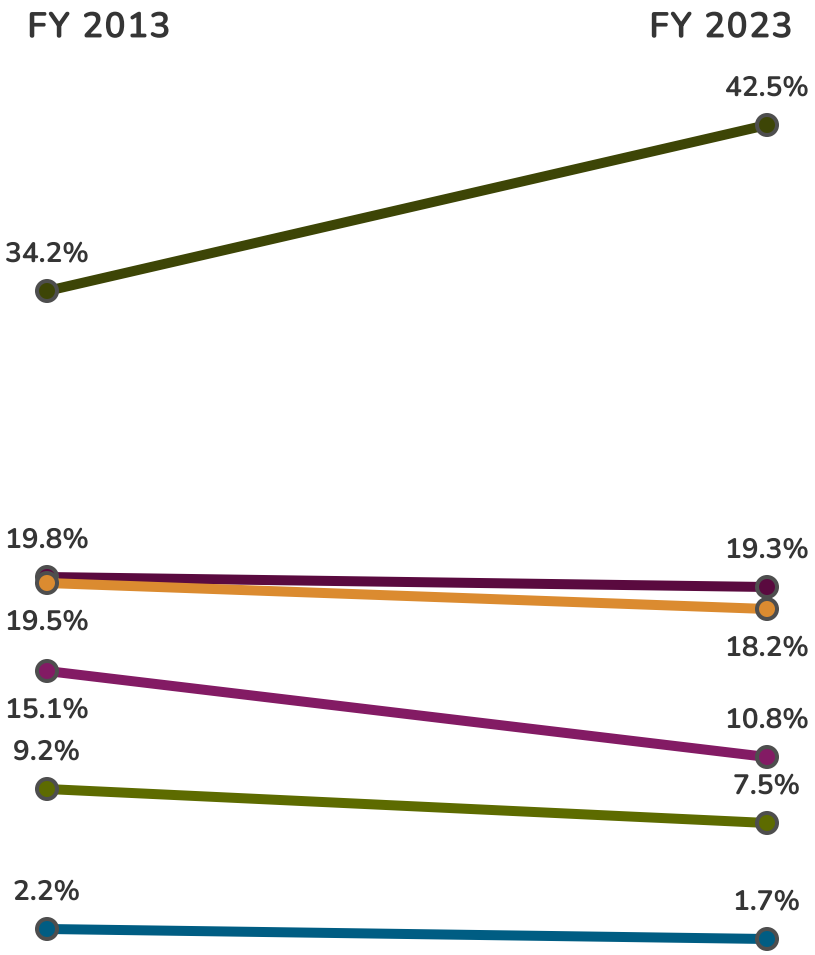


In FY 2023:

- Dental schools were fiscally solvent, with the margin between revenues and expenditures at $468.5 million. These are funds that schools use to build facilities and fund research and/or scholarships and financial aid.
- Tuition and fees revenues passed $2.1 billion, growing at a slower rate than overall dental school revenues.
- After a major drop in 2020, patient care services revenues reached the highest level for the past decade.

Notes: Revenue categories and total expenditures are from the the Group III-Financial Management section of the ADA Survey of Dental Education, as collected by the ADA Health Policy Institute (HPI), on behalf of the Commission on Dental Accreditation (CODA). The audit of colleges and universities prepared by the American Institute of Certified Public Accountants is the basic reference manual for the construction and interpretation of the ADA survey.
Sources: ADEA analysis of American Dental Association, Health Policy Institute, 2023-24 Survey of Dental Education (Group III).

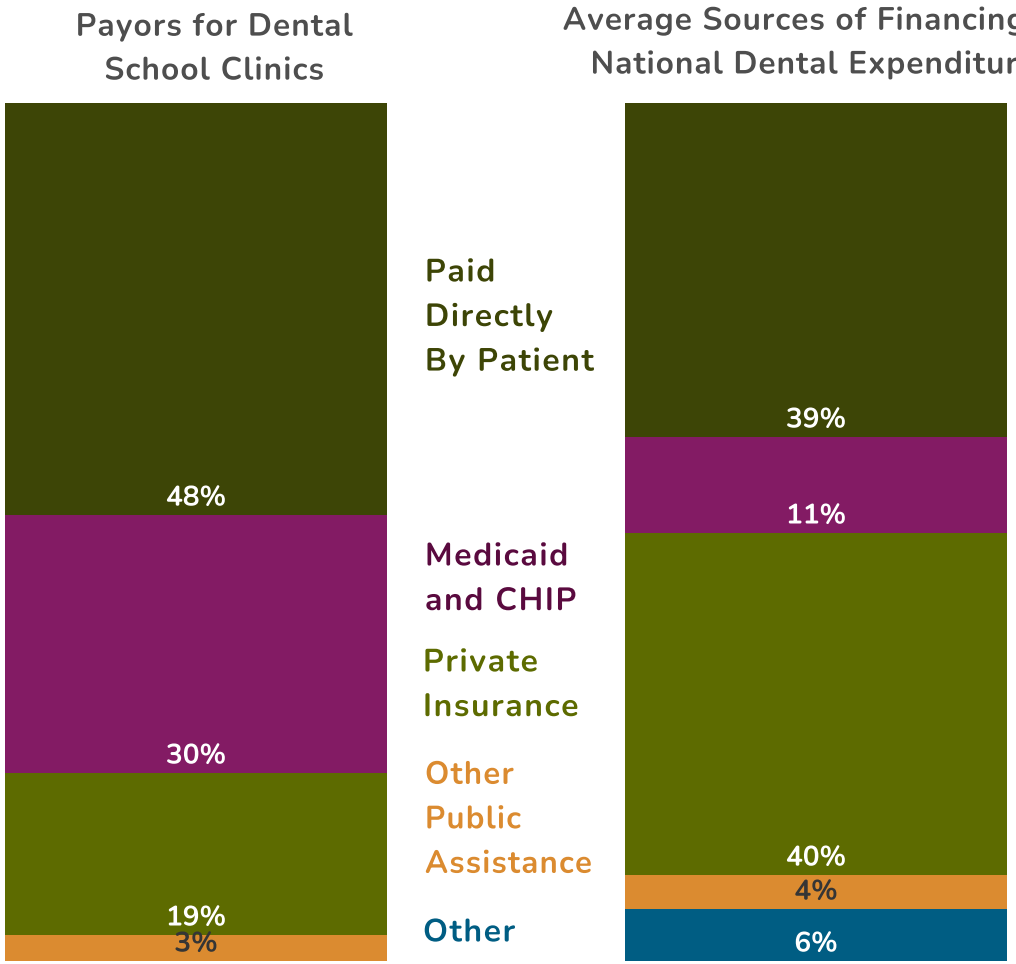
Fig. 1.7 Revenue Sources of U.S. Dental Schools, % of Total Revenue, FY 2013 and FY 2023



- Tuition and fees made a greater share in dental school budgets, compensating for the slower growth of the other sources of revenues.
- Parent university, federal, state and local governments support grew at a slower pace than overall dental school budgets between FY 2013 and FY 2023, resulting in a smaller financial contribution to dental schools' bottom line.
- Patient care services have become a smaller source of revenue for dental schools, but the decline has been limited.

Notes: Percentages might not total to 100% due to rounding. "Government Financial Support" includes revenue from state and local governments and federal, such as support for education, Graduate Medical Education, direct support for research and training and a share of the indirect cost of research and training grants retained by the dental schools proportional with the share of the federal direct support of the entire direct cost of research and training funding. "Other Revenue Sources" include the following revenue sources: continuing education revenue, auxiliary enterprises revenue, gift revenue, endowment earnings, financial aid revenue and miscellaneous. Revenue source categories are ADEA created based on the data from the ADA Survey of Dental Education, as collected by by the ADA Health Policy Institute (HPI), on behalf of the Commission on Dental Accreditation (CODA).
Sources: ADEA analysis of American Dental Association, Health Policy Institute, 2013-14 and 2023-24 Surveys of Dental Education (Group III).

Fig. 1.8 Main Payors for Oral Health Care Patient Care Services: Percentage of Revenue for Dental School Clinics and for U.S. National Dental Expenditures, FY 2021

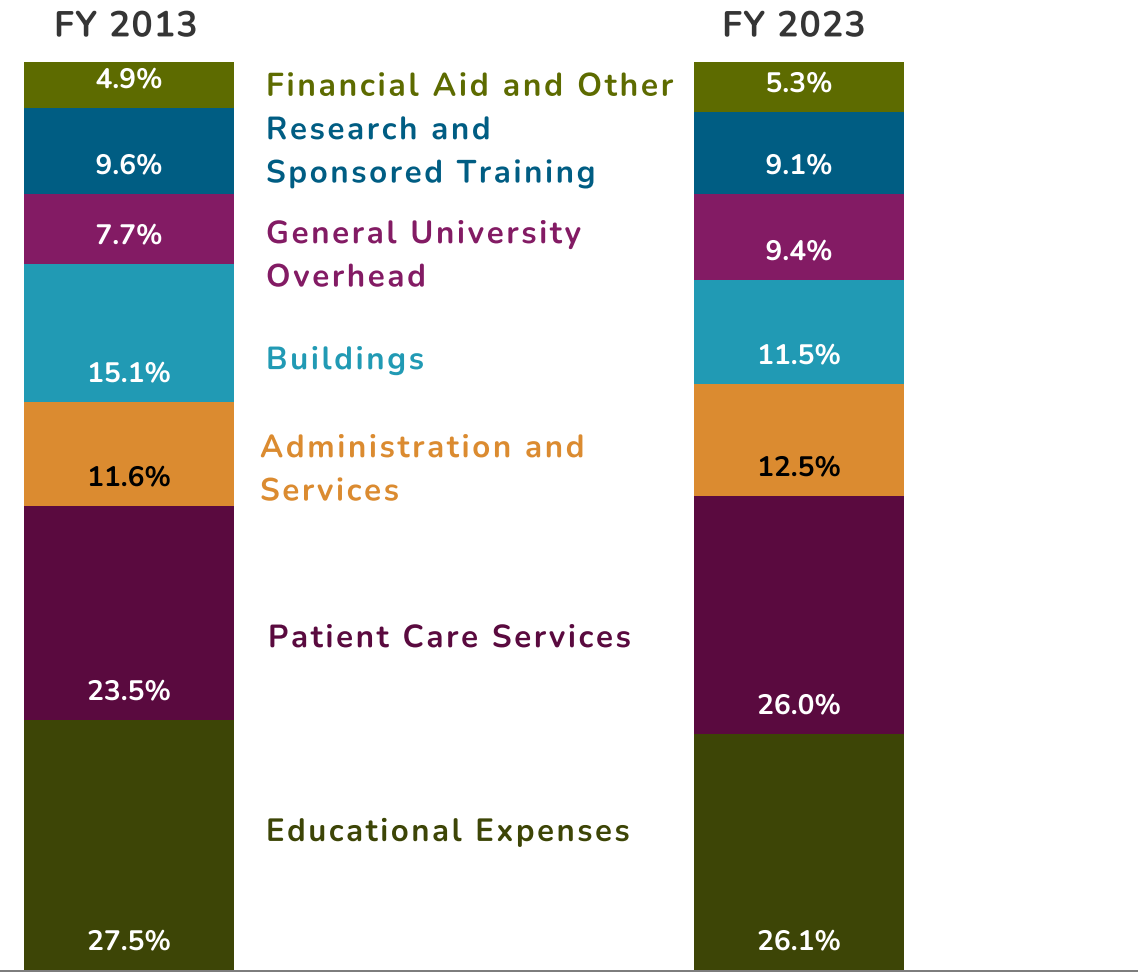


- The Medicaid program significantly affects the levels of dental schools' patient revenue.
- Medicaid and/or CHIP represented about a third of the revenue at dental school clinics, much higher than their representation in national dental expenditures, according to a 2024 ADEA study.
- The low Medicaid reimbursement rates contributed to declining patient services as a revenue source for dental schools. According to an ADA analysis, the 2024 national rate of Medicaid fee-for-service reimbursement as a percentage of average dentist charges was 39.2% for child dental care services and 29.9% for adult dental care services,

Notes: The "Other" category in the national dental expenditures includes the Paycheck Protection Program (PPP) and the Provider Relief Fund (PRF). The "Other Public Assistance" category for national dental expenditures includes Medicare, U.S. Department of Defense and U.S. Department of Veterans Affairs. For dental schools, the "Other Public Assistance" category refers to the government programs, at any level of government, that provide public dental insurance coverage, besides Medicaid/CHIP.

Sources: Istrate EC, Singh, P, Lawton KB, Gül G, West KP. Dental Schools in the Community: Expanding Access to Oral Health Care Services. American Dental Education Association (ADEA) Policy Research Series, Issue 6. February 2024. For the Medicaid reimbursement rates: American Dental Association, Medicaid Fee-For-Service Reimbursement as a Percentage of Dentist Charges and Private Dental Insurance Reimbursement, 2024, October 2024.

Fig. 1.9 Types of Expenditures of U.S. Dental Schools, % of Total Expenditures, FY 2013 and FY 2023



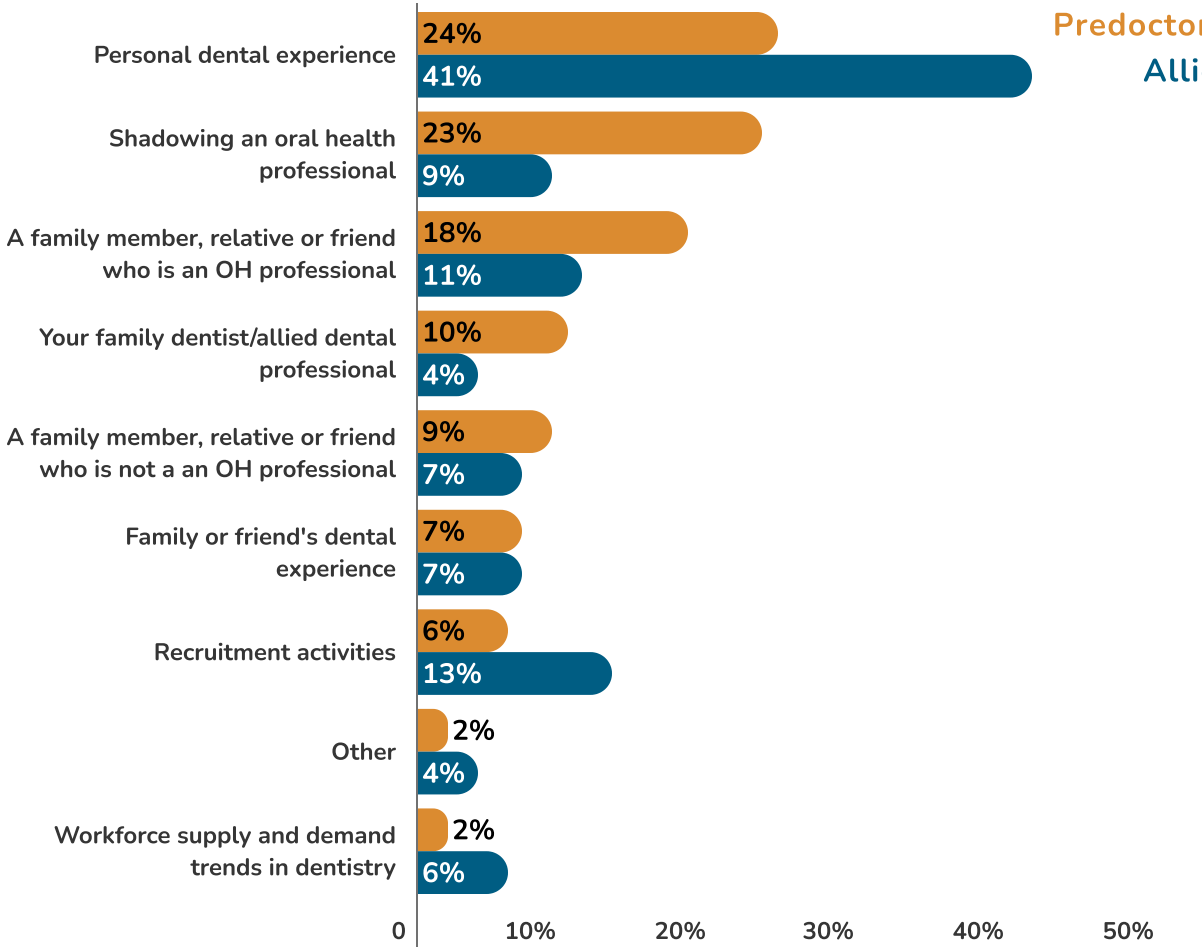
- The largest dental school expenses, those associated with educational services, slowed down relative to overall dental school expenditures between FY 2013 and FY 2023, as shown by their decline in the share of total expenses.
- Expenditures associated with buildings underwent a similar downward trend, but more pronounced.
- Dental schools spent at a higher rate on patient care than overall expenditures, with this category recording the highest increase in their proportion among major expenditures.

Notes: Percentages might not total to 100% due to rounding."Administration and services" include the following functional categories: dental school administration, continuing education, computer services, library and learning resources. "Buildings" represents major capital expenditures and expenses related to building maintenance and renovation (physical plant),
Sources: ADEA analysis of American Dental Association, Health Policy Institute, 2013-14 and 2023-24 Surveys of Dental Education (Group III).

Section 2.
Oral Health Education Applicants

The Pathways Into An Oral Health Profession

Fig. 2.1 Influences in Pursuing a Career as an Oral Health Professional, 2023-24



- Personal dental experience was the most frequently cited top influence on pursuing a career in dentistry or in an allied oral health profession in 2024. It mattered more to graduating allied students than predoctoral students.

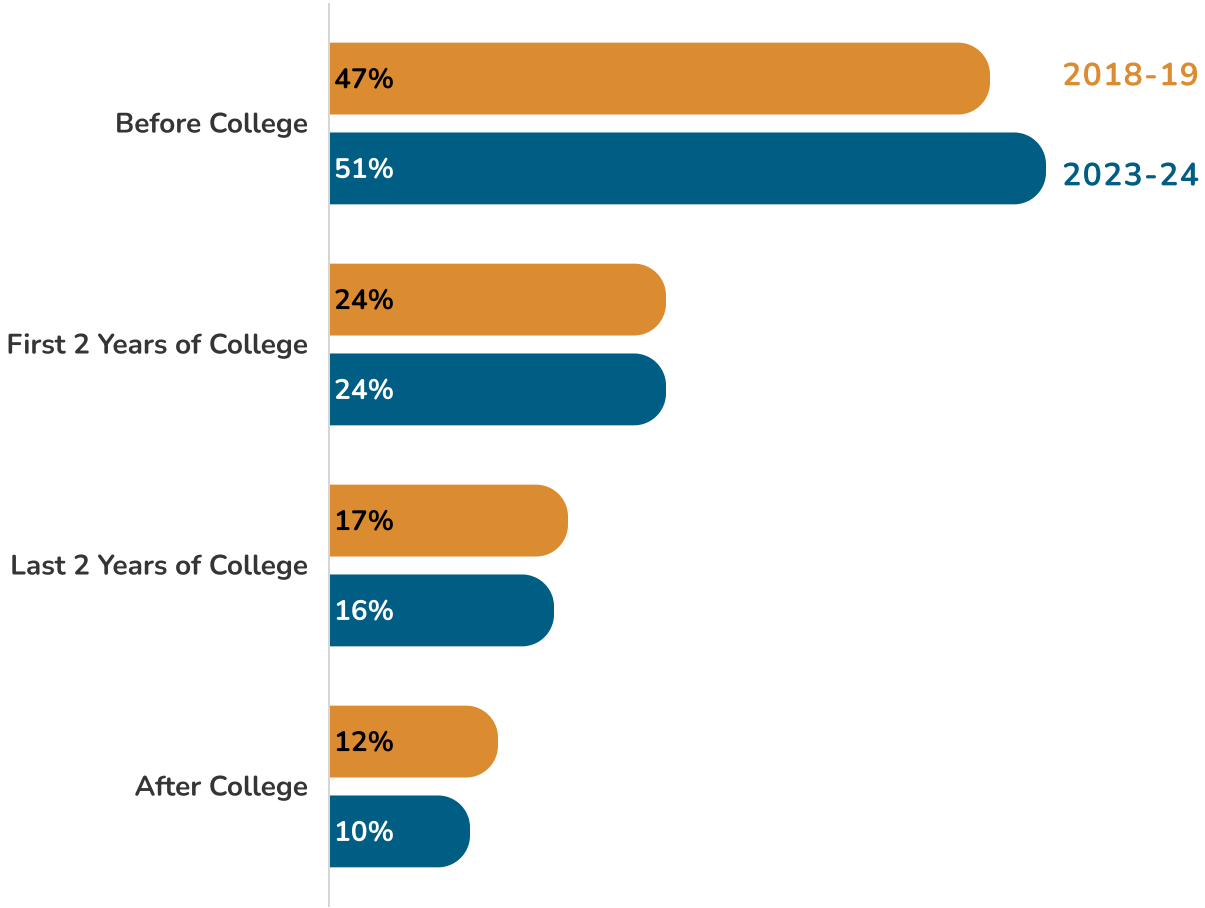
- Shadowing a dentist was the second most reported top reason by predoctoral students, while shadowing an allied oral health professional was only the fourth most important for graduating allied students.

- Recruitment activities were mentioned much more often by allied than predoctoral students as an important factor in the decision to pursue the oral health degree of their choice.

Notes: Percentages might not total to 100% due to rounding. "Oral health professional" refers to the type of oral health profession that the graduating student is pursuing. For example, for predoctoral dental students is a dentist. "Recruitment activities" include "websites on careers in dentistry", "high school or college counselor", "a visit to the type of oral health dental program that the graduating student ultimately pursued", "a career day school visit by an oral health professional whose profession the graduating student followed", "specific recruitment by an oral health dental program that the graduating student ultimately pursued", and "opportunity to participate in a summer enrichment program." The number of respondents to this question for the predoctoral dental students was 3,252 and for allied was 2,663.

Sources: ADEA Analysis of the Results from the ADEA 2024 Survey of U.S. Dental School Seniors, December 2024. Singh P, Stolberg R, Istrate EC, Booker CL, West KP. ADEA U.S. Allied Dental Graduating Student Survey Tables Report, 2024. Washington, DC: American Dental Education Association, January 2025.

Fig. 2.2 Timing of the Decision to Pursue a Career as a Dentist, 2018-19 and 2023-24



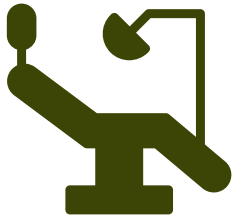
- An earlier decision to pursue a career in dentistry is one of the changes in the 2024 students' experience before dental school relative to their 2019 colleagues, as stated in the ADEA Predoctoral Senior Survey.

- Predoctoral dental students stated an increasingly earlier timing for their decision to pursue a career in dentistry. By 2024, the majority of predoctoral graduating students responding to the ADEA Predoctoral Senior Survey decided to become a dentist before going to college.

- Three quarters of the 2024 graduating predoctoral students stated they determined going into dental school by the end of their sophomore year of college.

Notes: Percentages might not total to 100% due to rounding. The number of respondents to this question was 2,879 total and 3,263 total in 2024.
Sources: Istrate, EC, Samanta, A., Booker, CL, West, KP. Dentists of Tomorrow 2024: An Analysis of the Results from the ADEA 2024 Survey of U.S. Dental School Seniors. American Dental Education Association (ADEA) Education Research Series. Issue 7, December 2024.

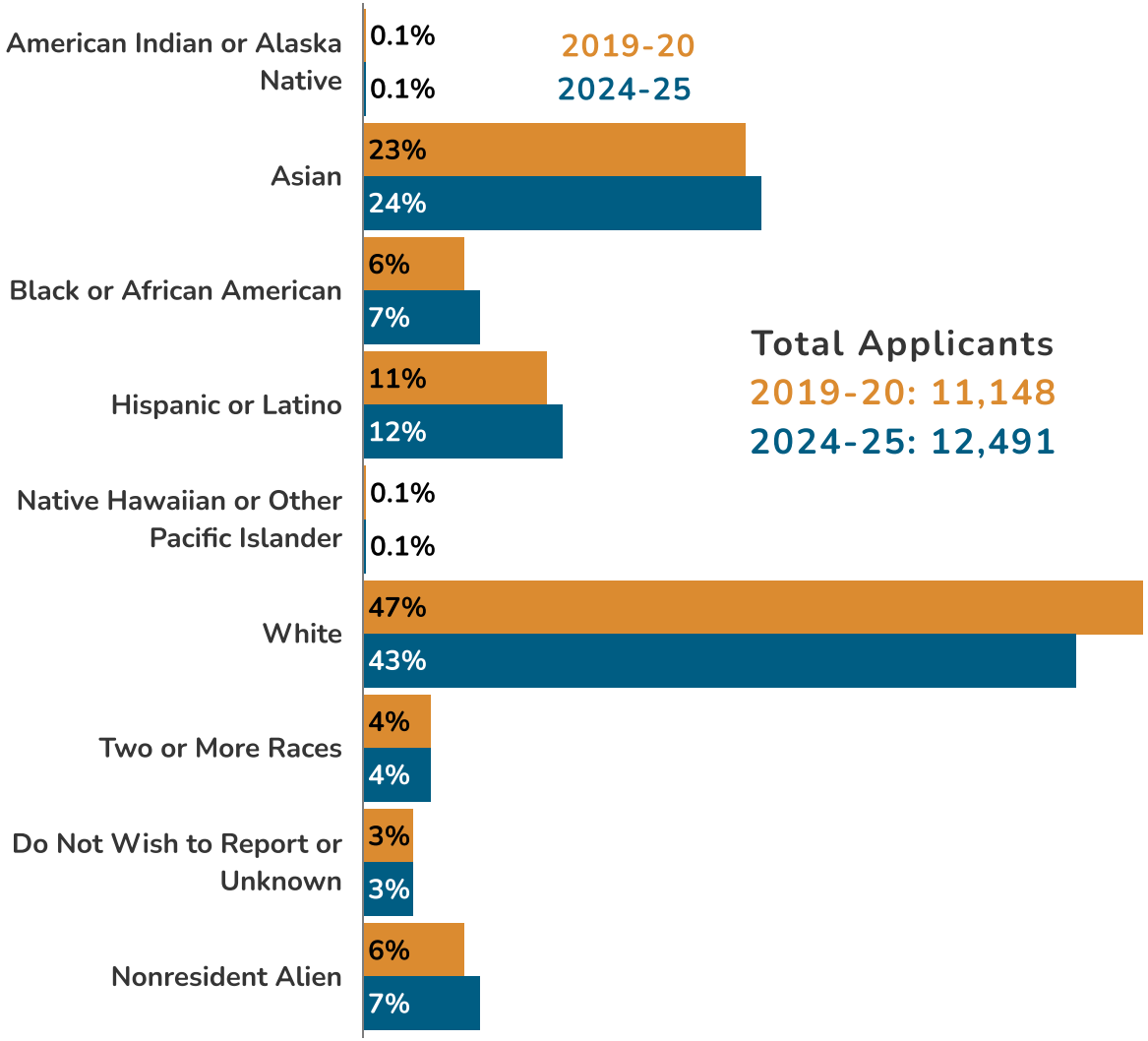
Fig. 2.3. Top Five Reasons for Choosing a Dental School for a Predoctoral Student, 2018-19 and 2023-24

Less expensive than other schools (e.g., due to in-state tuition, financial aid and others)	Proximity to family/friends	The only school that offered me a place	Academic reputation	Specific opportunities (such as clinical procedures performed or the chance to work with specific technologies or faculty)
				
Rank 3, 2019	Rank 1, 2019	Rank 4, 2019	Rank 2, 2019	Rank 6, 2019
Rank 1, 2024	Rank 2, 2024	Rank 3, 2024	Rank 4, 2024	Rank 5, 2024

Notes: The number of respondents to this question was 3,073 in 2019 and 3,338 in 2024.

Sources: Istrate, EC, Samanta, A., Booker, CL, West, KP. Dentists of Tomorrow 2024: An Analysis of the Results from the ADEA 2024 Survey of U.S. Dental School Seniors. American Dental Education Association (ADEA) Education Research Series. Issue 7, December 2024.

Fig. 2.4. Predoctoral Dental Applicants by Race and Ethnicity, 2019-20 to 2024-25

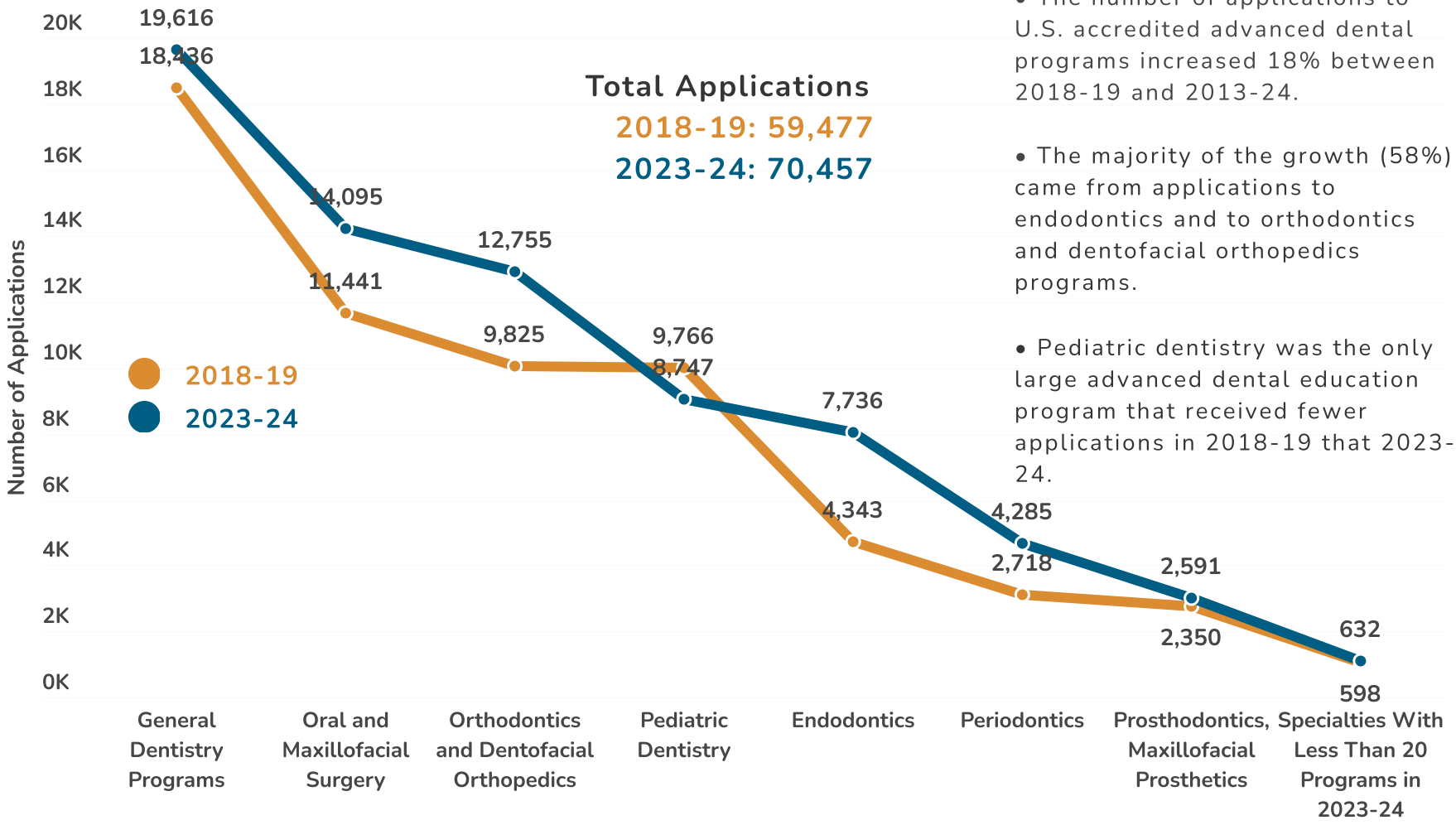


- The growth rate of the number of applicants to U.S. accredited predoctoral programs reached double digits (12%) between 2019 and 2024.
- Asian, Hispanic or Latino, Black and African American and foreign students aplied in larger numbers to the 2024 Entering Class than in 2019.
- While still the largest group of applicants, white students applied to predoctoral dental programs at a lower rate in 2024 than in 2019.

Notes: ADEA adheres to the current U.S. Department of Education guidelines for reporting race and ethnicity data for postsecondary education institutions.

Source: Singh P, Lawton KB, Istrate EC, Booker CL, West KP. U.S. Dental School Applicants and Enrollees, 2024 Entering Class. Washington, DC: American Dental Education Association, February 2025.

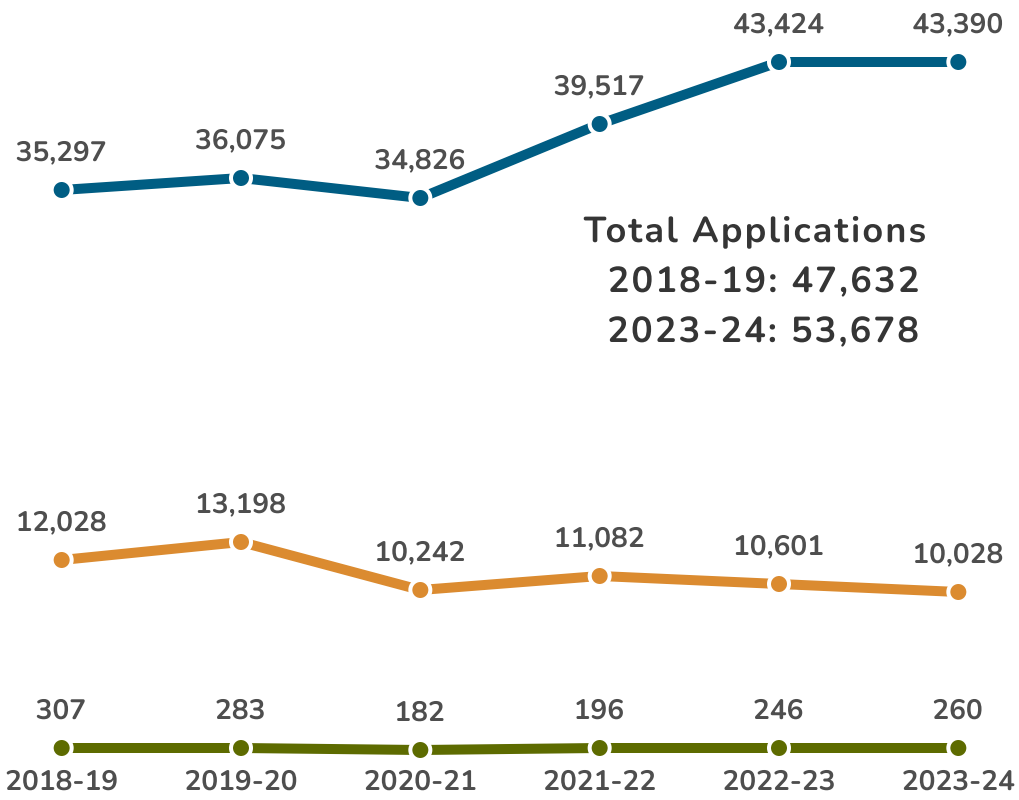
Fig. 2.5. Number of Applications to Accredited Advanced Dental Education Programs, 2018-19 and 2023-24



- The number of applications to U.S. accredited advanced dental programs increased 18% between 2018-19 and 2013-24.
- The majority of the growth (58%) came from applications to endodontics and to orthodontics and dentofacial orthopedics programs.
- Pediatric dentistry was the only large advanced dental education program that received fewer applications in 2018-19 that 2023-24.

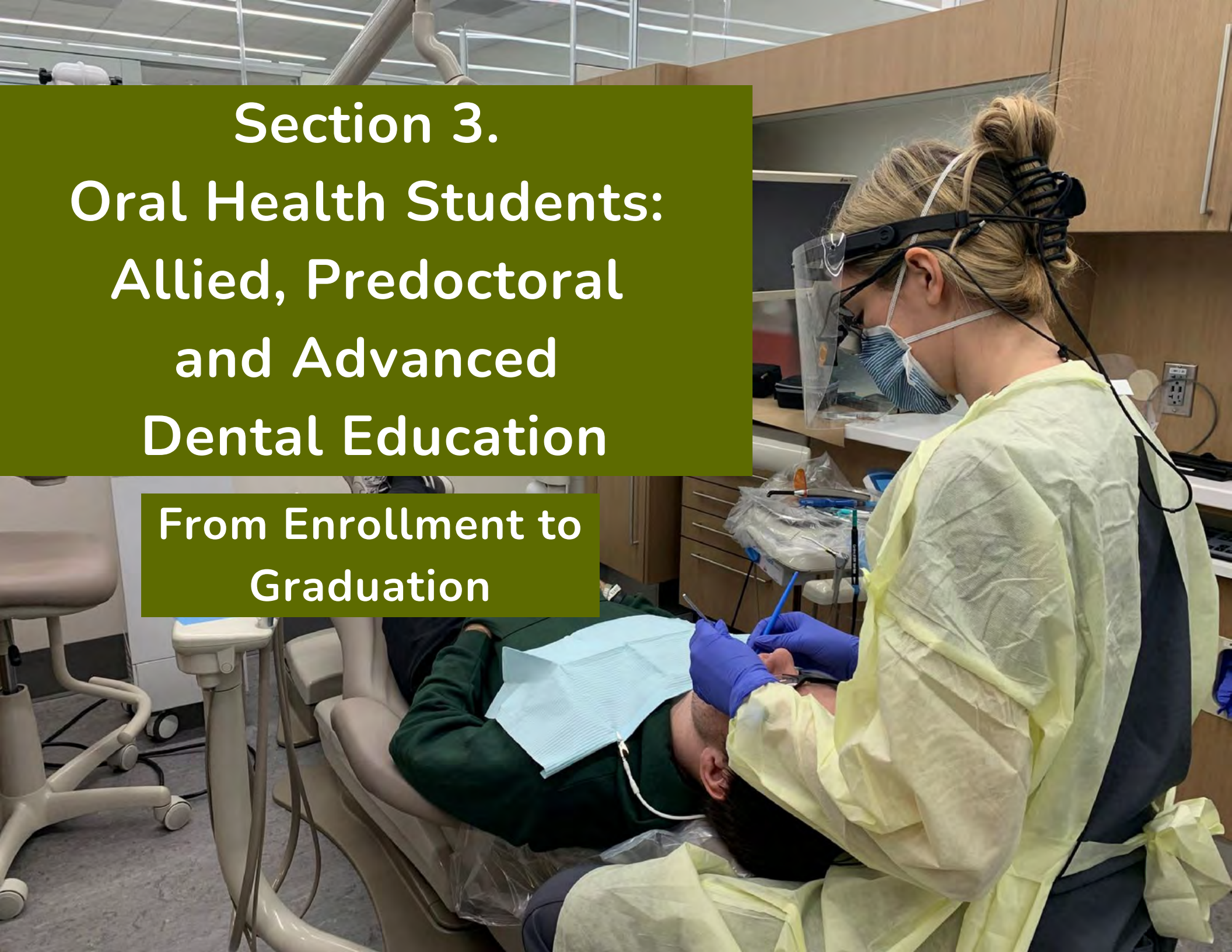
Notes: General dentistry includes general practice residency, advanced education in general dentistry, dental anesthesiology, oral medicine, and orofacial pain. Specialties with less than 20 programs in 2023-24 include dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, clinical fellowship to oral and maxillofacial surgery, clinical fellowship in orthodontics and orthodontics/periodontics,
Source: ADEA analysis of ADA, Health Policy Institute, Commission on Dental Accreditation Survey of Advanced Dental Education, 2011-12 and 2023-24.

Fig. 2.6. Number of Applications to Accredited Allied Dental Education Programs, 2018-19 and 2023-24



- The number of applications to U.S. accredited allied dental programs increased 13% between 2018-19 and 2013-24.
- The growth was generated from applicants to endodontics and to orthodontics and dentofacial orthopedics programs.
- Dental assisting programs had a volatile trajectory over the past five years, with a pronounced downward trend in the last three.
- Dental laboratory technology continued their downward slide in terms of applicants.

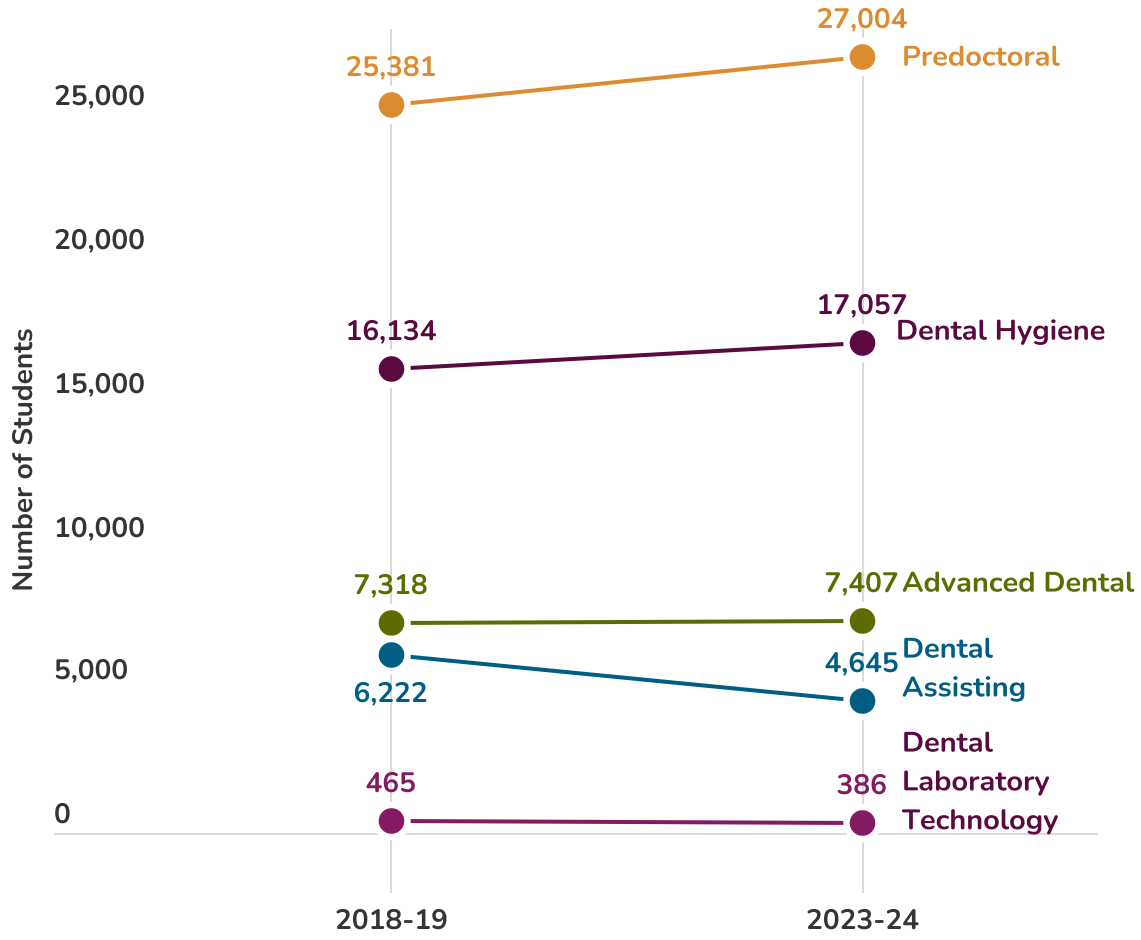
Notes: Percentages may not total 100% because of rounding. These figures reflect only the accredited allied dental program in the specified year. Three dental therapy programs were accredited as of November 2024.
Sources: ADEA Analysis of American Dental Association, Health Policy Institute, Surveys of Dental Education, Survey of Advanced Dental Education, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Survey of Dental Laboratory Technology Education Programs, 2018-19 to 2023-24.



Section 3. Oral Health Students: Allied, Predoctoral and Advanced Dental Education

From Enrollment to Graduation

Fig. 3.1 Total Enrollment in Oral Health Education, 2018-19 and 2023-24

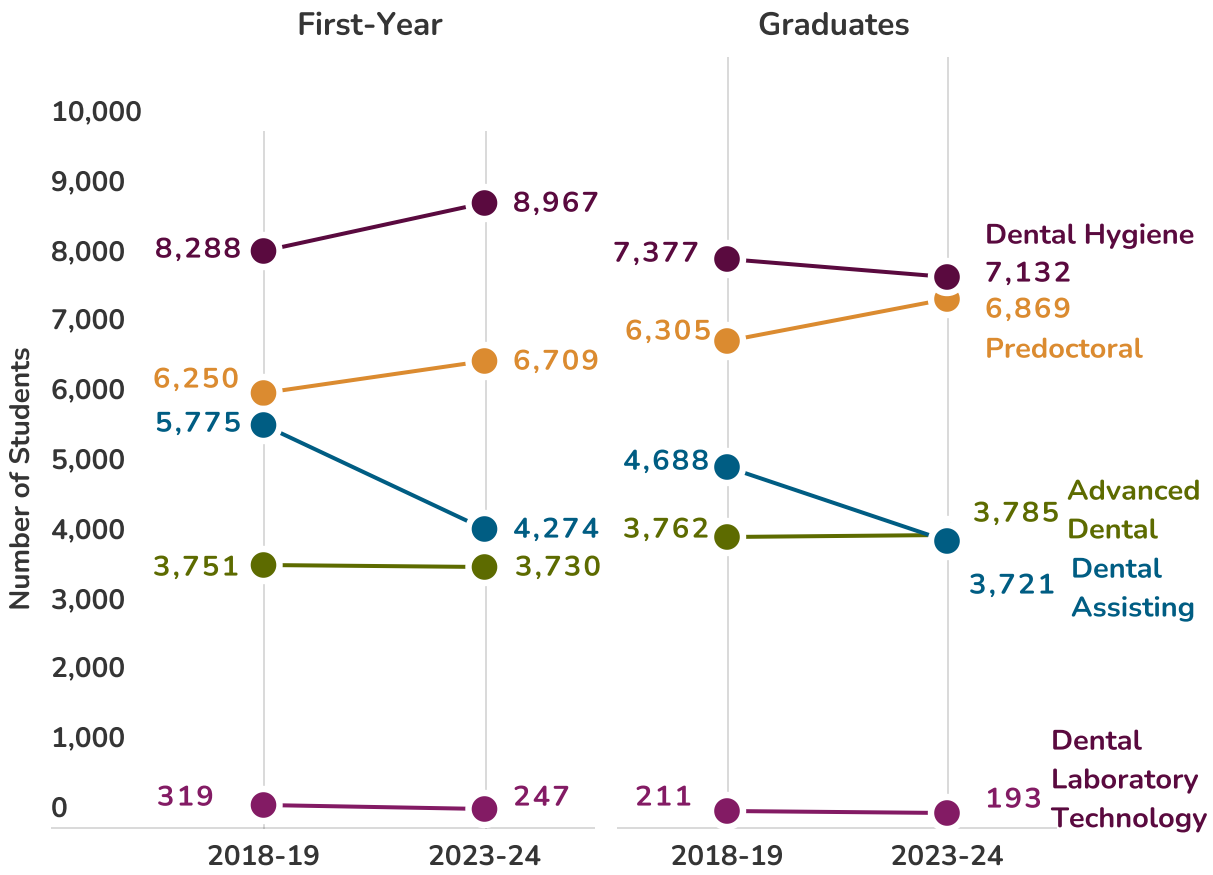


56,470 students were enrolled in accredited dental programs in the United States and Puerto Rico in 2023-24, a 2 percent increase from five years before:

- predoctoral students were almost half of the total, growing rapidly between the two years.
- dental hygiene students represented almost another third, growing at similar rates with predoctoral enrollment.
- advanced dental education enrollment was about 13% of the total, same rate as five years before.
- the number of dental assisting and dental laboratory technology students dropped significantly over the five year period. For dental assisting, it was more of a matter of programs letting their accreditation expire.

Note: Percentages may not total 100% because of rounding.
Sources: ADEA Analysis of American Dental Association, Health Policy Institute, Surveys of Dental Education, Survey of Advanced Dental Education, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Survey of Dental Laboratory Technology Education Programs, 2018-19 and 2023-24.

Fig. 3.2 First-Year Matriculants and Graduates in Oral Health Education, 2018-19 and 2023-24



First-year, 2023-24: 23,927

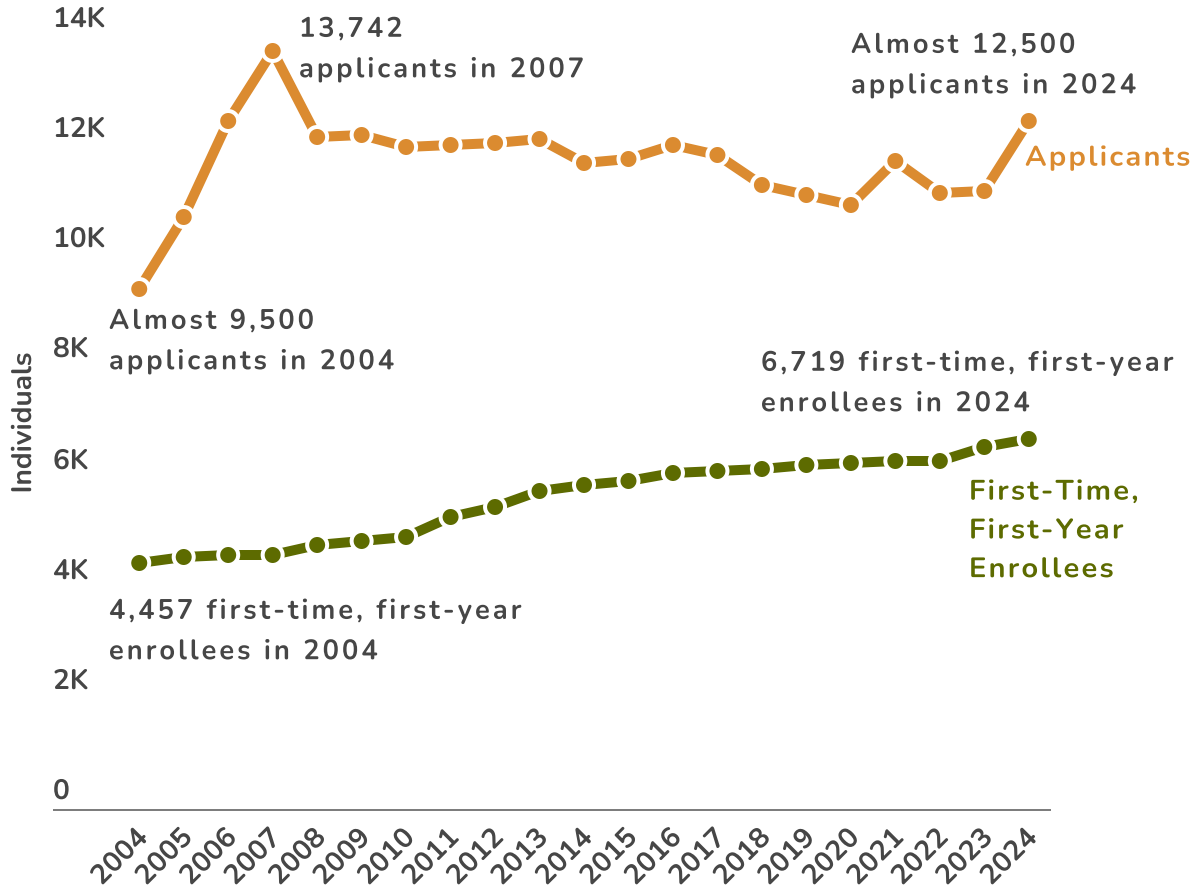
Graduates, 2023-24: 21,700

of accredited dental programs in the U.S. states, DC and Puerto Rico in 2023-24:

- dental hygiene first year enrollment expanded, but graduates numbers did not catch up with the 2018-19 level.
- the number of predoctoral first-time year enrollees and graduates climbed over past five years, with more schools opening and first class sizes increasing.
- dental assisting and dental laboratory technology recorded massive declines in the number of first-year matriculants, and to a smaller degree in terms of graduates.

Note: Percentages may not total 100% because of rounding. The first-year matriculants numbers include repeaters.
Sources: ADEA Analysis of American Dental Association, Health Policy Institute, Surveys of Dental Education, Survey of Advanced Dental Education, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Survey of Dental Laboratory Technology Education Programs, 2018-19 and 2023-24.

Fig. 3.3 Predoctoral Dental Applicants and First-Time, First-Year Enrollees in U.S. Dental Schools, 2004-05 to 2024-25

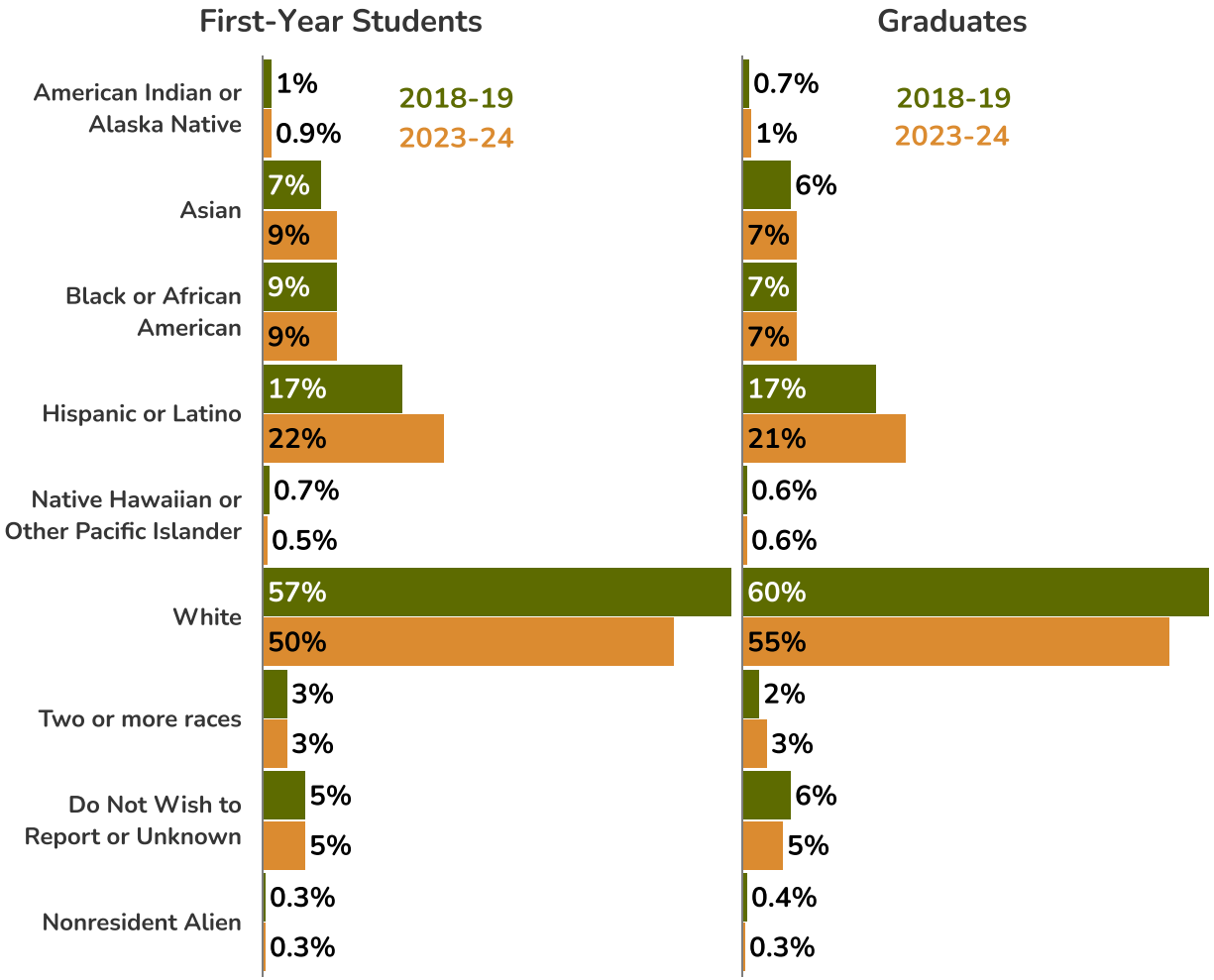


12,491 applicants to accredited predoctoral dental programs in the United States and Puerto Rico in fall 2024, numbers not seen since 2006 and 2007. This was a 12% increase from 2023.

- The number of first-time, first-year enrollees also rose, but at a slower rate than the applicant pool.
- The applicant to first-time, first-year enrollee ratio reached 1.86, a level last recorded last time in 2018.
- More than half of the applicants got enrollment in a dental school (53.8%), a decline from the previous couple of years.

Notes: Applicants are individuals who applied for entry into a predoctoral program at one or more U.S. dental schools in a given year. The first-time, first-year enrollees are matriculated individuals for the first time at a U.S. dental school in a given year. ADEA calculates the "first-time, first-year enrollees" indicators based on an analysis of Texas Medical and Dental Schools Application Service (TMDSAS) and ADEA AADSAS® (ADEA Associated American Dental Schools Application Service) data.
Sources: Singh P, Lawton KB, Istrate EC, Booker CL, West KP. U.S. Dental School Applicants and Enrollees, 2024 Entering Class. Washington, DC: American Dental Education Association, February 2025.

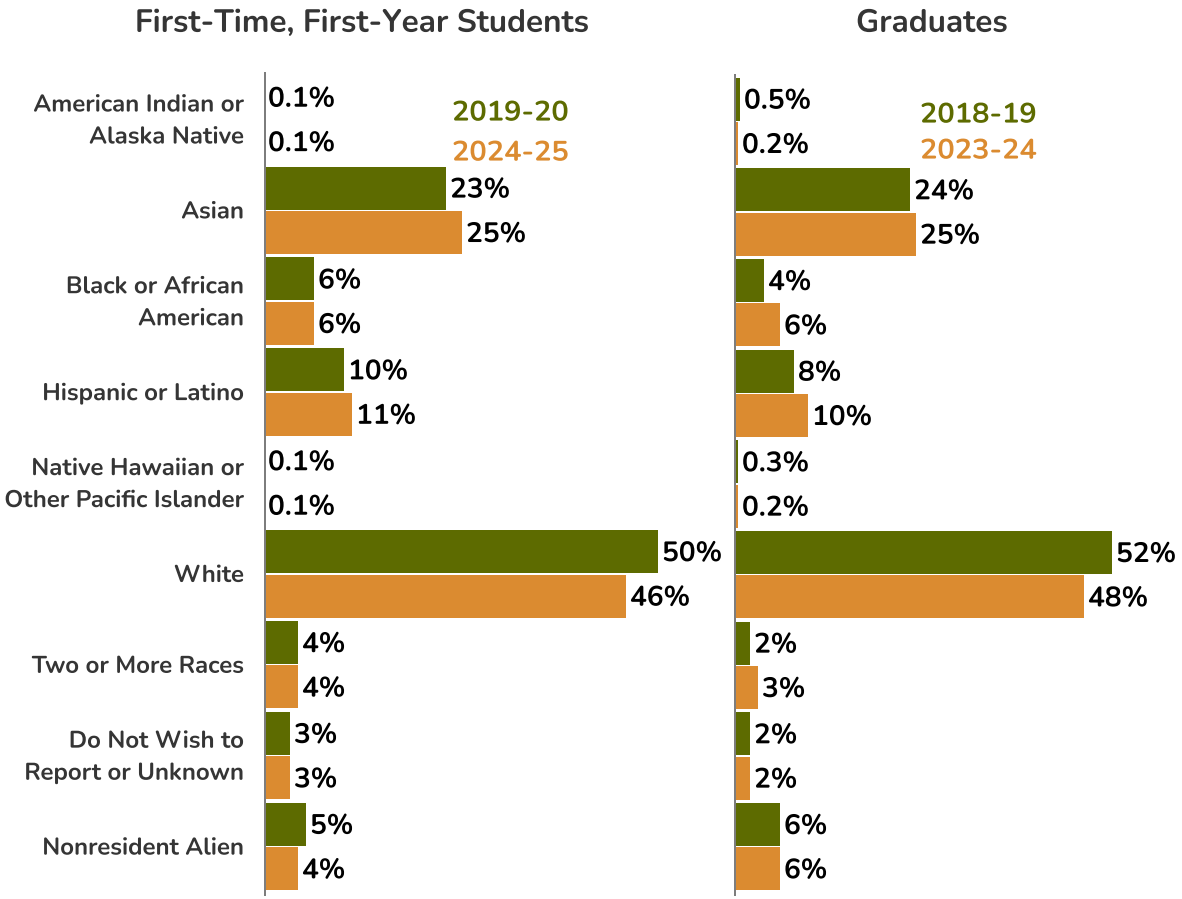
Fig. 3.4 Allied Dental First-Year Enrollees and Graduates by Race and Ethnicity, 2018-19 to 2023-24



- The majority of 2024 allied entering class and graduating class was white, but at a much lower percentage than five years earlier.
- Hispanic or Latino students recorded a quick expansion in both the allied entering and graduating classes between the two years.
- Allied added more Asian first-year allied students in 2023-24 than 2018-19, a relative new trend as the number of Asian allied graduates moved much slower between the two years.

Notes: Percentages may not total 100% because of rounding. These figures reflect only the accredited allied dental program in the specified year. Three dental therapy programs were accredited as of November 2024. ADA adheres to the current U.S. Department of Education guidelines for reporting race and ethnicity data for postsecondary education institutions.
Sources: ADEA Analysis of American Dental Association, Health Policy Institute, Surveys of Dental Education, Survey of Advanced Dental Education, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Survey of Dental Laboratory Technology Education Programs, 2018-19 and 2023-24.

Fig. 3.5 First-Time, First-Year Predoctoral Dental Students and Graduates by Race and Ethnicity, 2019-20 and 2024-25

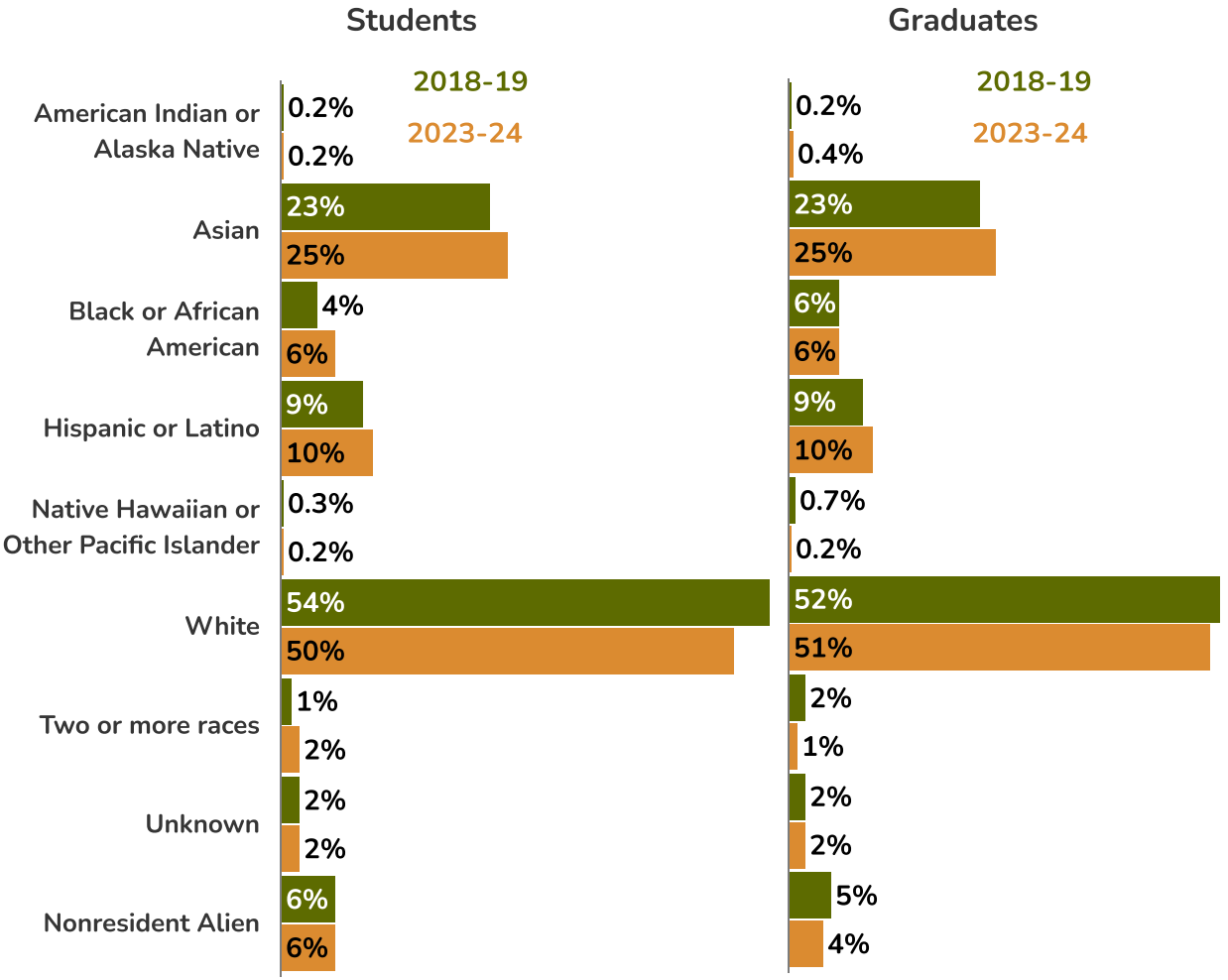


- Both predoctoral 2024 entering and graduating classes were majority non-white, a change from 2019.
- More Asian, Hispanic or Latino and multiracial students entered predoctoral programs in 2024 than five years before. There was no increase in the proportion of Black or African American first-time, first-year matriculants between the two years.
- Among graduates, Hispanic or Latino, Black or African American and multiracial students saw the largest changes.

Note: Percentages may not total 100% because of rounding. ADEA adheres to the current U.S. Department of Education guidelines for reporting race and ethnicity data for postsecondary education institutions.

Sources: Singh P, Lawton KB, Istrate EC, Booker CL, West KP. U.S. Dental School Applicants and Enrollees, 2024 Entering Class. Washington, DC: American Dental Education Association, February 2025. ADEA Analysis of American Dental Association, Health Policy Institute, Surveys of Dental Education, 2018-19 and 2023-24.

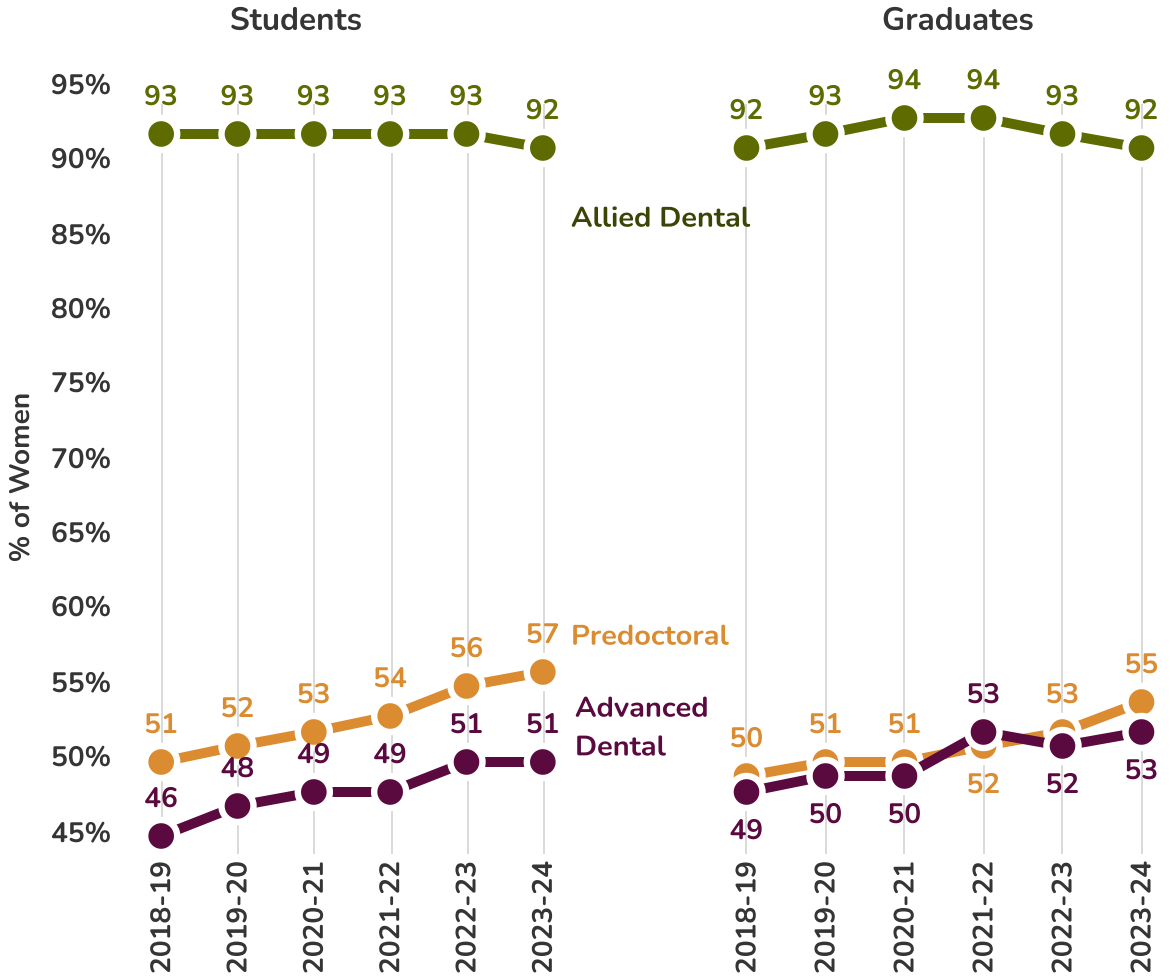
Fig. 3.6 Advanced Dental Students and Graduates by Race and Ethnicity, 2018-19 and 2023-24



- There was more variation in terms of race and ethnicity among the advanced dental enrollees than the graduating classes of 2018-19 and 2023-24.
- A smaller percentage of white students were enrolled overall in advanced education in 2023-24 than five years before, with Asian, Black or African American and Hispanic or Latino increasing their proportion in advanced dental overall enrollment.
- The trend is less pronounced among graduates. Asian students constituted a significantly larger share of the graduates in 2023-24 than 2018-19.

Note: Percentages may not total 100% because of rounding. ADEA adheres to the current U.S. Department of Education guidelines for reporting race and ethnicity data for postsecondary education institutions.
Sources: ADEA Analysis of American Dental Association, Health Policy Institute, Surveys of Dental Education, Survey of Advanced Dental Education, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Survey of Dental Laboratory Technology Education Programs, 2018-19 and 2023-24.

Fig. 3.7 Percentage of Women Among Oral Health Students and Graduates, 2018-19 to 2023-24

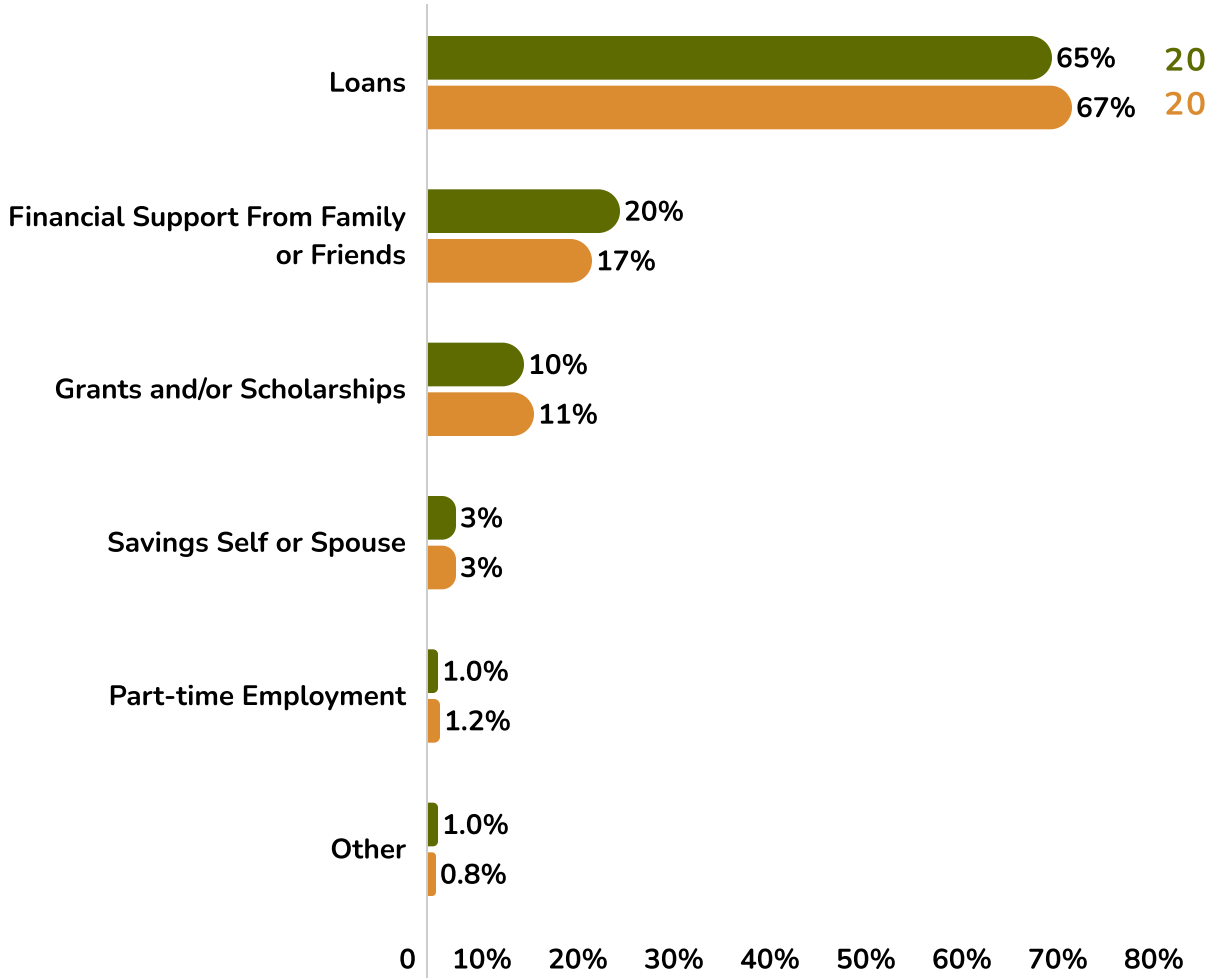


- Women represented the majority of students and graduates across different types of oral health education programs (allied, predoctoral, and advanced) in 2023-24.
- Allied dental enrollment and graduates remain mostly women, with a slight decrease in the past couple of years.
- Predoctoral enrollment is rapidly becoming female, with a much larger percentage of women enrolling and graduating in 2023-24 than five years earlier.
- Advanced dental education enrollment was the latest among dental educaton programs to become majority female in 2022-23.

Note: Percentages may not total 100% because of rounding.

Sources: ADEA Analysis of American Dental Association, Health Policy Institute, Surveys of Dental Education, Survey of Advanced Dental Education, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Survey of Dental Laboratory Technology Education Programs, 2018-19 to 2023-24.

Fig. 3.8 Student Sources of Funding for a Predoctoral Dental Degree, 2018-19 and 2023-24

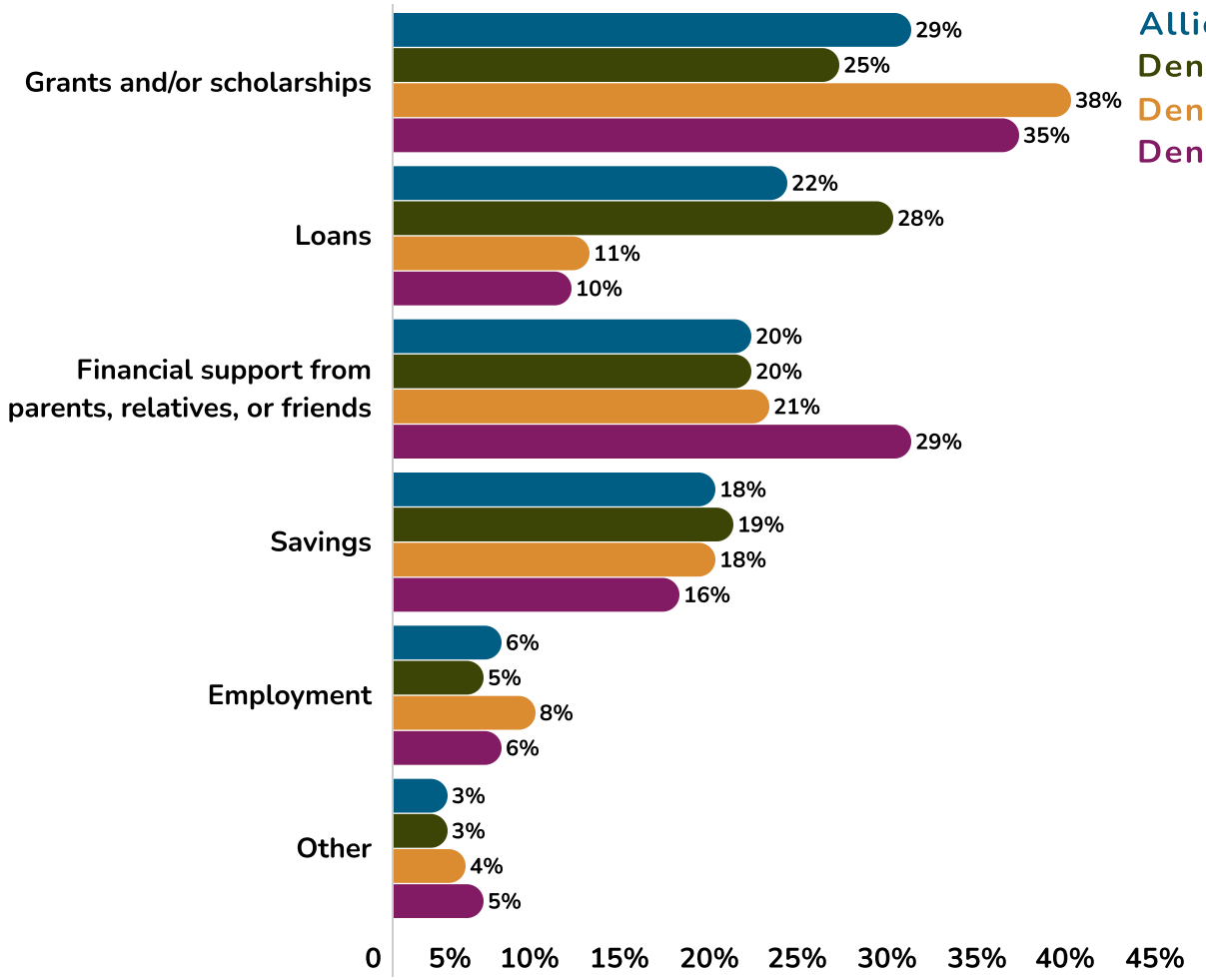


- Loans were the largest source of funding for predoctoral students in both 2018-19 and 2023-24, at two thirds of the overall funding.
- Financial support from family and friends contributed a slightly smaller share of funding in 2023-24, but the difference is not statistically significant.
- Grants and/or scholarships stayed relatively constant over the two years analyzed in terms of their share of funding for a predoctoral dental degree, about 10 cents per dollar of funding.

Note: Percentages may not total 100% because of rounding.

Sources: Istrate EC, Ph.D., M.A.I.S., Asmita Samanta, M.S.; Carolyn L. Booker, PhD.; Karen P. West, D.M.D., M.P.H. Dentists of Tomorrow 2024: An Analysis of the Results from the ADEA 2024 Survey of U.S. Dental School Seniors. American Dental Education Association (ADEA) Education Research Series. Issue 7, December 2024.

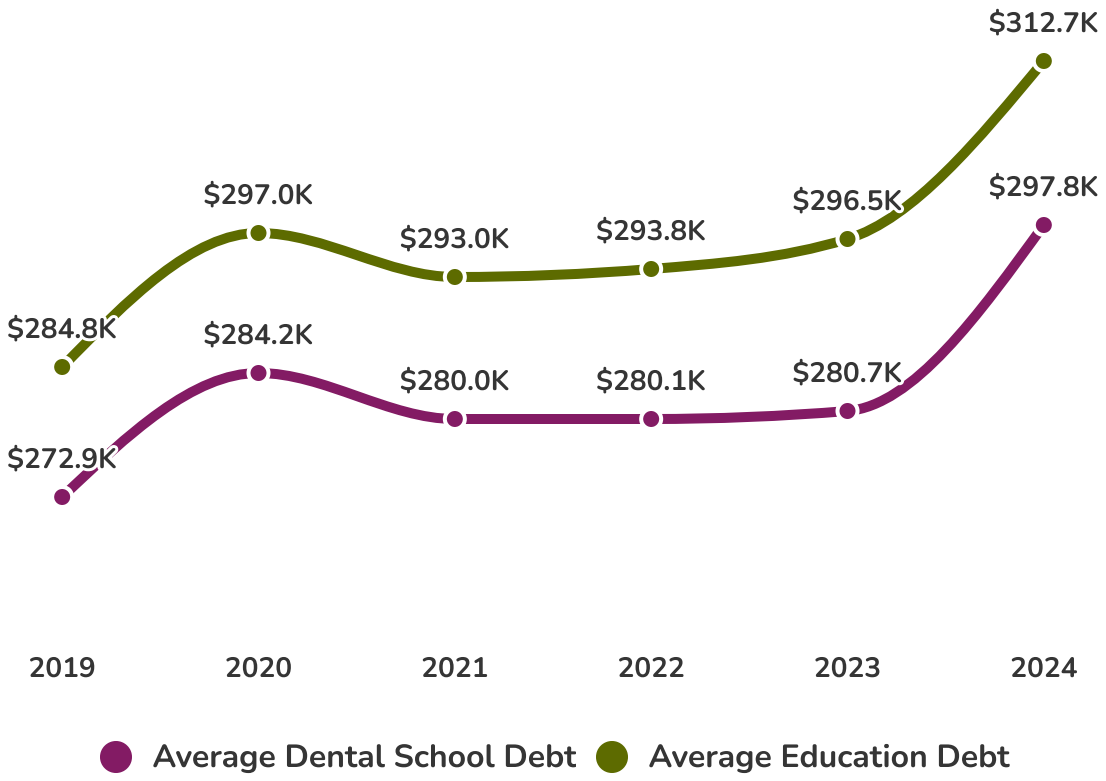
Fig. 3.9 Student Sources of Funding for an Allied Dental Degree, 2023-24



- Grants and/or scholarships were the most significant source of funding for allied dental students.
- Loans were the second source of funding for an allied dental degree overall and the largest for dental hygiene.
- Financial support from family and friends contributed a significant share of funding for allied students, especially for dental laboratory technicians.

Note: Percentages may not total 100% because of rounding.
Sources: Singh P, Stolberg R, Istrate EC, Booker CL, West KP. ADEA U.S. Allied Dental Graduating Student Survey Tables Report, 2024. Washington, DC: American Dental Education Association, January 2025.

Fig. 3.10 Education Debt of Predoctoral Dental Students Graduating With Debt, 2018-19 and 2023-24



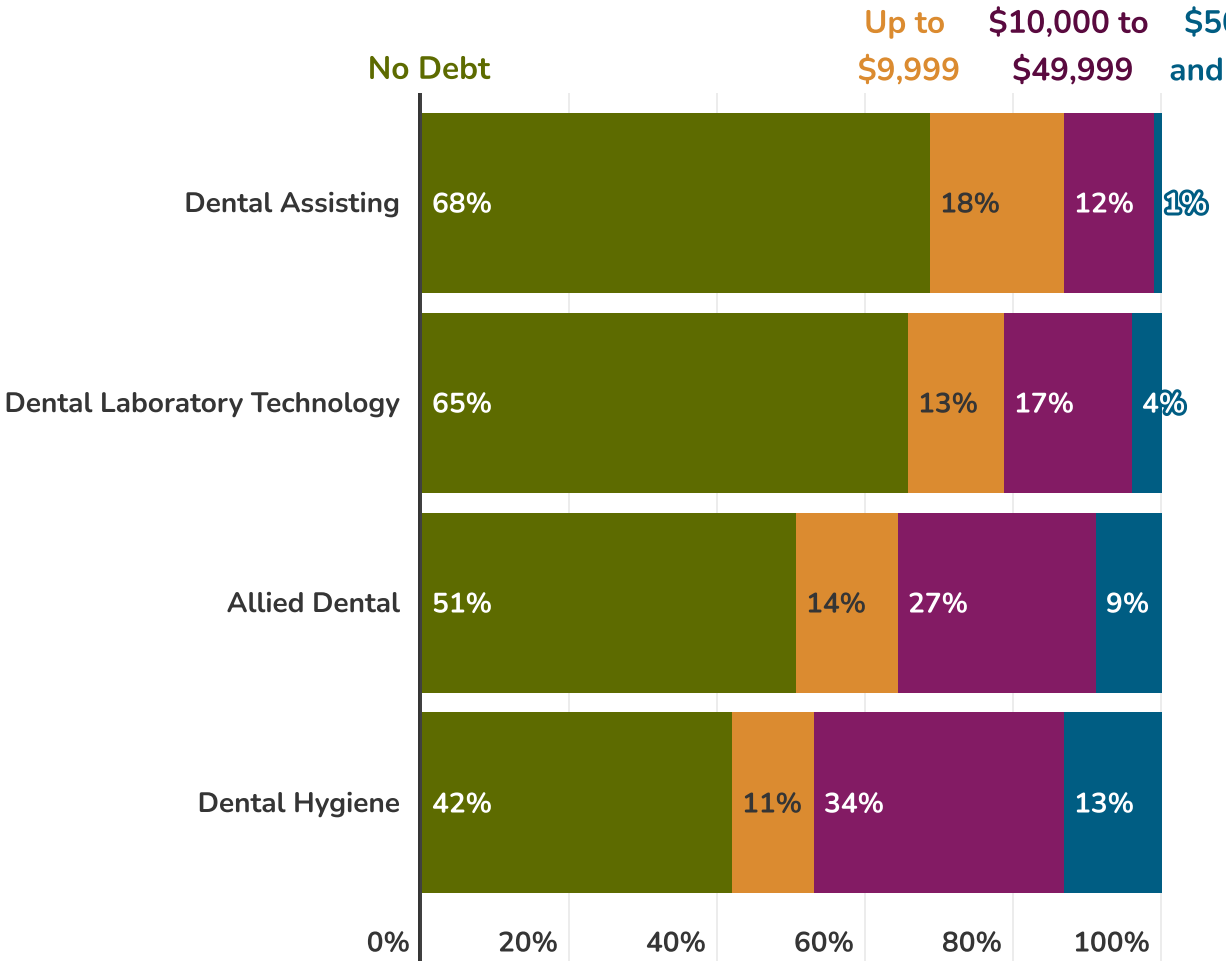
- Average education debt of predoctoral dental students graduating with debt in 2024 was 10% higher than that reported by the 2019 respondents to the ADEA survey, when not adjusting for inflation.

- Education debt is a combination of the dental school debt the senior students graduate with from dental school (the loans contracted to finance partially or all the cost of the predoctoral degree) and their predental education debt, which is the outstanding education debt the senior students had when they entered dental school.

- The percentage of predoctoral students graduating with education debt increased from 77% in 2019 to 80% in 2024.

Notes: Debt values are not adjusted to inflation. The response rates for this survey question vary between 37% in 2020 and 65% in 2019. A response rate reflects the number of respondents for the debt question relative to the senior student population in that academic year.
Sources: Istrate EC, Ph.D., M.A.I.S., Asmita Samanta, M.S.; Carolyn L. Booker, PhD.; Karen P. West, D.M.D., M.P.H. Dentists of Tomorrow 2024: An Analysis of the Results from the ADEA 2024 Survey of U.S. Dental School Seniors. American Dental Education Association (ADEA) Education Research Series. Issue 7, December 2024.

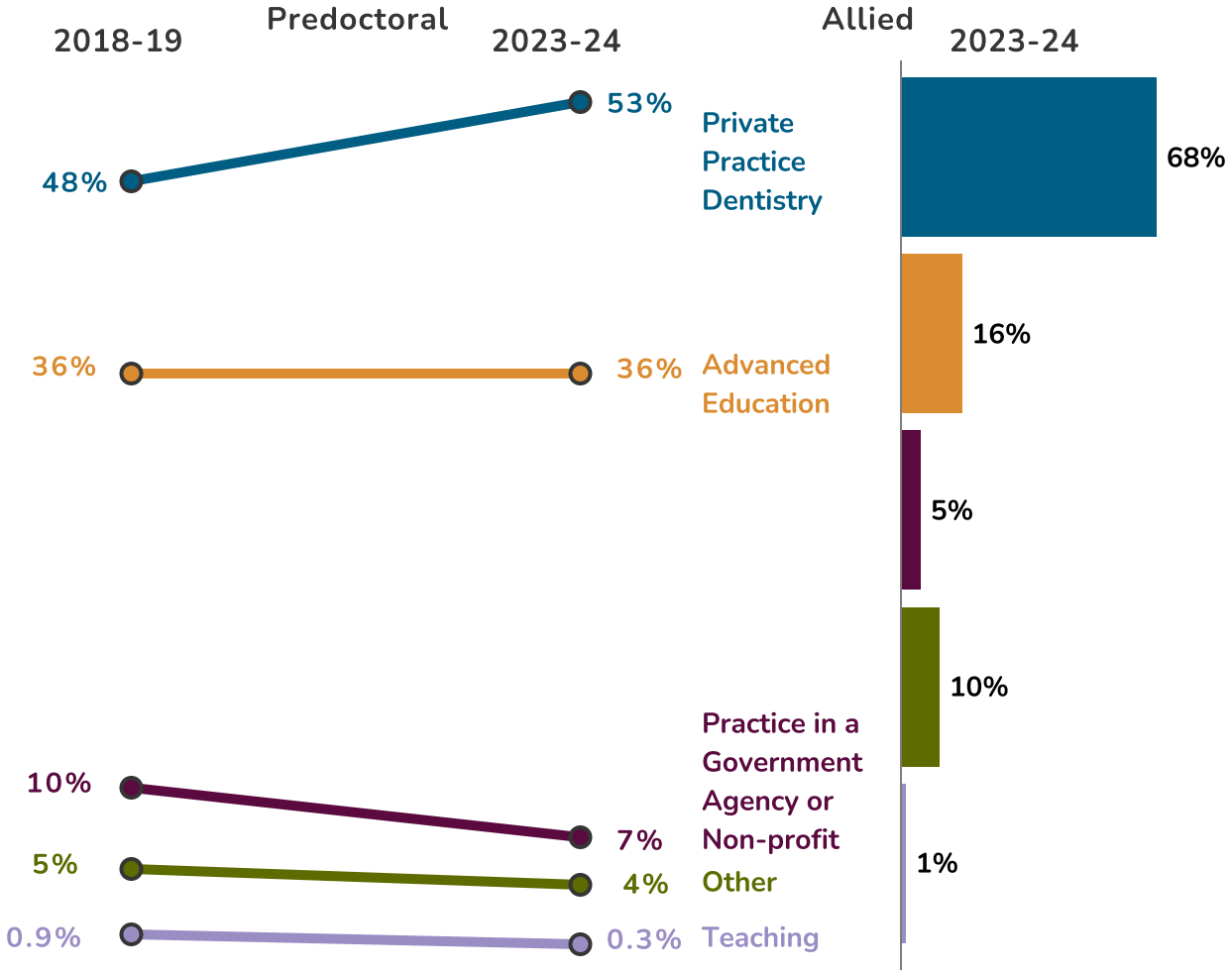
Fig. 3.11 Education Debt of Graduating Allied Dental Students, 2023-24



- Less than half of allied students graduated with education debt in 2024. This varied from 32% for dental assisting to 58% for dental hygiene.
- Dental hygiene graduating students had the largest share of debt above $50,000 among 2024 allied graduates, reflecting the longer and more costly degrees.
- Education debt is a combination of the allied dental debt the students graduated with (the loans contracted to finance partially or all the cost of the allied degree) and their predental education debt, which is the outstanding education debt the students had when they entered allied dental program.

Note: The accredited dental therapy programs were not included in the 2024 ADEA Senior Allied Survey given the small number of graduates.
Sources: Singh P, Stolberg R. L., Istrate E. C., Booker C. L., West K. P. ADEA U.S. Allied Dental Graduating Student Survey Tables Report, 2024. Washington, DC: American Dental Education Association, January 2025.

Fig. 3.12 Predoctoral and Allied Dental Students' Immediate Professional Plans Upon Graduation, 2018-19 and 2023-24

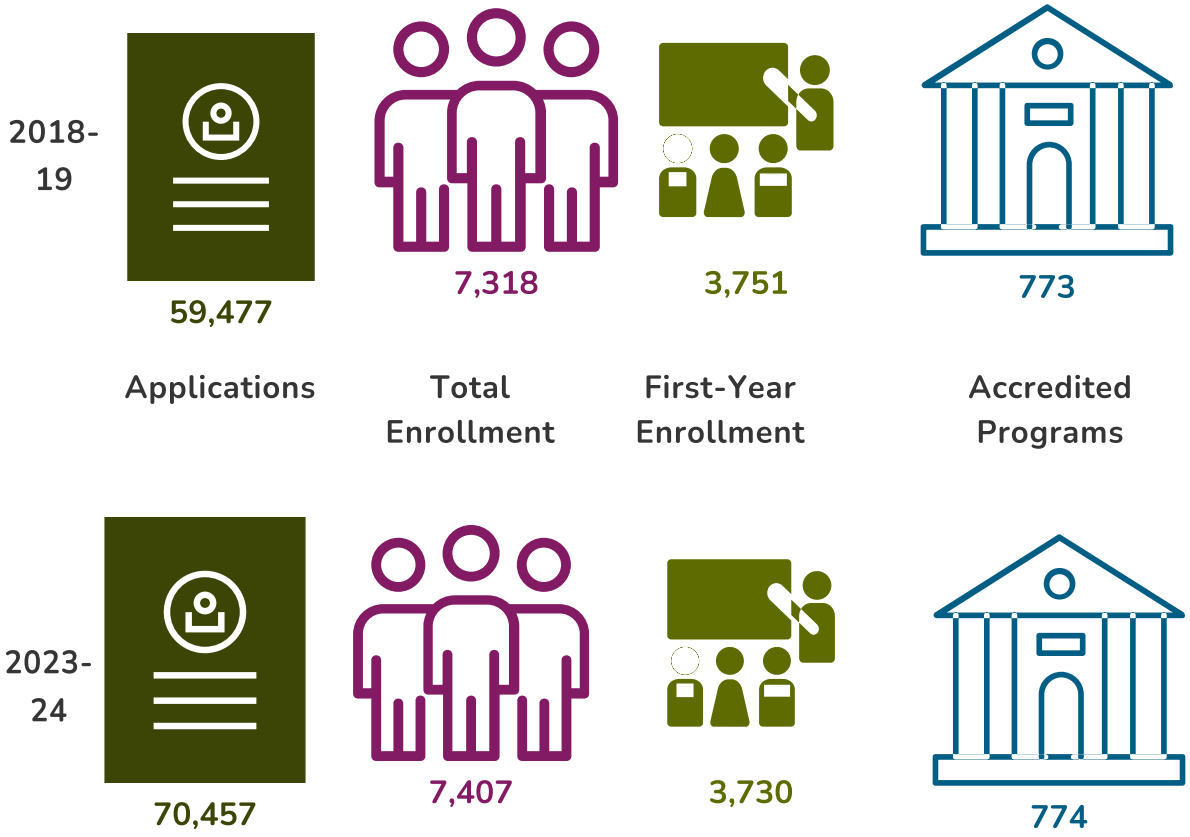


- Working in private practice increased in popularity among the predoctoral students responding to the ADEA Predoctoral Senior Survey between 2019 and 2024.
- In 2023-24, more than two thirds of graduating allied students indicated plans to work in a dental office immediately upon graduation, as stated in the first ADEA Allied Senior Survey,
- Predoctoral students continued to be interested in furthering their dental education in 2023-24 at a similar rate with their counterparts five years before.
- Only one in six of the 2024 graduating allied students were planning to continue theri dental education upon graduating from theri allied degree.

Notes: The "Other" category includes working in another position related to dentistry, but not those mentioned in the chart; working in a position not related to dentistry; and being unsure about professional plans upon graduation. "Teaching" means working as a faculty/staff member in a dental program immediately upon graduation.

Sources: Istrate EC, Ph.D., M.A.I.S., Asmita Samanta, M.S.; Carolyn L. Booker, PhD.; Karen P. West, D.M.D., M.P.H. Dentists of Tomorrow 2024: An Analysis of the Results from the ADEA 2024 Survey of U.S. Dental School Seniors. American Dental Education Association (ADEA) Education Research Series. Issue 7, December 2024. Singh P, Stolberg R, Istrate EC, Booker CL, West KP. ADEA U.S. Allied Dental Graduating Student Survey Tables Report, 2024. Washington, DC: American Dental Education Association, January 2025.

Fig. 3.13 Overview of Applications to and Enrollments in Accredited Advanced Dental Education Programs, 2018-19 and 2023-24



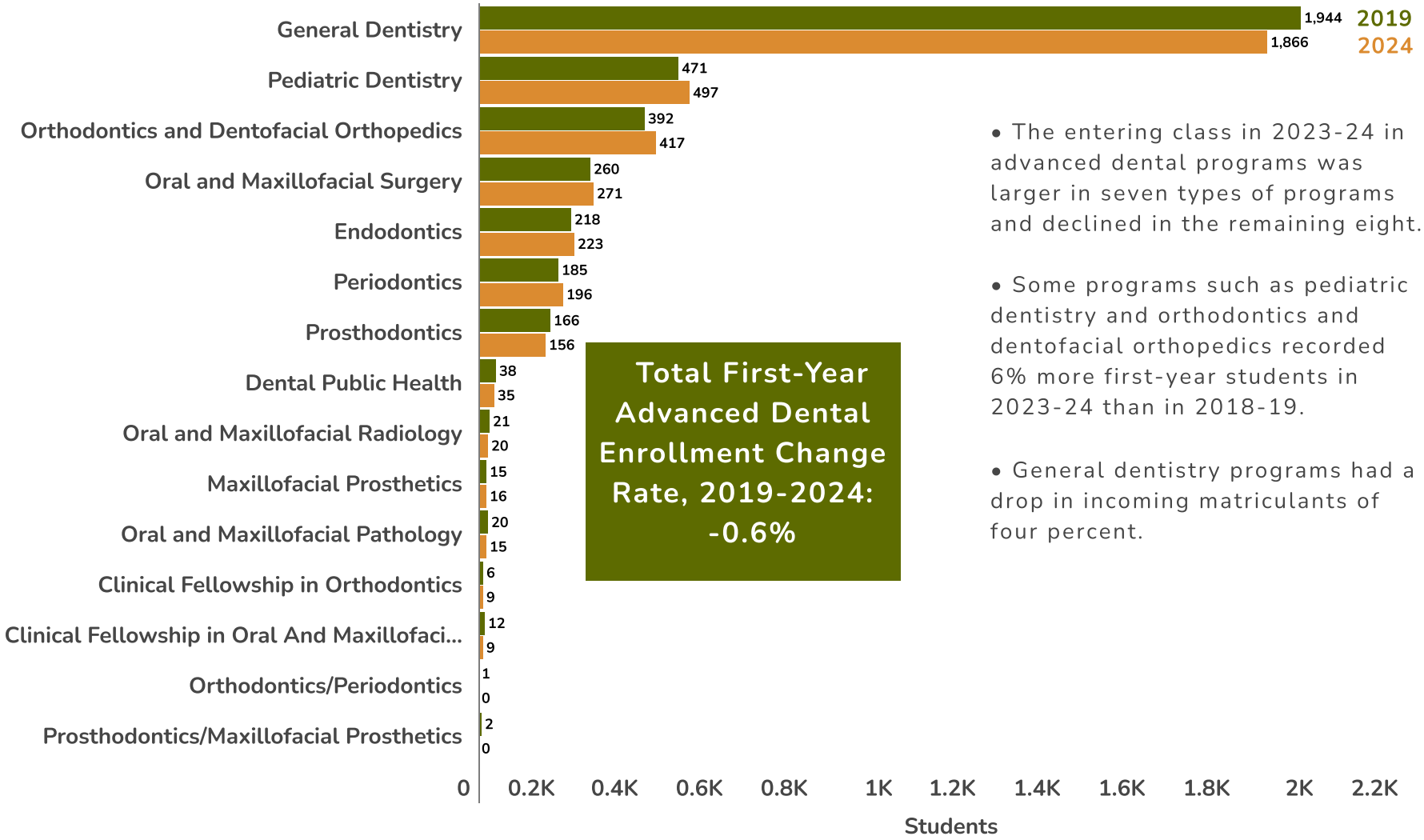
- The number of applications to advanced dental programs rose in double digits between 2018-19 and 2023-24. The competition for a place in an U.S. accredited advanced dental program is robust, as the number of seats in the first-year did not increase over the same period.

- The number of accredited advanced dental programs in 2023-24 was almost the same as in 2018-19, as reported by CODA. By November 2024, the number of accredited advanced dental education programs reached 780, as shown in Figure 1.5.

- Total enrollment in advanced programs expanded somewhat between 2018-19 and 2023-24, at 1.2%.

Notes: Application figures represent the total number of applications examined by all programs, and counts applicants more than once if they applied to multiple programs. The number of programs reflects the number of accredited advanced dental education programs in operation in the specified academic year.
Sources: ADEA analysis of ADA, Health Policy Institute, Commission on Dental Accreditation Survey of Advanced Dental Education, 2011-12 and 2023-24.

Fig. 3.14 First-Year Enrollment in Accredited Advanced Dental Education Programs, 2018-19 and 2023-24

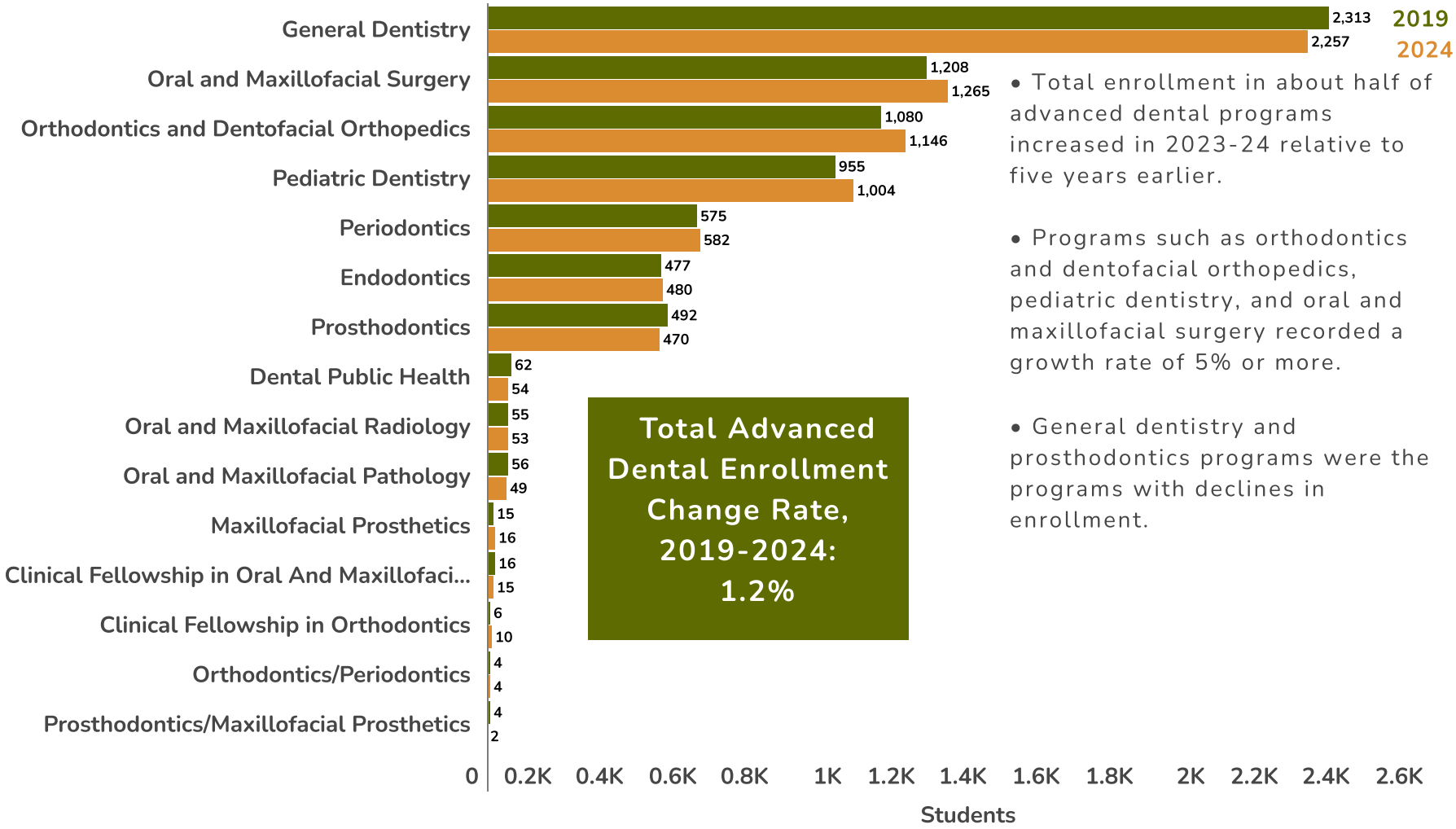


Total First-Year Advanced Dental Enrollment Change Rate, 2019-2024: -0.6%

- The entering class in 2023-24 in advanced dental programs was larger in seven types of programs and declined in the remaining eight.
- Some programs such as pediatric dentistry and orthodontics and dentofacial orthopedics recorded 6% more first-year students in 2023-24 than in 2018-19.
- General dentistry programs had a drop in incoming matriculants of four percent.

Notes: General Dentistry includes General Practice Residency, Advanced Education in General Dentistry, Dental Anesthesiology, Orofacial Pain, and Oral Medicine.
Source: ADEA analysis of ADA, Health Policy Institute, Commission on Dental Accreditation Survey of Advanced Dental Education, 2018-19 and 2023-24.

Fig. 3.15 Total Enrollment In Accredited Advanced Dental Education Programs, 2018-19 and 2023-24



Total Advanced Dental Enrollment Change Rate, 2019-2024: 1.2%

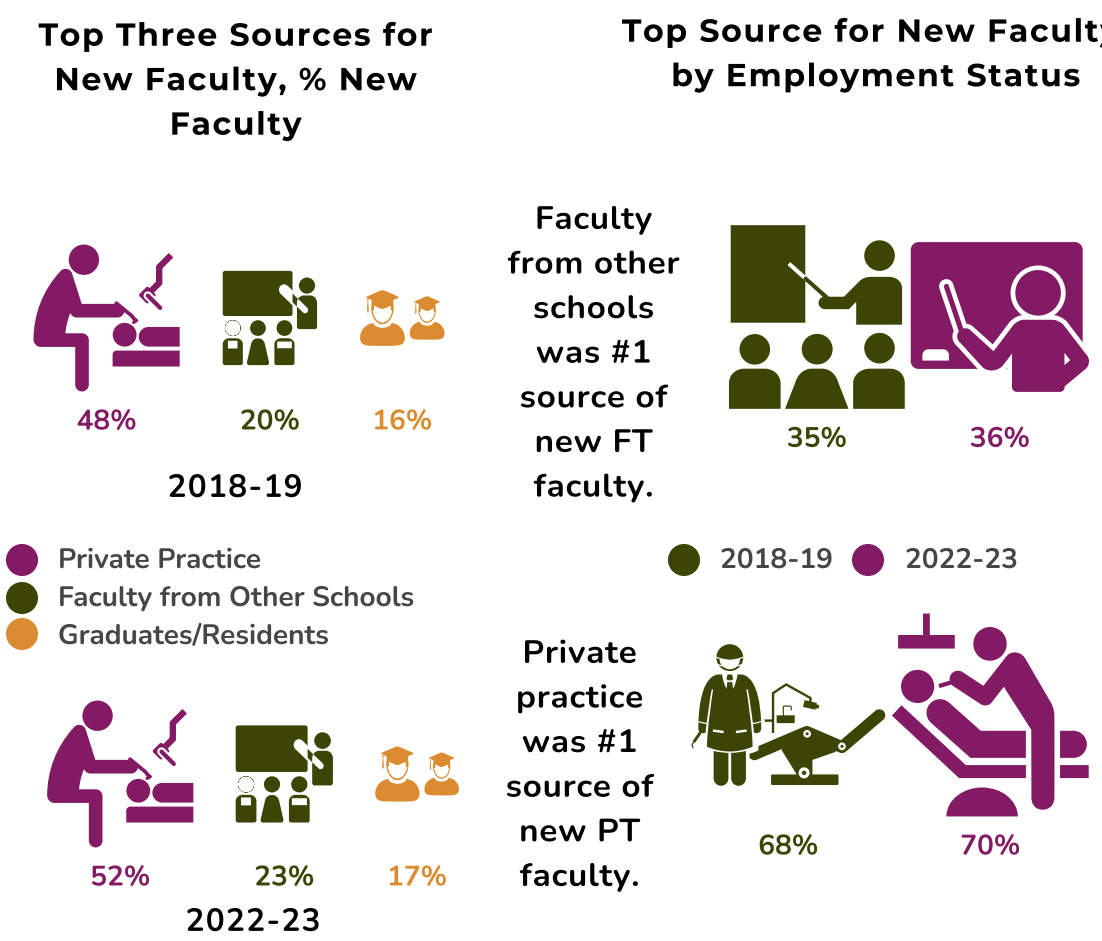
- Total enrollment in about half of advanced dental programs increased in 2023-24 relative to five years earlier.
- Programs such as orthodontics and dentofacial orthopedics, pediatric dentistry, and oral and maxillofacial surgery recorded a growth rate of 5% or more.
- General dentistry and prosthodontics programs were the programs with declines in enrollment.

Notes: General Dentistry includes General Practice Residency, Advanced Education in General Dentistry, Dental Anesthesiology, Orofacial Pain and Oral Medicine.
Source: ADEA analysis of ADA, Health Policy Institute, Commission on Dental Accreditation Survey of Advanced Dental Education, 2011-12 and 2023-24.

Section 4. Oral Health Education Faculty

Changing Demographics, Job Openings and New Opportunities

Fig. 4.1 Sources of New Faculty by Employment Status, U.S. Dental Schools, 2018-19 and 2022-23



- In 2022-23, 11% of faculty were hired in that fiscal year, significantly higher than the 9% rate of 2018-19, according to ADEA Trends in Dental School Faculty: ADEA Dental School Faculty Positions, 2018-19 and 2022-23. The rate was higher both for full-time and part-time faculty.

- Private practice grew as the main source of new faculty. Seven in ten newly hired part-time faculty came from private practice in 2022-23.

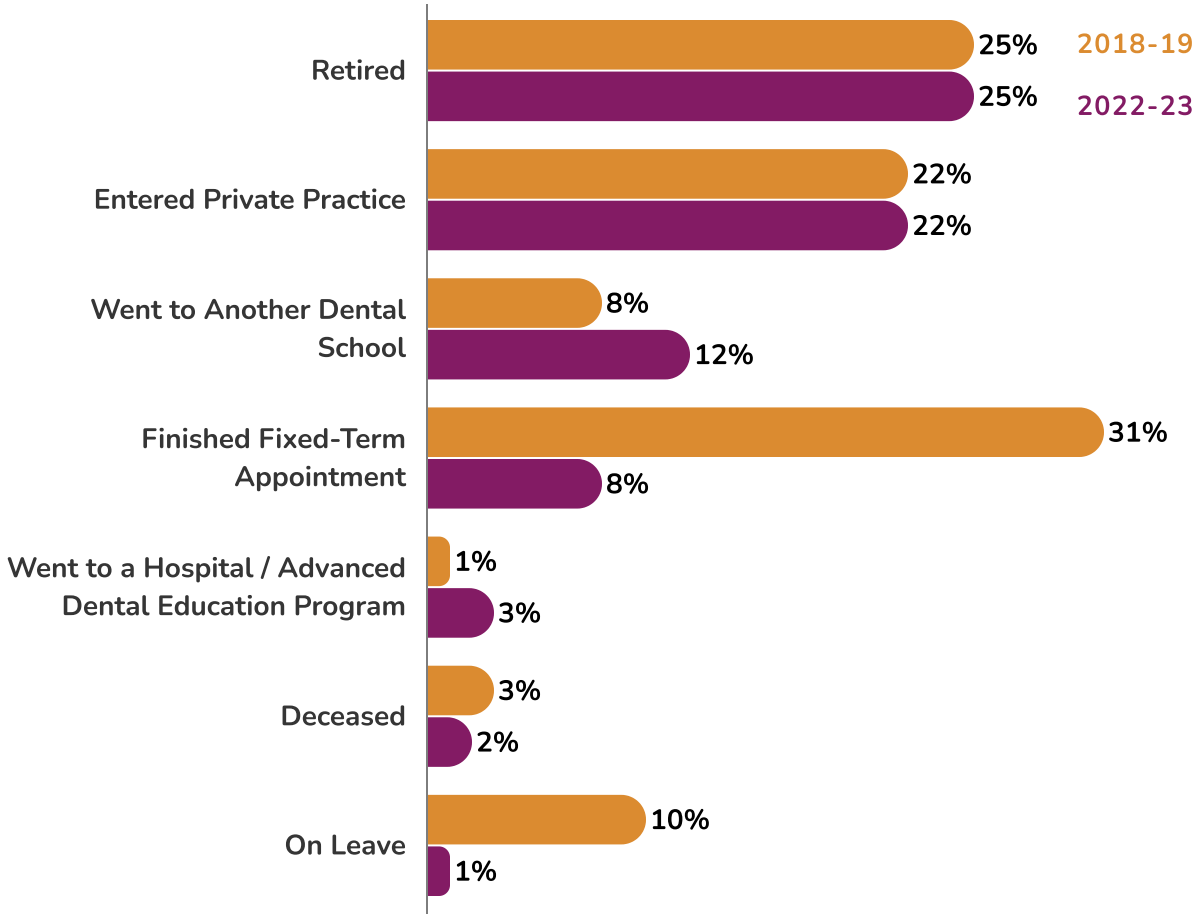
- Recruiting faculty from other schools (dental and non-dental) remained a significant source of new faculty and the top source for newly-hired full-time faculty.

- One in seven new faculty were recent predoctoral and/or advanced dental graduates in 2022-23, similar to the rate in 2018-19.

Notes: Percentages may not total 100% due to rounding. This analysis reflects full-time and part-time new faculty for which the responding dental schools reported the employment status and the source of the new faculty member. "Faculty from other schools" includes dental, non-dental schools and hospitals. For definitions, see Methodological Appendix in the source report.

Source: Istrate EC, Lawton KB, Cooper BL, Booker CL. Trends in Dental School Faculty: ADEA Dental School Faculty Positions Report, 2018-19 and 2022-23. Washington, DC: American Dental Education Association, August 2024.

Fig. 4.2 Separated Full-time and Part-time Faculty by Reason of Leaving, U.S. Dental Schools, 2018-19 and 2022-23



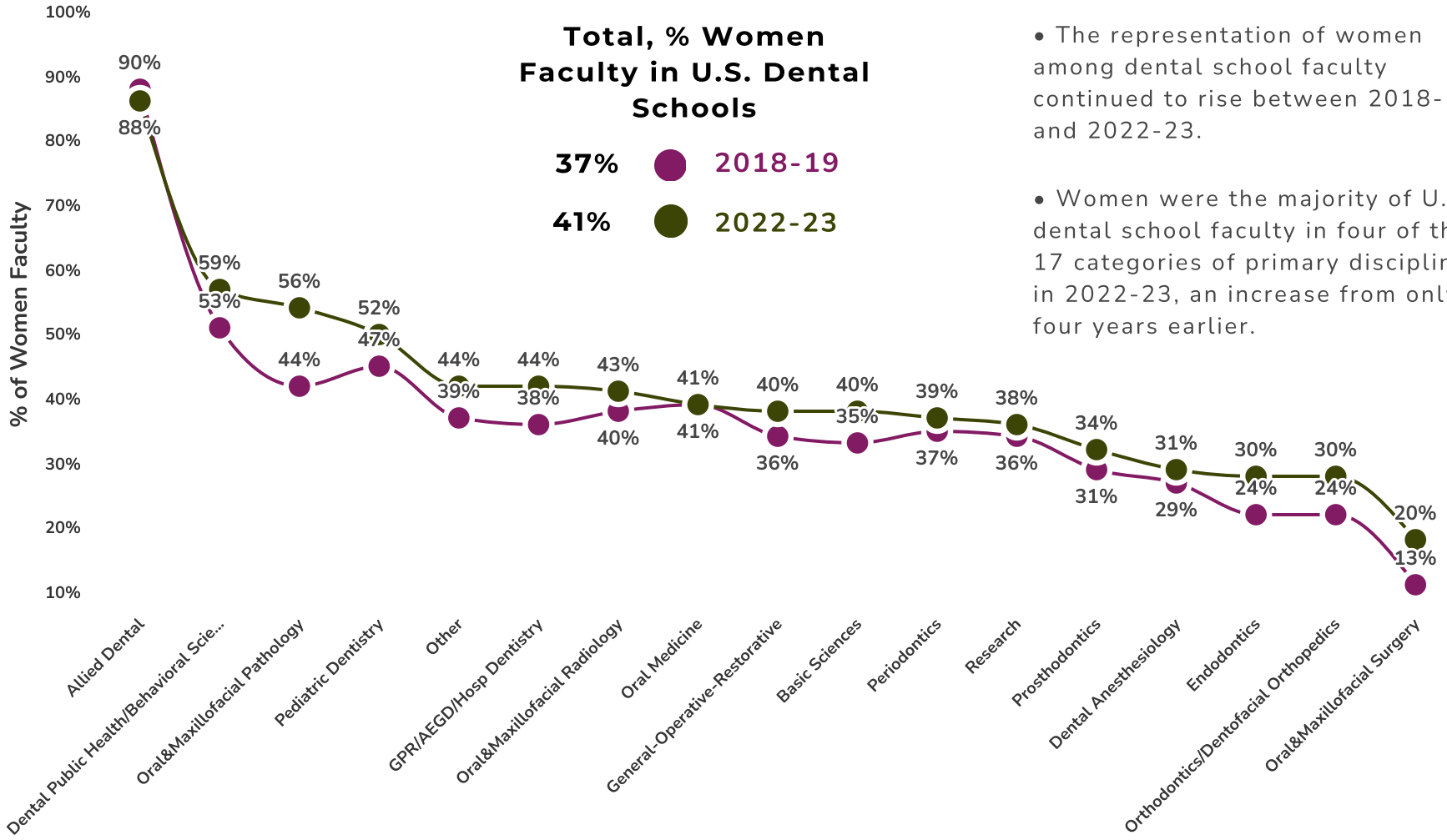
- The faculty separation rate, as percentage of faculty that left their employer during the past fiscal year, went up between 7% and 8%, according to *ADEA Trends in Dental School Faculty: ADEA Dental School Faculty Positions, 2018-19 and 2022-23*. It was driven by a higher percentage of full-time faculty leaving in 2022-23 than four years before.

- Finishing a fixed-term appointment or being on leave are no longer major reasons for faculty separating from a dental school..

- Leaving for other academic opportunities, at another dental school or at a hospital with an advanced dental education program, has been cited more often by departing faculty in 2022-23 than in 2018-19.

Notes: The percentages for 2022-23 do not total 100% because the 2022-23 data have an additional category called "other," which accounts for 27% of separated faculty positions for which dental schools selected a reason of separation. For 2022-23, dental schools reported in "other" mainly voluntary separations for which the faculty did not specify the reason for leaving their employment. The "other" reason for faculty separation was not included in the ADEA 2018-19 Survey of Dental School Faculty. This analysis reflects full-time and part-time faculty for which the responding dental schools reported the employment status and the reason for the faculty separation.
Source: Istrate EC, Lawton KB, Cooper BL, Booker CL. Trends in Dental School Faculty: ADEA Dental School Faculty Positions Report, 2018-19 and 2022-23. Washington, DC: American Dental Education Association, August 2024.

Fig. 4.3 Women Faculty Within Each Primary Discipline, U.S. Dental Schools, 2018-19 and 2022-23

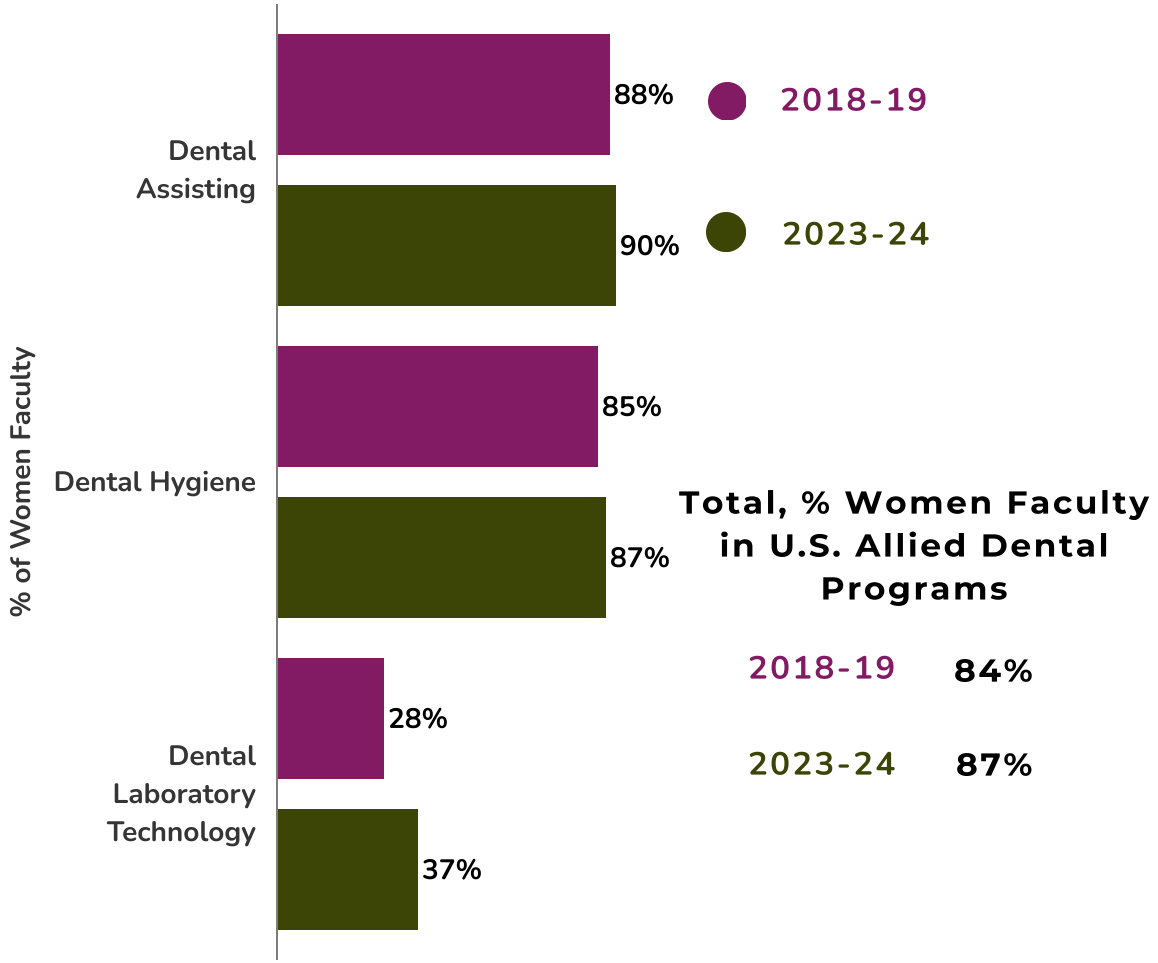


- The representation of women among dental school faculty continued to rise between 2018-19 and 2022-23.
- Women were the majority of U.S. dental school faculty in four of the 17 categories of primary disciplines in 2022-23, an increase from only four years earlier.

Notes: This analysis reflects all the faculty for which the responding schools provided their primary discipline and their gender identity as "women." The faculty with gender identity as "man" and those with not listed gender identity are included in the total faculty for the percentage calculation for women faculty. ADEA collects data on primary disciplines based on a 17 primary disciplines' nomenclature. For full list, see Table A2 in Methodological Appendix in the source report.

Source: Istrate EC, Lawton KB, Cooper BL, Booker CL. Trends in Dental School Faculty: ADEA Dental School Faculty Positions Report, 2018-19 and 2022-23. Washington, DC: American Dental Education Association, August 2024.

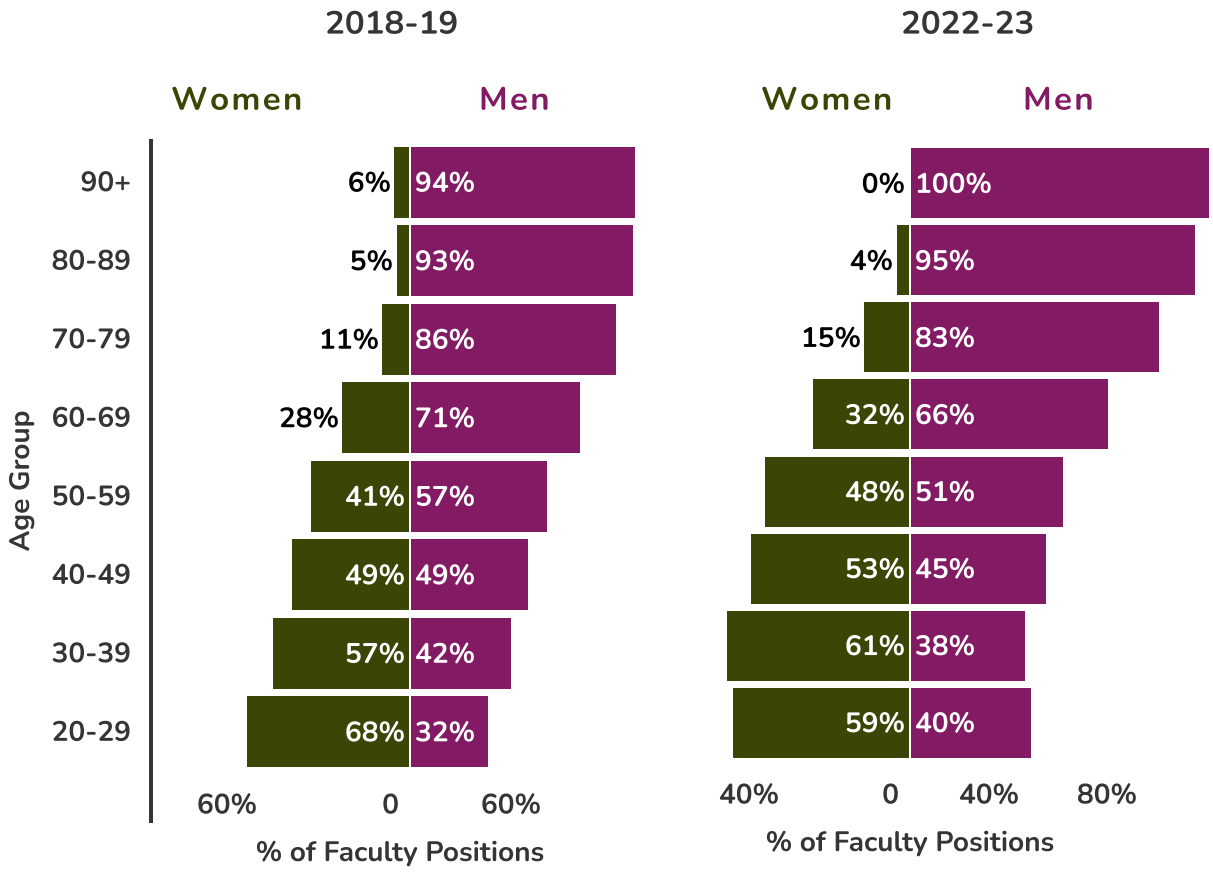
Fig. 4.4 Women Faculty at Accredited U.S. Allied Dental Education Programs, 2018-19 and 2023-24



- Women dominate the composition of dental hygiene and dental assisting faculty.
- There were more women among all dental allied types of programs between 2018-19 and 2023-24.
- Men faculty were the majority in the dental laboratory technology programs in 2018-19 and 2023-24, but at a smaller rate over time.
- This analysis does not include dental therapy programs, because CODA has not started reporting their numbers due to the small number of accredited programs, as of November 2024.

Notes: Percentages may not total 100% because the presence of faculty for which their employer did not report their gender identity and/or reported other gender identities.
Source: Analysis of American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2018-19 and 2023-24 Survey of Allied Dental Education Programs.

Fig. 4.5 U.S. Dental Schools Faculty by Age and Gender, 2018-19 and 2022-23



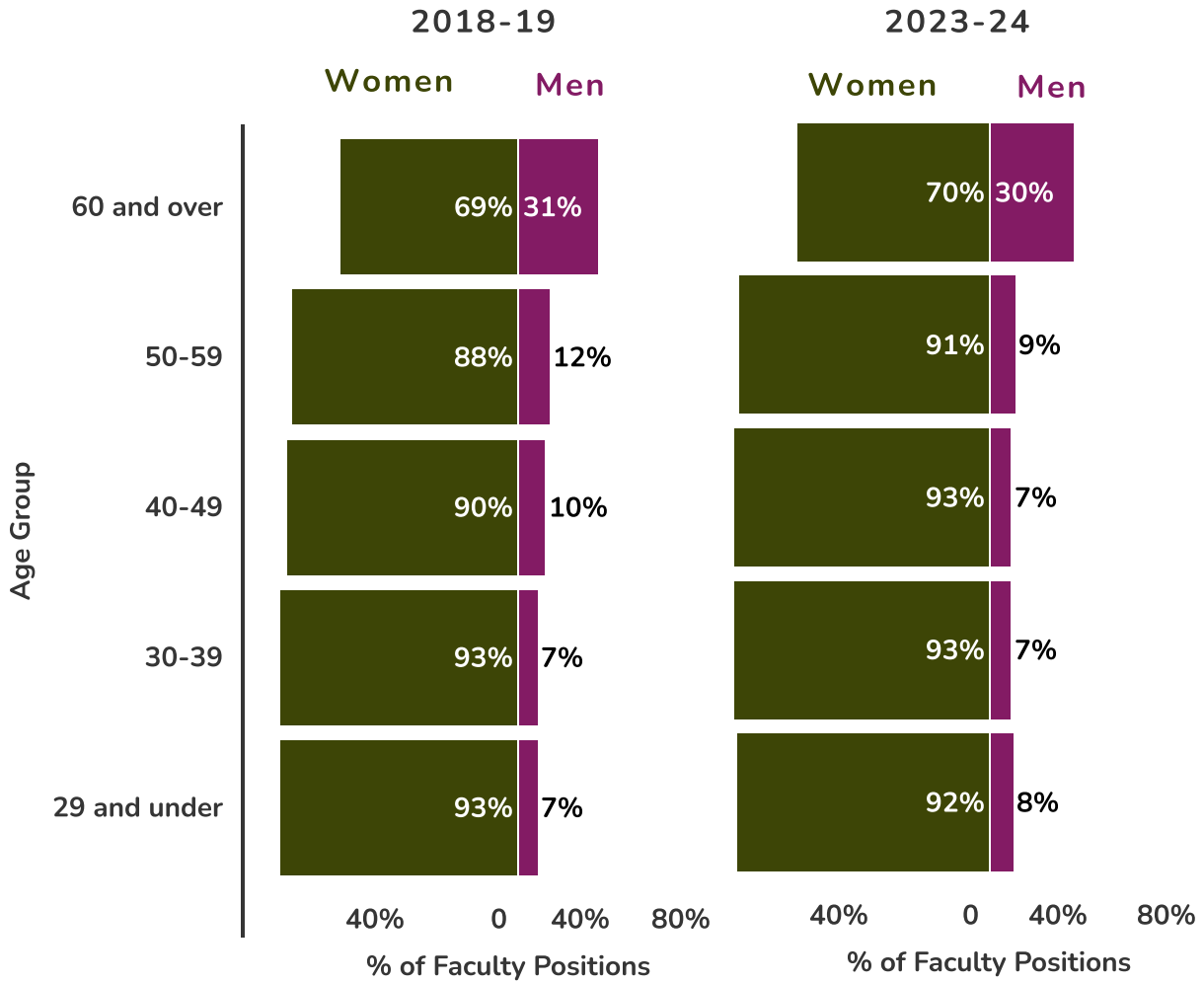
- Between 2018-19 and 2022-23, the median age of dental school faculty declined from 56 to 54 years old, according to *ADEA Trends in Dental School Faculty: ADEA Dental School Faculty Positions, 2018-19 and 2022-23*.

- Women dental school faculty were significantly younger than their men counterparts in both years and the median age dropped for both groups.

- Overall, women accounted for the majority of faculty for every decade of age between 20 and 49 years, with men being more numerous after age 50 both in 2018-19 and 2022-23.

Notes: Percentages may not total 100% because the presence of faculty for which their employer did not report their gender identity and/or reported other gender identities. For definitions, see Methodological Appendix of the source report.
Source: Istrate EC, Lawton KB, Cooper BL, Booker CL. Trends in Dental School Faculty: ADEA Dental School Faculty Positions Report, 2018-19 and 2022-23. Washington, DC: American Dental Education Association, August 2024.

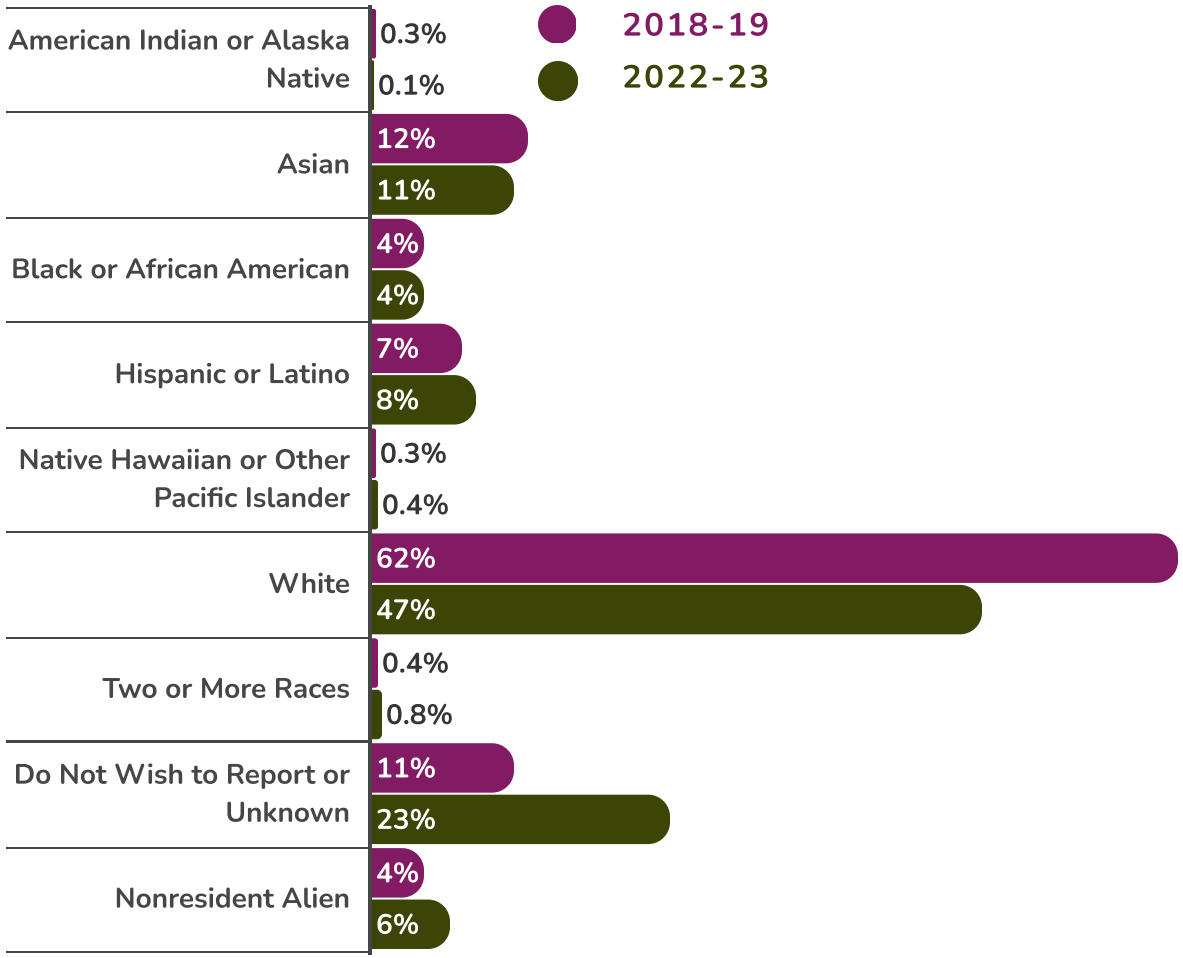
Fig. 4.6 Faculty at Accredited U.S. Allied Dental Programs by Age and Gender, 2018-19 and 2023-24



- Women are the majority in every age group for allied dental faculty.
- Men faculty in allied dental programs tend to be in larger numbers among faculty 60 years and older.
- There was a slight increase of the percentage of men faculty in the youngest age category (29 and under) between 2018-19 and 2023-24.

Notes: Percentages may not total 100% because the presence of faculty for which their employer did not report their gender identity and/or reported other gender identities.This analysis does not include dental therapy programs, because CODA has not started reporting on them due to the small number of accredited programs, as of November 2024.
Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2018-19 znc 2023-24 Survey of Allied Dental Education Programs.

Fig. 4.7 U.S. Dental Schools Faculty by Race and Ethnicity, 2018-19 and 2022-23

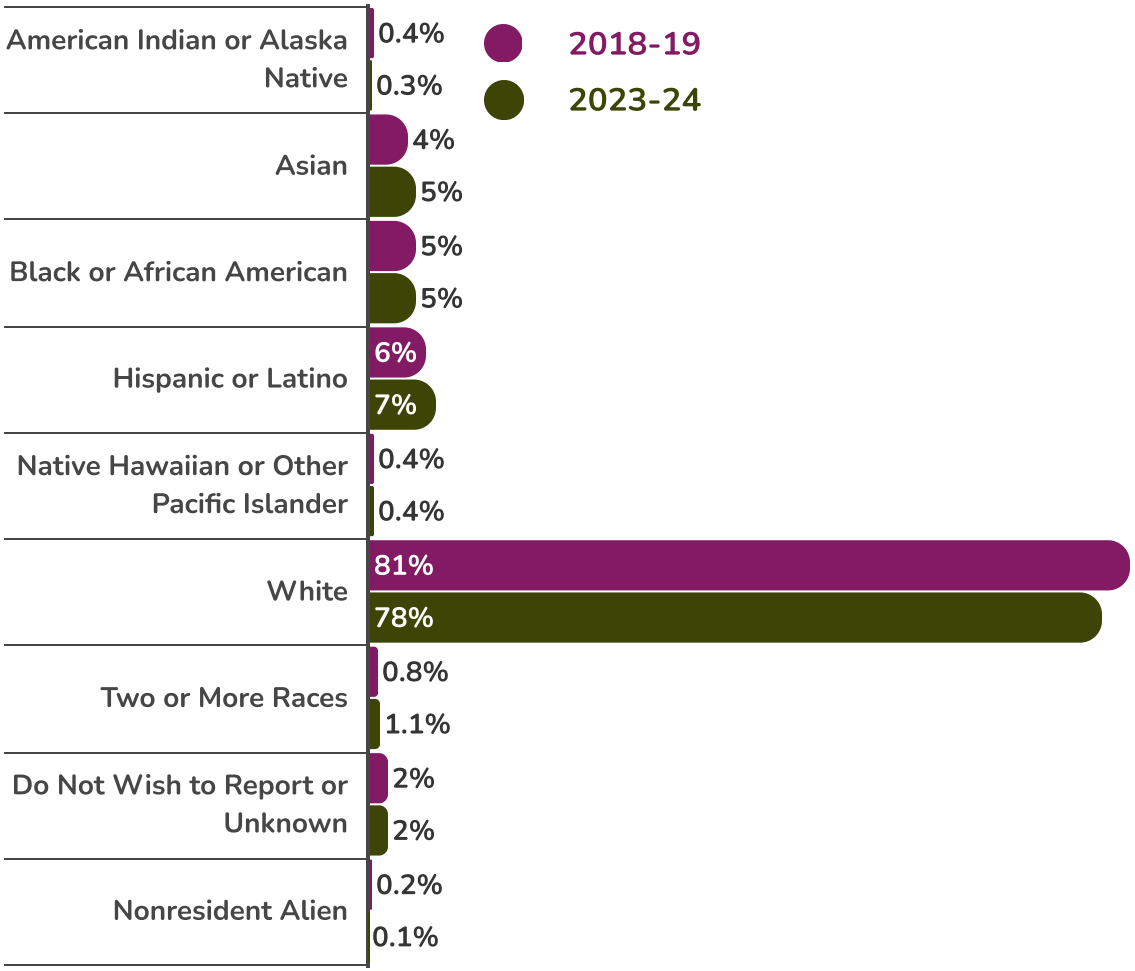


- The percentage of faculty reported with unknown race and ethnicity and/or undisclosed legal status information more than doubled between 2018-19 and 2022-23. Because of this large percentage, race and ethnicity figures should be interpreted with caution.

Notes: With close to one in four faculty members lacking disclosed race, ethnicity, and/or legal status information in the 2022-23 ADEA Faculty Census, these results should be interpreted with caution. This analysis reflects all the faculty for which the responding schools provided their race and ethnicity and legal status. Schools reported race and ethnicity information using pre-existing, faculty self-reported race and ethnicity data and U.S. citizenship status based on the school's administrative records. For more explanations and definitions, see Table A1 in Methodological Appendix of the source report. Percentages may not total 100% because of rounding. ADEA adheres to the current U.S. Department of Education guidelines for reporting race and ethnicity data for postsecondary education institutions.

Source: Istrate EC, Lawton KB, Cooper BL, Booker CL. Trends in Dental School Faculty: ADEA Dental School Faculty Positions Report, 2018-19 and 2022-23. Washington, DC: American Dental Education Association, August 2024.

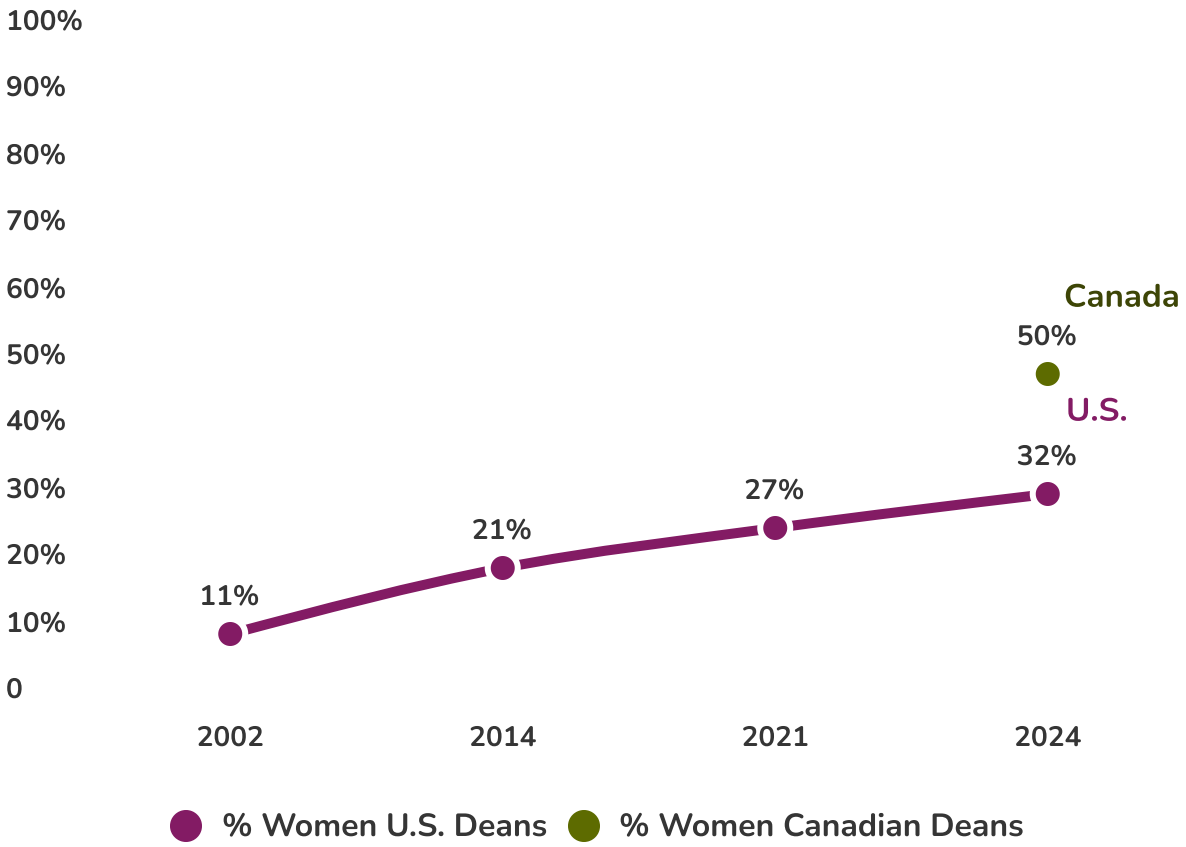
Fig. 4.8 U.S. Allied Dental Education Program Faculty by Race and Ethnicity, 2018-19 and 2023-24



- Most of the allied faculty is white with the share of white allied dental faculty declining slightly between 2018-19 and 2023-24.
- More Asian and Hispanic or Latino allied dental professionals became faculty in accredited U.S. allied programs in 2023-24 than five years before.

Notes: Percentages may not total 100% because of rounding. ADEA adheres to the current U.S. Department of Education guidelines for reporting race and ethnicity data for postsecondary education institutions. This analysis does not include dental therapy programs, because CODA has not started reporting on them due to the small number of accredited programs, as of November 2024.
Source: Analysis of American Dental Association, Health Policy Institute, Commission on Dental Accreditation, Surveys of Allied Dental Education Programs 2018-19 and 2023-24.

Fig. 4.9 Women Deans at Accredited U.S. and Canadian Dental Schools, 2002 to 2024



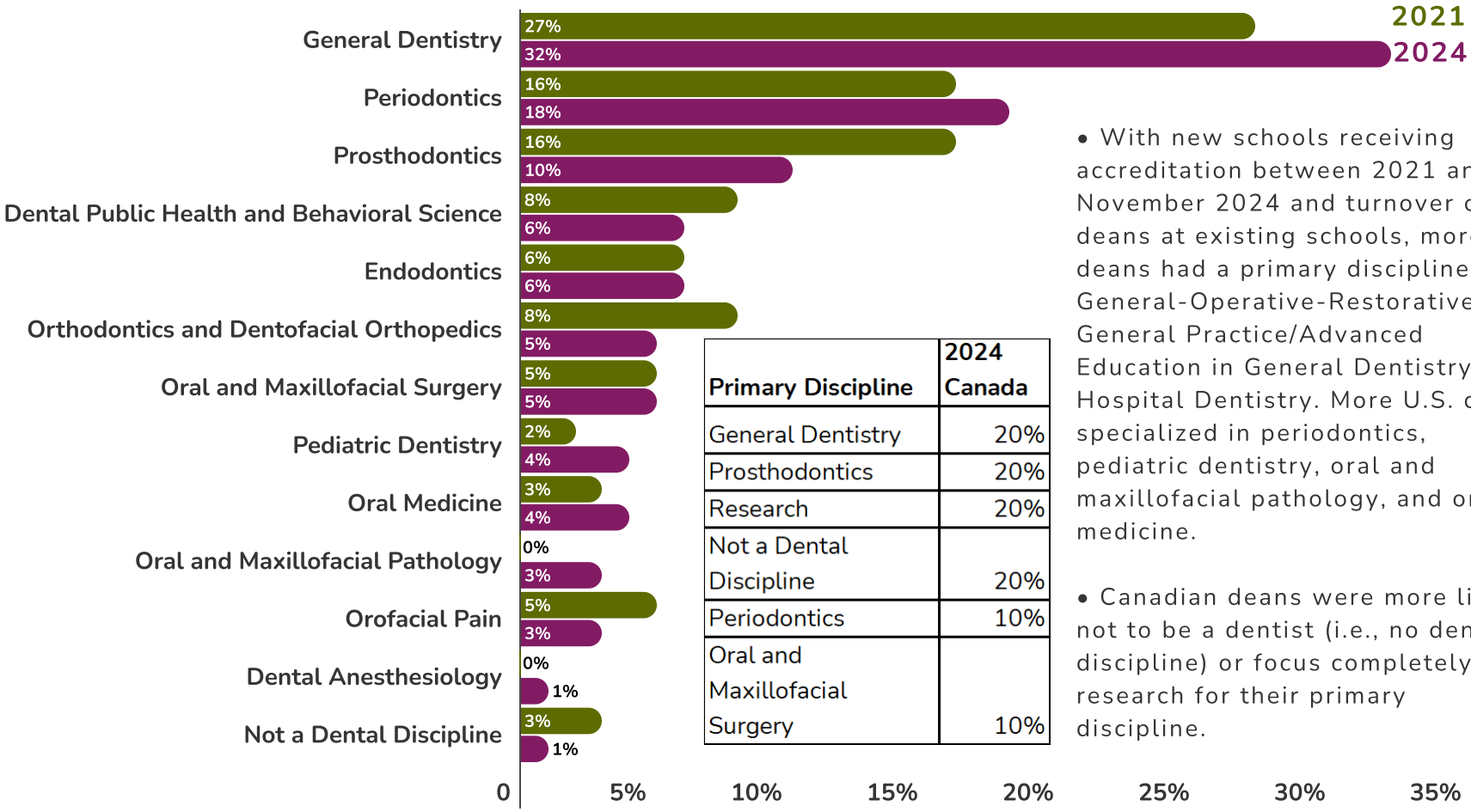
- The percentage of women among the deans at accredited U.S. dental schools nearly tripled between 2002 and 2024, reaching more than 3 in 10 deans.

- Canadian dental schools are getting close to parity in terms of gender distribution of their deans, with 50% of them identified as women in 2024.

- In collaboration with the Academy of Advancing Leadership, ADEA has conducted several surveys of U.S. deans. In November 2024, ADEA conducted an analysis of data collected from public sources on both the U.S. and Canadian deans of accredited dental schools, allowing a glimpse into the characteristics of Canadian deans.

Notes: The data reflects only full dean positions, at 77 accredited dental schools in the U.S. and 10 in Canada, as of November 2024. The 2021 data includes 61 U.S. deans at accredited dental schools and is self-reported. 2024 data is collected from public data.
Sources: For 2024 data, ADEA analyzed public data available on dental school websites, as of November 2024; 2021 data from Weinstein GJ, Haden NK, Stewart DCL, Pyle MA, Albino AW, West KP. A profile of dental school deans, 2021. J Dent Educ 2022;1-13. https://doi.org/10.1002/jdd.12933

Fig. 4.10 Primary Discipline of Deans at U.S. and Canadian Dental Schools, 2021 and 2024



Primary Discipline	2024 Canada
General Dentistry	20%
Prosthodontics	20%
Research	20%
Not a Dental Discipline	20%
Periodontics	10%
Oral and Maxillofacial Surgery	10%

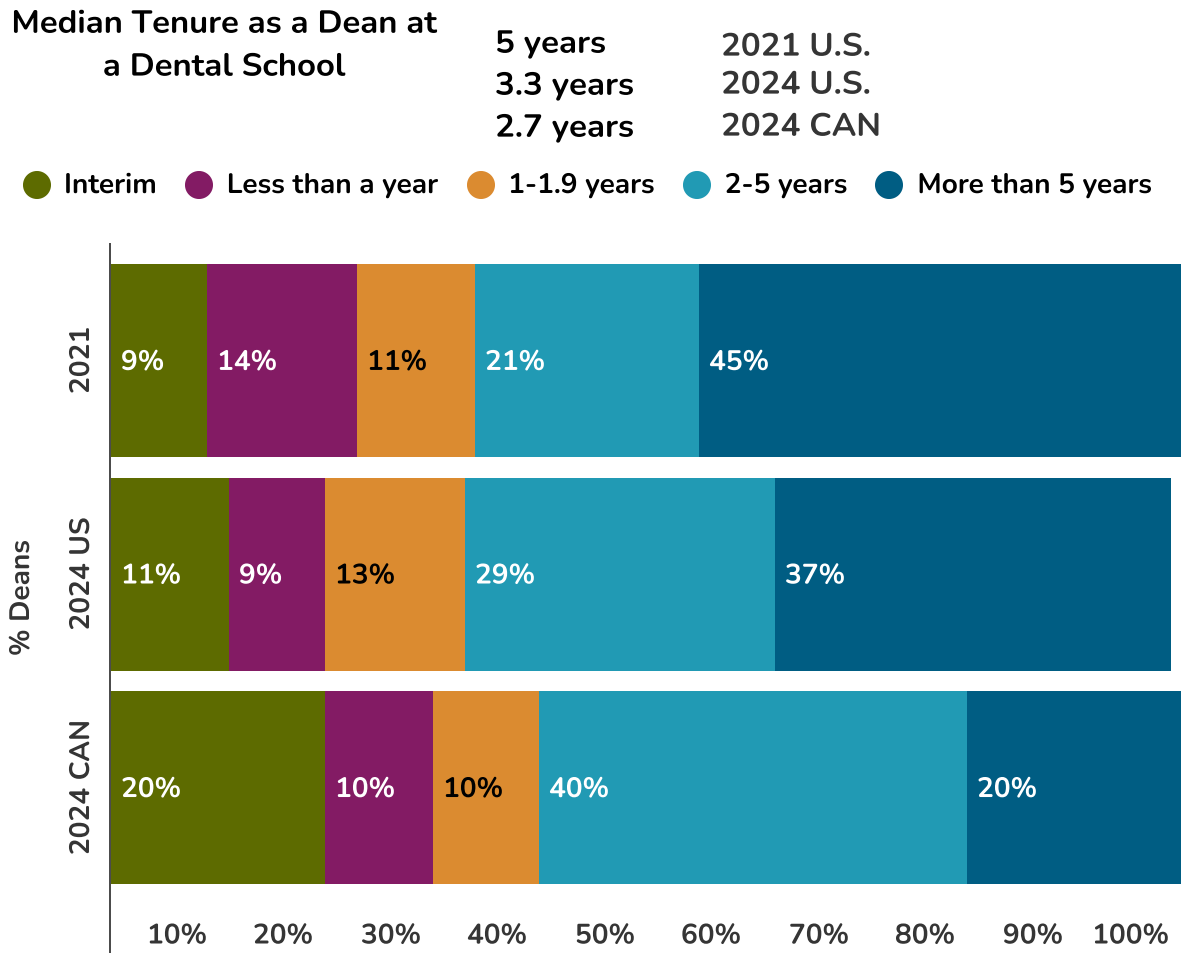
- With new schools receiving accreditation between 2021 and November 2024 and turnover of deans at existing schools, more deans had a primary discipline in General-Operative-Restorative or General Practice/Advanced Education in General Dentistry/ Hospital Dentistry. More U.S. deans specialized in periodontics, pediatric dentistry, oral and maxillofacial pathology, and oral medicine.

- Canadian deans were more likely not to be a dentist (i.e., no dental discipline) or focus completely on research for their primary discipline.

Notes: Percentages may not total 100% because of rounding. This data reflects all dean positions, including interim/acting dean positions at 77 accredited dental schools in the U.S. and 10 in Canada, as of November 2024. The 2021 data includes 61 U.S. deans at accredited dental schools and is self-reported. 2024 data is collected from public data. General dentistry positions include General-Operative-Restorative and General Practice/Advanced Education in General Dentistry/ Hospital Dentistry (GPPR/AEGD/Hospital Dentistry), for year to year comparability for the U.S. data. Prosthodontics includes prosthodontics/maxillofacial prosthetics.

Sources: For 2024 data, ADEA analyzed public data available on dental school websites, Linkedin and other internet resources, as of November 2024; 2021 data are from Weinstein GJ, Haden NK, Stewart DCL, Pyle MA, Albino AW, West KP. A profile of dental school deans, 2021. J Dent Educ 2022;1-13, https://doi.org/10.1002/jdd.12933.

Fig. 4.11 Length of Tenure as a Dean at U.S. and Canadian Dental Schools, 2021 and 2024



- A change among the ranks of deans at both U.S. and Canadian dental schools has been going on. The median tenure of a dean at U.S. schools decreased from 5 years in 2021 to 3.3 years by November 2024. In Canada, it was only 2.7 years in 2024. This reflects only full dean positions.

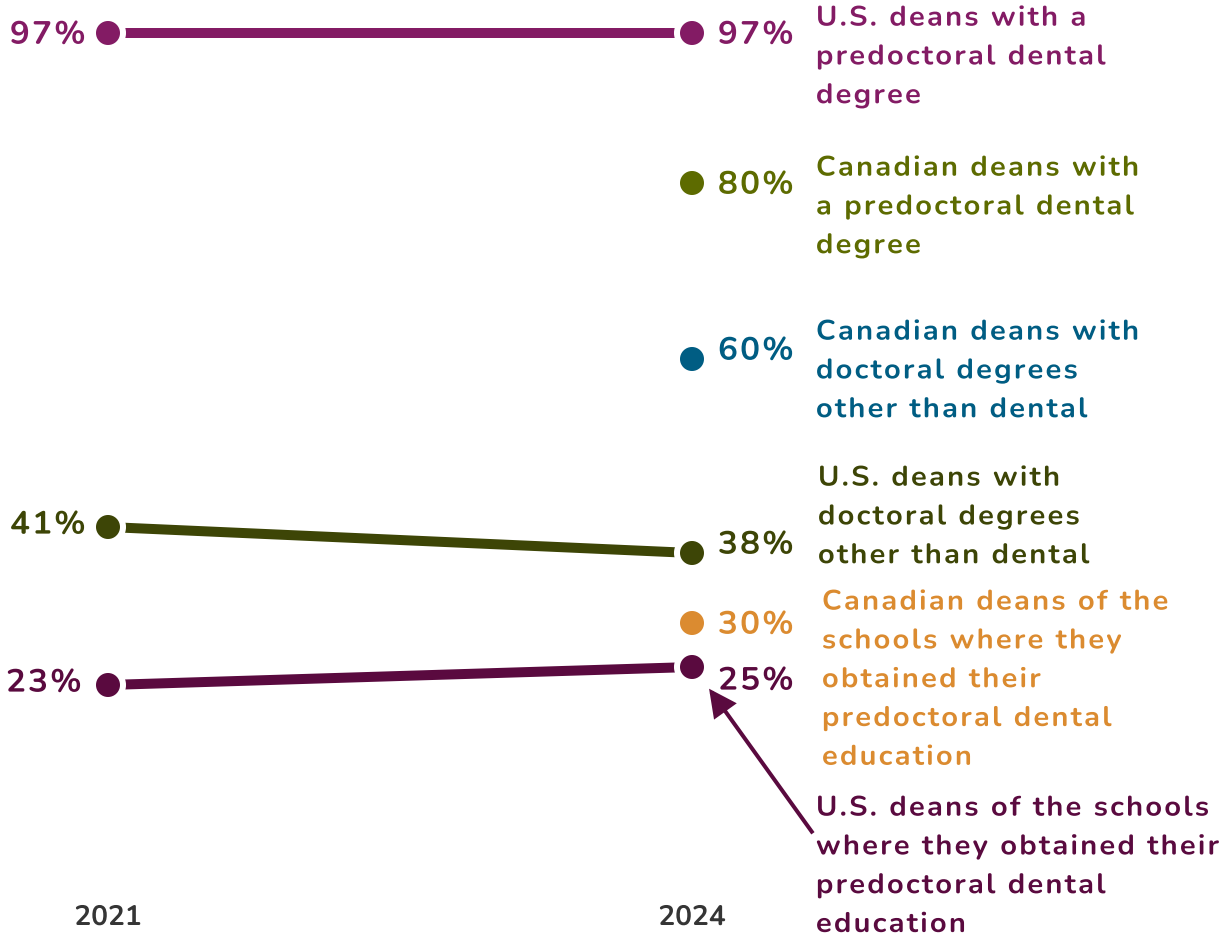
- The proportion of deans with long tenure (more than 5 years) was shrinking in the United States. Some deans with that length of service in 2021 moved on from their dean position or retired, as the percentage of interim deans and those with 1-1.9 years of tenure increased in 2024.

- For the Canadian deans, only 20% had more than 5 years tenure in 2024 and 40% were between 2 and 5 years.

Notes: Percentages may not total 100% because of rounding. The data of median tenure as a dean reflects only full dean positions, at 76 accredited dental schools in the U.S. and 10 in Canada, as of November 2024. The 2021 data includes 61 U.S. deans at accredited dental schools and is self-reported. 2024 data is collected from public data.

Sources: For 2024 data, ADEA analyzed public data available on dental school websites, Linkedin and other internet resources, as of November 2024; 2021 data from Weinstein GJ, Haden NK, Stewart DCL, Pyle MA, Albino AW, West KP. A profile of dental school deans, 2021. J Dent Educ 2022;1-13, https://doi.org/10.1002/jdd.12933.

Fig. 4.12 Deans' Academic Degrees and Percentage of Deans Who Became Dean of Their Predoctoral Dental Schools, U.S. and Canadian Dental Schools, 2021 and 2024



- The overwhelming majority of deans, including interim deans, at U.S. and Canadian dental schools have a predoctoral dental degree.

- About a quarter of U.S. deans and close to a third of Canadian deans are deans of the schools where they obtained their predoctoral dental education. The percentage has increased slightly for U.S. deans over the past three years.

- A higher percentage of Canadian deans completed doctoral degrees other than dental such as Ph.D., M.D., Ed.D., DSc.D., and J.D. than the U.S. deans, as of November 2024. The percentage has been declining for U.S. deans over the past years, but still close to 4 in 10 of U.S. deans have a doctoral degree other than dental. Many U.S. and Canadian deans obtained a Master's level degree.

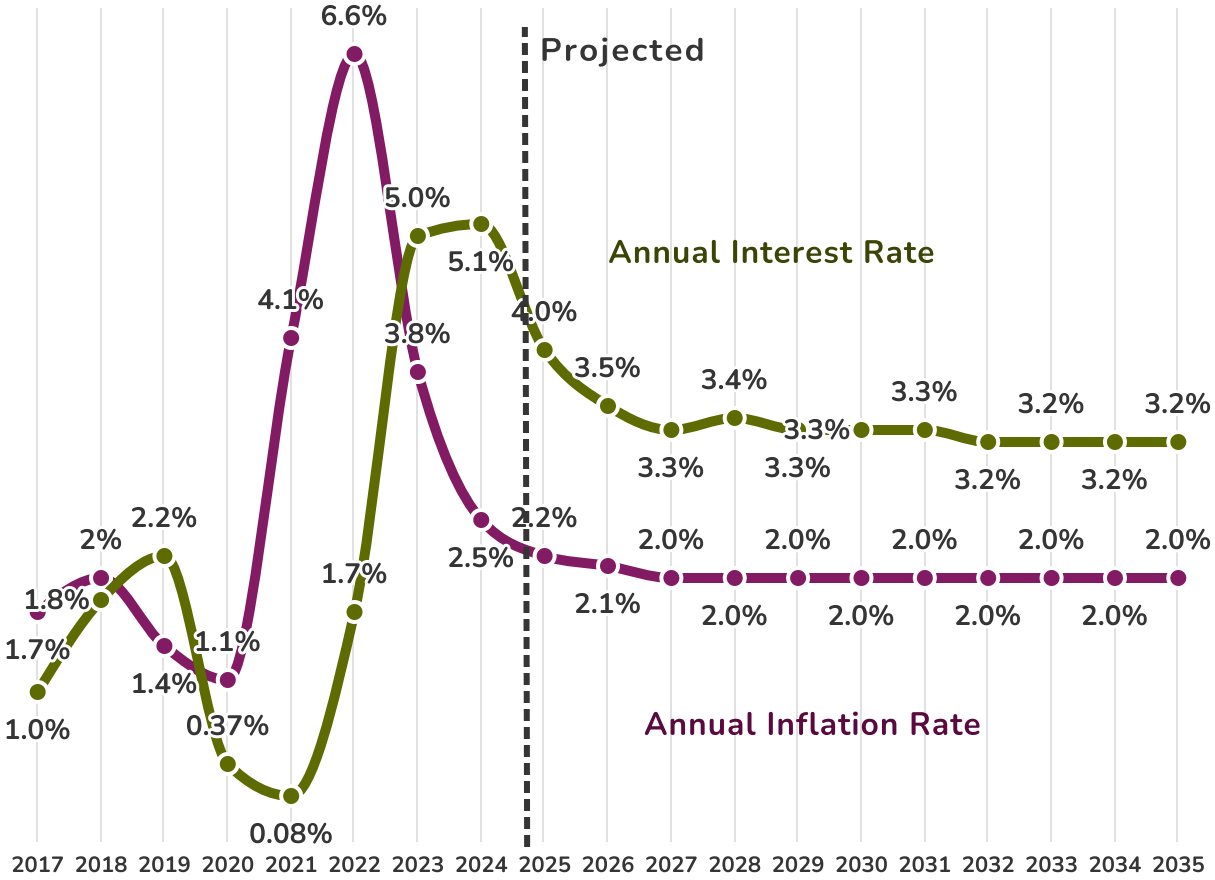
Notes: This data reflects all dean positions, including interim/acting deans. The 2021 data includes 61 U.S. deans at accredited dental schools and it is is self-reported. 2024 data reflects deans from 76 accredited dental schools in the U.S. and 10 in Canada, for which education information was publicly available: in November 2024. Predoctoral dental education includes D.D.S., D.M.D., and B.D.S. degrees. The advanced degrees include Ph.D., M.D., Ed.D., DSc.D., and J.D. degrees.

Sources: For 2024 data, ADEA analyzed public data available on dental school websites, Linkedin and other internet resources, as of November 2024; 2021 data from Weinstein GJ, Haden NK, Stewart DCL, Pyle MA, Albino AW, West KP. A profile of dental school deans, 2021. J Dent Educ 2022;1-13, https://doi.org/10.1002/jdd.12933.

Section 5.
The Macro Environment

Old and New Challenges

Fig. 5.1 U.S. Economic Projections: Annual Inflation Rate and Interest Rate, 2017 to 2035, as of January 2025

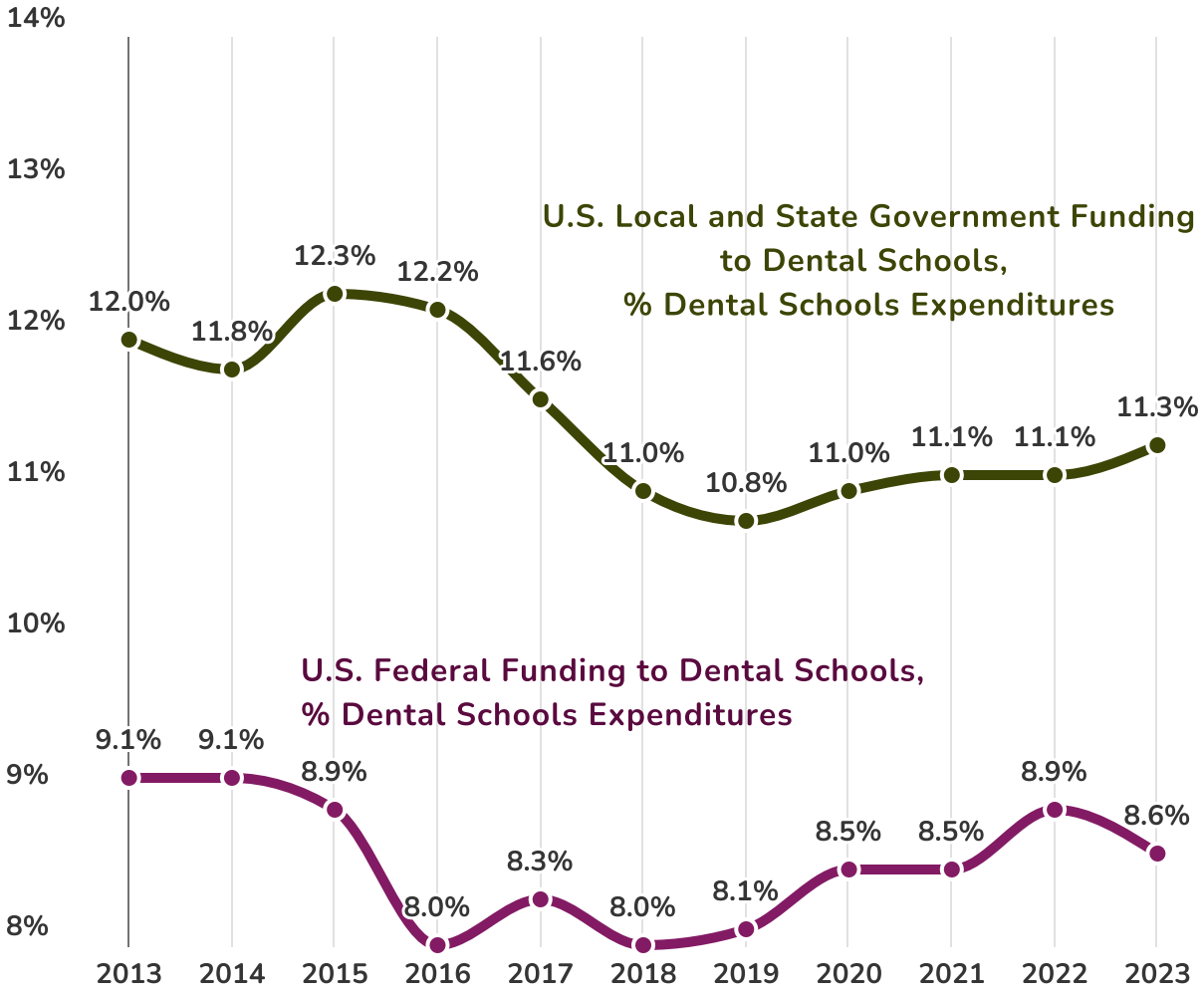


- As of January 2025, the U.S. Congressional Budget Office (CBO) projected that inflation would continue to fall in 2025 and 2026. Based on these projections, CBO forecasted that the U.S. Federal Reserve would continue to reduce interest rates through 2026.
- These projections are based on economic data as of Dec 4, 2024. Potential policy changes by the current Administration, such as rises in tariff levels, may increase the inflation rate.
- A lower inflation rate leads to lower interest rates, including mortgage rates. This facilitates the mobility of faculty and staff and potentially reduces the dental programs' opening (or vacancy) rates.

Notes: Inflation rate is the annual change in the Personal Consumption Expenditures (PCE) Index, which captures the changes in prices that people living in the United States pay for a wide range of goods and services. 2017 PCE level is 100. Interest rate is the federal funds effective rate, which is the rate at which depository institutions trade federal funds (balances held at Federal Reserve Banks) with each other overnight. Figures starting with 2025 are forecasted.

Sources: For historical interest rates: Board of Governors of the Federal Reserve System (US), Federal Funds Effective Rate, retrieved from FRED, Federal Reserve Bank of St. Louis; January 15, 2025. For historical inflation rates: U.S. Bureau of Economic Analysis (BEA), Table 2.3.7. Percent Change From Preceding Period in Prices for Personal Consumption Expenditures by Major Type of Product, as of January 31, 2025. Projections from the Congressional Budget Office (CBO).The Budget and Economic Outlook: 2025 to 2035, January 2025.

Fig. 5.2 U.S. Government Funding to Dental Schools Relative to Dental Schools Expenditures, FY 2013 to FY 2023

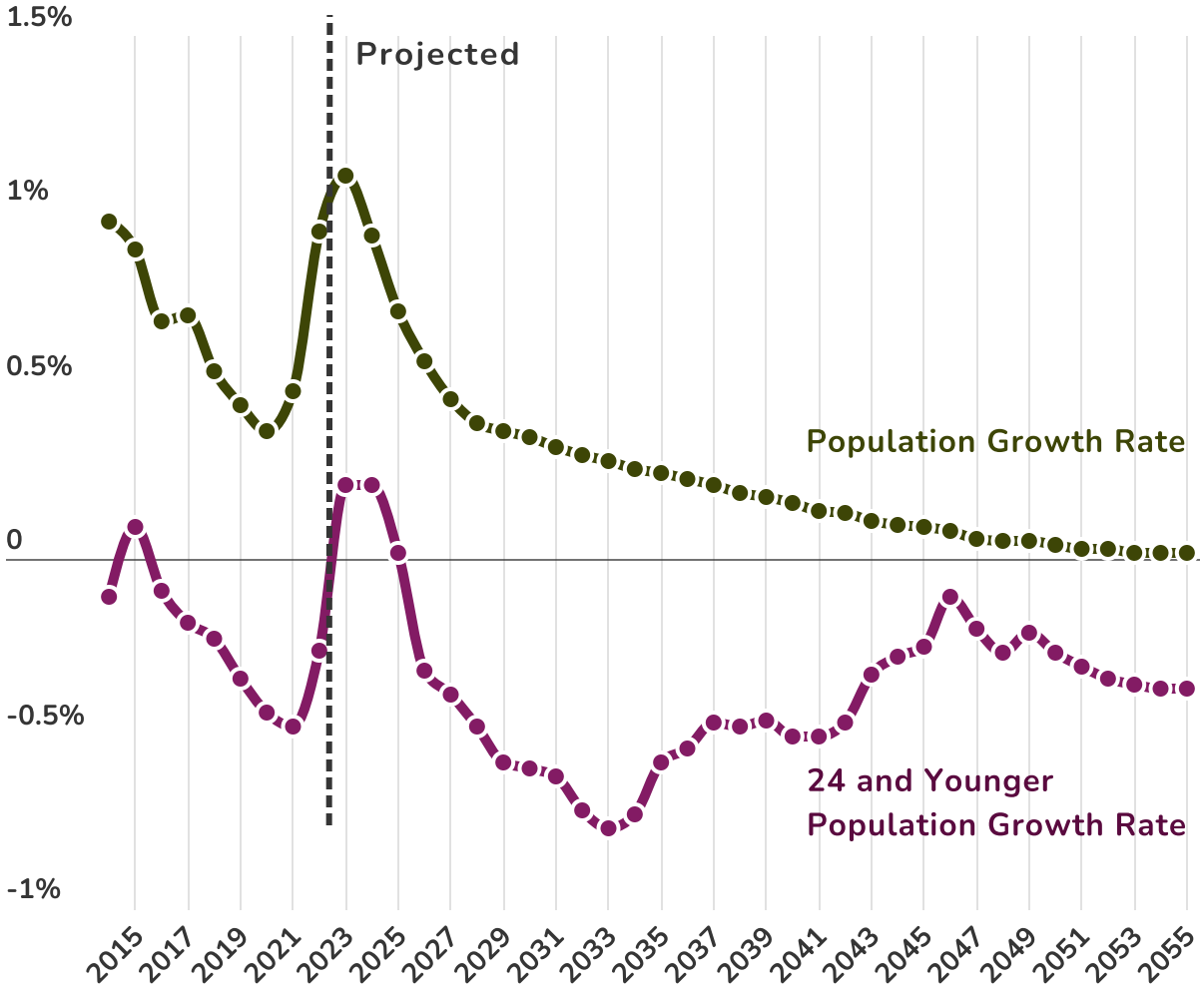


- On average, local and state government funding to U.S. dental schools increased less than overall expenditures of dental schools between FY 2013 and FY 2023. As a result, local and state government funding to dental schools as a percentage of dental schools expenditures declined over the analyzed period.
- Federal government support relative to dental school expenditures recorded a similar trend.
- This points to a downward pattern of government funding relative to dental school expenditures before the change in federal Administration in 2025.

Notes: Federal funding to U.S. dental schools is comprised of federal educational, graduate medical education, and research and training revenue to dental schools. It does not include the federal government programs reimbursement for health care services provided to Medicaid/CHIP/Medicare/Ryan-White Part F patients by dental school clinics.

Sources: ADEA analysis of American Dental Association, Health Policy Institute, 2013-14 to 2023-24 Surveys of Dental Education (Group III).

Fig. 5.3 U.S. Population Projections: Total Population and 24 Years or Younger Population, Annual Growth Rate, 2014 to 2055, as of January 2025



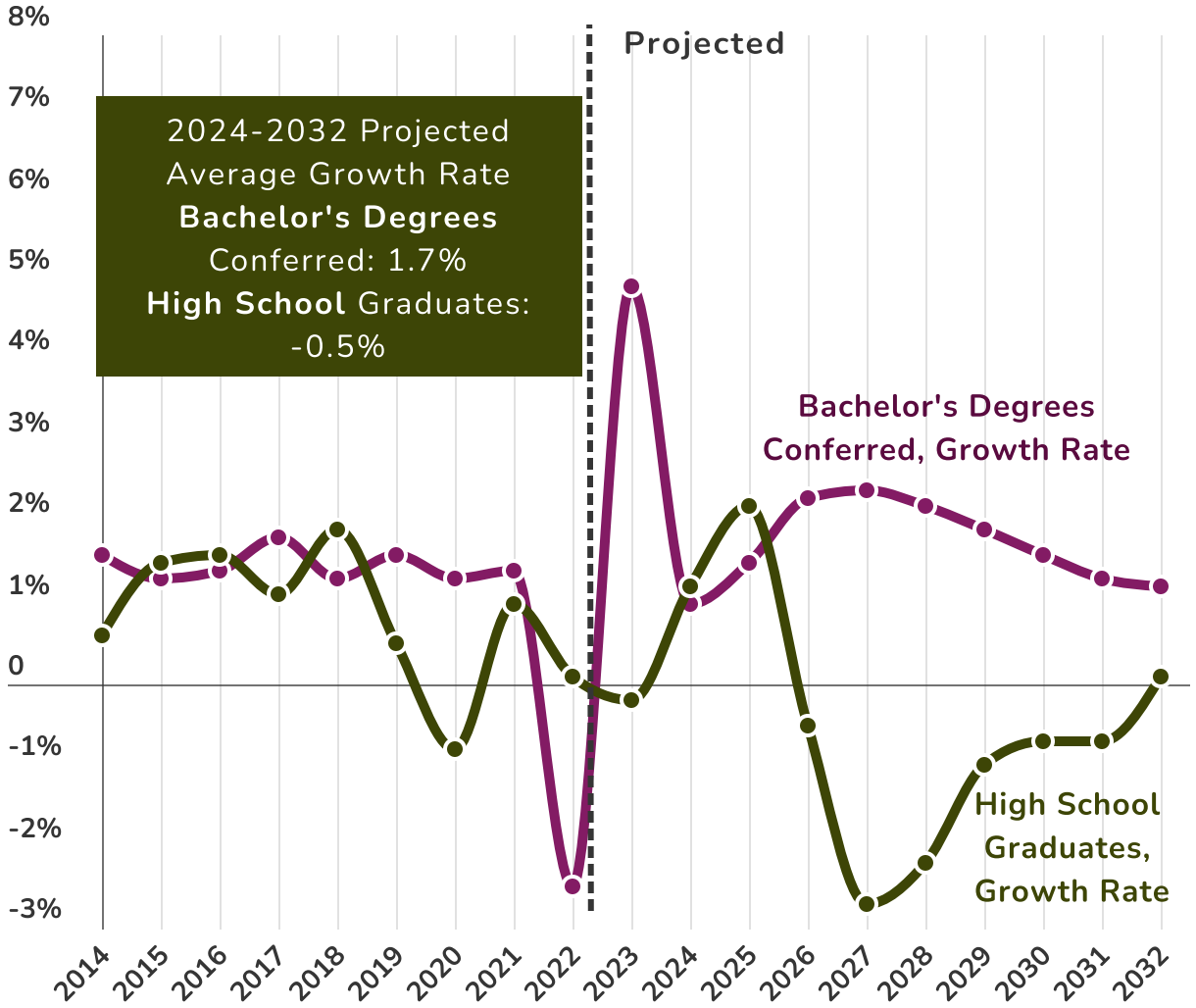
- As of January 2025, CBO projected that the U.S. population would continue to grow, but at an increasingly slower rate than in the past decades. When it comes to those younger than 24 years old, 2025 would be the last year of growth followed by continuous decline.

- These projections reflect laws and policies that were in place as of Nov. 15, 2024. Potential policy changes by the current federal Administration, such as significant immigration restrictions, may lower future population growth rates.

- Fewer individuals 24 years old and younger, without a significantly higher rate of college completion, especially in the preferred majors by dental schools, will mean a smaller dental applicant pool.

Notes: Population is the Social Security area population, which includes residents of U.S. states and territories, as well as U.S. citizens, federal employees, and service members living abroad. Figures starting with 2023 are forecasted.
Sources: U.S. Congressional Budget Office (CBO).The Demographic Outlook: 2025 to 2055, January 2025, available at https://www.cbo.gov/publication/60875

Fig. 5.4 U.S. Graduation Projections: High School and Bachelor's Conferred Degrees, Annual Growth Rate, 2014 to 2032, as of 2023



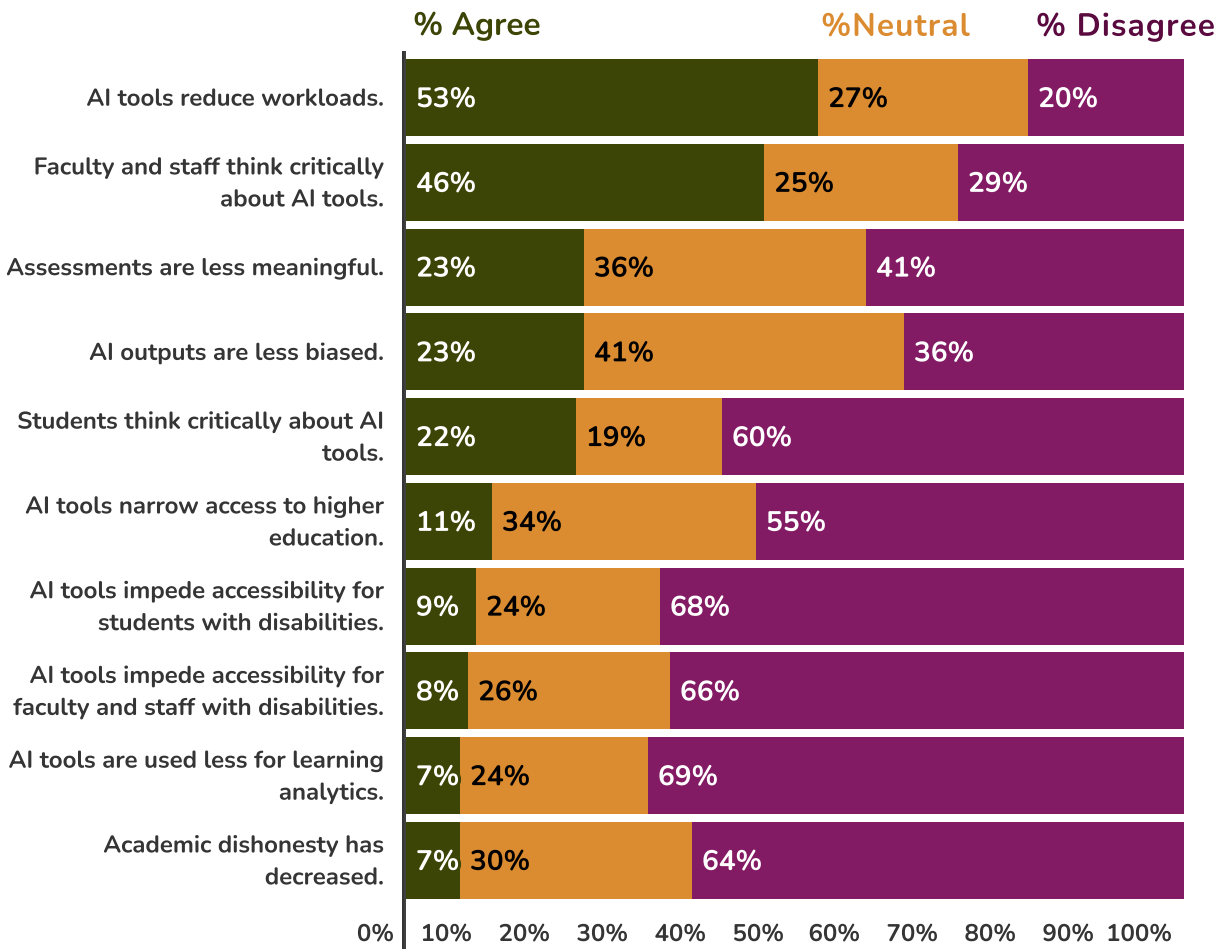
- The National Center for Education Statistics (NCES) projected more bachelor's degree conferred between 2024 and 2032 than between 2014 and 2022, as of 2023. 2023 and 2024 completion rates fit this projection. Based on the National Student Clearinghouse Research Center 2024 data, 2018 had a six-year credential completion rate of 61.1 percent, the highest over the last 12 cohorts tracked by the organization.

- At the same time, NCES predicted the number of high school graduates to shrink between 2026 and 2031.

- This points to a potential robust application pool for predoctoral programs for the immediate future, with increasing uncertainty at the beginning of the 2030s.

Sources: NCES, 2022 Digest of Education Statistics, Table 324.50.Degrees conferred by postsecondary institutions in selected professional fields,1985-86 through 2020-21. NCES, 2023 Digest of Education Statistics, Table 219.10 High school graduates, 1869-70 through 2031-32, as of August 2023. Table 303.70. Total undergraduate fall enrollment in degree-granting postsecondary institutions, 1970 through 2031, as of October 2023. Table 322.10. Bachelor's degrees conferred by postsecondary institutions, by field of study: Selected academic years, 1970-71 through 2021-22. National Student Clearinghouse Research Center, Yearly Progress and Completion Report, December 2024, available at https://nscresearchcenter.org/yearly-progress-and-completion/

Fig. 5.5 EDUCAUSE Estimated Impact of AI on Higher Education by 2026, as of December 2023



- Higher education faculty and staff were carefully considering the possibilities of the use of artificial intelligence (AI) by 2026, according to a 2023 EDUCAUSE survey.

- The majority of the respondents to the EDUCAUSE survey felt that by 2026 AI would help reduce their workloads and would be used for learning analytics. They also conveyed their trust that their colleagues thought critically about AI tools.

- There was widespread concern expressed regarding AI contributing to academic dishonesty and that students did not think critically about AI tools.

Notes: EDUCAUSE used the definition of AI established by the U.S. National Artificial Intelligence Act of 2020: "a machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations or decisions influencing real or virtual environments." The survey was distributed by EDUCAUSE to faculty and staff between November and December 2023. The response sample was 910, and 719 individuals answered the question presented above. For more respondent demographics, check the Methodology and Respondent Demographics sections in the study.
Sources: Jenay Robert. 2024 EDUCAUSE AI Landscape Study. Research report. Boulder, CO: EDUCAUSE, February 2024, avialable at https://www.educause.edu/ecar/research-publications/2024/2024-educause-ai-landscape-study/introduction-and-key-findings. National Artificial Intelligence Initiative Act of 2020, H.R.6216, 2020.

The Road Ahead

The landscape of oral health education is ever changing. This report presented an overview of the latest trends in this arena, ranging from dental education programs; applicants, enrollees and graduates of allied, predoctoral and advanced oral health education programs; to faculty in dental education institutions. The analysis concluded with an examination of long-term challenges and emerging issues that are likely to impact decisions in the dental education and policy-making communities.

ADEA is committed to supporting members across academic dentistry in their preparation of new generations of oral health professionals. With new schools obtaining accreditation in the United States, ADEA remains the community of choice and continues to represent 100% of all the accredited dental schools in the United States and Canada. ADEA's reinforced recruitment efforts and partnerships over the past years contributed to the larger numbers of applications to predoctoral, dental hygiene and advanced programs. Further, ADEA strengthened the flexibility of the centralized application systems that facilitated the influx of applications to these oral health education programs.

ADEA is working closely with oral health students across the country. In June 2024, there were 54 ADEA Chapters for Students, Residents and Fellows registered for the 2023-24 association year. ADEA started a survey of graduating allied students in 2024 to help the allied dental education community better plan for the future. For participating dental schools and allied programs in the student exit surveys, ADEA produces individualized reports with insights into students' experience, funding of the degree and preparedness to practice.

ADEA expanded its continuing education efforts for faculty across the spectrum of allied, predoctoral and advanced dental education programs. The offerings diversified into micro-credentials, workshops for mid-career allied dental faculty, a leadership institute and a leadership development program focused on allied dental faculty. In recognition of the higher turnover trends among deans, ADEA started a Council of Deans Fellowship, now in its third year. The year-long program provides skills, knowledge and experience to fellows who intend to apply to positions as dental school dean or higher-level administration. To support the dental school deans in managing their institution's workforce, ADEA produces annually faculty compensation benchmarking reports for each participating school in the ADEA Faculty Census.

As "The Voice of Dental Education," ADEA is actively monitoring public policy developments at the state and federal levels and advocating on behalf of the community. ADEA leads member efforts to shape American Dental Association (ADA) policy affecting oral health education. For the longer horizon, ADEA created the ADEA Task Force on Envisioning and Transforming the Future of Oral Health & Education (ADEA TF – ETFOHE) in 2024. The Task Force is working on a framework for the future for oral health and then designing the oral health education model(s) that best support that future.

ADEA is oral health education and together we create a stronger future for academic dentistry, oral health professionals and for the health of communities across the United States and Canada.

We need you now more than ever—your commitment, your time and your efforts to engage and partner with each other and with ADEA.

Todd V. Ester, D.D.S., M.A.
2024-25 ADEA Chair–elect of the Board of Directors

ADEA | THE VOICE OF DENTAL EDUCATION

About ADEA: The American Dental Education Association (ADEA) is The Voice of Dental Education. Our mission is to lead and support the health professions community in preparing future-ready oral health professionals. Our members include all 87 U.S. and Canadian dental schools, more than 800 allied and advanced dental education programs, over 50 corporations and approximately 15,000 individuals. Our activities encompass a wide range of research, advocacy, faculty development, meetings, and communications, including the esteemed Journal of Dental Education®, as well as the dental school application services ADEA AADSAS®, ADEA PASS®, ADEA DHCAS® and ADEA CAAPID®. For more information, visit adea.org.

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League of Oregon Cities Says Ethics Commission Has Distorted Public Meetings Law

The league calls it a "profound and disturbing misreading" of state law provided to public officials.

MEETING: Informal conversations between city officials, such as Councilors Loretta Smith and Candace Avalos, could prove difficult under new interpretations of public meetings law. (Jake Nelson)

By Sophie Peel

May 08, 2025 at 2:05 pm PDT

In an April 9 letter to the Oregon Government Ethics Commission, the League of Oregon Cities lambasted the body's interpretation of a new public meetings law that tightens restrictions on how local elected officials may communicate.

"The advice being given by the Commission's staff is a profound and disturbing misreading of ORS 192.700," wrote Patty Mulvihill, executive director of the LOC, in a letter addressed to ethics commission chair David Fiskum. "It is also patently unrealistic in its application and so far outside the bounds of what any member of the Legislature would have intended upon the enactment of the statute."

At issue is a new state law that prohibits local elected officials from using “serial communications” to essentially operate as a quorum outside of the public eye. The League says that the commission’s interpretation has caused ripples of confusion and alarm across Oregon cities that are subject to the new restrictions.

The Legislature passed House Bill 2805 in June 2023. Gov. Tina Kotek signed it into law in July 2023, and the ethics commission finalized the rules in October 2024.

The bill did two things.

First, it barred “serial communications” that formed a quorum—that is, a majority of a governing body—outside of public view. An easy way to think of a serial communication is like a game of telephone: If one city councilor talks to another about a policy and where they stand on it, and that councilor runs into a colleague in the hallway and describes what they just talked to the first councilor about, that would be a serial communication that effectively formed a quorum. (For a Portland City Council policy committee with five members, three people is a quorum.)

Secondly, HB 2805 required the ethics commission to provide annual training sessions to all local elected officials across the state on Oregon‘s public meetings laws, including the new serial communications law. The law allows third parties to conduct the training sessions so long as their materials are approved by the ethics commission.

The law went into effect in late 2023, but the ethics commission took until October 2024 to finalize rulemaking, and training sessions began in November for hundreds of freshly elected officials, including the 12 members of the new Portland City Council.

But the League of Oregon Cities now says the ethics commission‘s interpretation of the serial meetings law is a “gross misinterpretation” and is causing ripples of confusion and frustration all across Oregon’s cities.

Mulvihill wrote in her letter that the commission’s interpretation has led to “grave concerns” among elected city officials across the state.

“As Commission staff have begun training public officials themselves on Oregon’s Public Meetings Law, city officials from across the state began calling the LOC with grave concerns over the content of the training,” Mulvihill wrote. “For example, Commission staff have asserted in trainings that a mayor’s quote in a newspaper about city business could result in a serial meeting violation, that a councilor’s conversation with a city manager about city business could result in a serial meeting violation, and that an elected official’s

conversation with a constituent about one of their concerns could result in a serial meeting violation."

Mulvihill also wrote that the LOC would "consider all other avenues of legal recourse available to it in its effort to ensure the statutes enacted by the Legislature are being reasonably interpreted and enforced" and said she's asking all of its city members to no longer send their elected officials to ethics commission training sessions until a "formal opinion from the Commission can be obtained."

Ethics commission executive director Susan Myers says the commission is "scheduling a meeting with representatives of the League of Oregon Cities to discuss the concerns raised in their letter."

Before passing HB 4805 in 2023, members of Legislature raised questions about the potential complications stemming from a serial meetings law.

Two lobbyists provided information about the bill at the time, one from the League of Oregon Cities and another representing the Society of Professional Journalists. They explained to the Joint Committee on Ways and Means Subcommittee on General Government in a May 25, 2023, meeting what would be prohibited by the law.

"Say two of you are at lunch and talk about something, and then one of you goes and talks to a couple more people on this committee, and then soon effectively you've got a quorum," explained SPJ lobbyist Tom Holt, adding that email threads also counted as serial communications.

Several state lawmakers raised concerns about the proposed serial meetings law, even though it would exempt the Legislature.

"How do you enforce that?" asked Rep. Greg Smith (R-Heppner). "If we're at lunch, and he and I talk, it's outside of my control whether he talks to someone else."

Smith later added that such rules would paralyze legislative business because "the basic tenet of being in this building is vote counting and building coalitions."

Rep. Gomberg (D-Otis) laid out a hypothetical scenario: "Tell me how you think we might appropriately communicate with each other on this committee, for example, with a vote coming up. We bump into each other in the elevator or hallway or lunch room, and I talk to Rep. Smith, and the next day Rep. Smith talks to Rep. Chaichi and Rep. Reschke bumps into the two of us, and suddenly we've got a quorum problem. What's the right way to do that?"

Holt replied: “Of course, in a legislative context that kind of thing happens all the time. But in the context of a local government elected body, you have to be careful about avoiding those kinds of situations.”

Just one problem: The new Portland City Council functions as a legislative body, similar to a state legislature. It has five-member policy committees that hear and discuss legislation and refer policies to a vote of the full council.

Several Portland city councilors have told WW that the new state laws around serial meetings have made it much dicier, and legally murkier, to talk about potential legislation with their colleagues outside of public meetings.

The matter has come up during a handful of subcommittee meetings of the City Council, and other times in full council sessions.

Councilor Steve Novick tells WW that the ethics commission‘s rules have made it exceptionally difficult for him to communicate with his fellow councilors, especially those with which he serves on subcommittees.

“The purpose of the public meetings law is to prohibit backroom deals and have the votes counted in advance. That’s dramatically different from being able to explain to each other in advance, here‘s what the proposal is so they can start thinking about it,” Novick says.“The result has been that you have public meetings where councilors seem completely confused, and the public is wondering, why haven’t you worked this out in advance?”

The answer, Novick says, is because that’s sometimes “the first time we‘re hearing of it because we can’t discuss it outside of the context of a public meeting.”

The council’s Governance Committee discussed the new rules at an April 21 meeting, and the murkiness of what, exactly, a violation would look like.

Councilor Candace Avalos, who does not sit on the committee but was present to offer testimony, said the council was “really struggling to navigate how we can meet and when” and that there was a certain level of fear and “precarity” around the new rules.

Everyone seemed confused about what could constitute a violation, both in real time and retroactively. One scenario that came up: If three of five committee members talked about something that was simply within the scope of their work within the committee, and then something they discussed came in front of the committee two months later as an agenda item, would that be a violation?

City Attorney Robert Taylor told them that yes, that could be an issue. “That’s something they should avoid doing,” Taylor said.

Another scenario presented by Councilor Jamie Dunphy: Three members of the governance committee participate in a public forum where governance is discussed, and something that’s touched on comes in front of the council months down the road as a policy.

“That would be a problem,” Taylor said.

Dunphy replied: “I worry that this limits our ability to communicate with the public, too.”

City Council President Elana Pirtle-Guiney tells WW that the law and subsequent rules “have created a lot of uncertainty, and that makes it difficult for councilors to know what conversations they’re allowed to have and who they can talk with. This has all made it harder for us to do our work.”

Taylor, the city’s attorney, echoed that, saying the “new law and rule changes have created uncertainty, and the city is doing its best to navigate those uncertainties.”

City spokesman Cody Bowman says the city has been in communication with the League of Oregon Cities to address the problems.

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

H9010	Metzger, Kathryn Rose	2025-04-16	RDH
H9011	Mora, Angelica Violeta	2025-04-16	RDH
H9012	Beronska, Karolina Ewa	2025-04-18	RDH
H9013	Swanson, Bronwyn	2025-04-23	RDH
H9014	Whisler, Danielle	2025-04-24	RDH
H9015	Yang, Mai See	2025-05-02	RDH
H9016	Ellis, Madison	2025-05-07	RDH
H9017	Judd, Miranda	2025-05-13	RDH
H9018	Weeks, Alyce Bender	2025-05-14	RDH
H9019	Pauroso, Marah Rose	2025-05-19	RDH
H9020	Fuller Tadlock, Stephanie Meredith	2025-05-22	RDH
H9021	Larsen, Taylor	2025-05-28	RDH
H9022	Wilson, Jennifer Nicole	2025-05-28	RDH

DENTISTS

D12148	Lysak, Adam	2025-04-16	DDS
D12149	Vaughan, Sydnee	2025-04-16	DMD
D12150	Christensen, Steven	2025-04-16	DMD
D12151	Gainford, Adam Thomas	2025-04-18	DDS
D12152	Borota, David	2025-04-18	DDS
D12153	Bowen, Michael Spenser	2025-04-21	DDS
D12154	Mantovani, Nicholas	2025-04-21	DDS
D12155	Lill, Lauren Ann	2025-04-21	DDS
D12156	Latham, Gary Marshal	2025-04-24	DDS
D12157	Glisczinski, Patrick Michael	2025-04-29	DDS
D12158	Krupetsky, Roger Fred	2025-05-02	DDS
D12159	Narayan, Shayal	2025-05-06	DMD
D12160	Holden, Ernest	2025-05-07	DMD
D12161	Weeks, Tanner	2025-05-13	DMD
D12162	Grumbos, Peter Chris	2025-05-13	DDS
D12163	Vu, Minh	2025-05-13	DMD
D12164	Arora, Garima	2025-05-16	DDS

D12165	Martinez, Karen Elizabeth	2025-05-16	DDS
D12166	Provenzano, Carl Ross	2025-05-20	DDS
D12167	Gee, Austin George	2025-05-22	DMD
D12168	Lim, Ryann Kristy	2025-05-22	DDS
D12169	Pruett, Jason	2025-05-22	DDS
D12170	Leibrecht, Caroline Isabelle	2025-05-27	DMD
D12171	Backus, Elizabeth	2025-05-28	DDS
D12172	Badaoui, Michael Charles	2025-05-28	DMD
D12173	Stephan, Yukiko Seino	2025-05-28	DDS
D12174	Kruse, Nathaniel Mark	2025-05-28	DMD
D12175	Hedeshian, Tamar Karina	2025-05-30	DDS
D12176	McCain, Tetyana	2025-05-30	DDS
D12177	Maurer, Haley Margaret	2025-06-02	DDS
D12178	Govani, Neal Dhirajlal	2025-06-03	DDS
D12179	Luc, Dinh Khanh	2025-06-03	DDS
D12180	Mistry, Anjali	2025-06-03	DDS
D12181	Patterson, David Corey	2025-06-03	DDS

LICENSE, PERMIT & CERTIFICATION

Request for Approval of Soft Reline Course – Cheryl Padron, RDH

The Board has received a request for approval of a Soft Reline Course. This course would be provided so the EFDA Dental Assistants could qualify to apply soft relines in accordance with OAR 818-042-0090 – Additional Functions of EFDAs.

Relevant Rules:
OAR 818-042-0090 – Additional Functions of EFDAs

'Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a licensee providing that the procedure is checked by the licensee prior to the patient being dismissed:

(1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a licensee.

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place retraction material subgingivally.

From: Cheryl Padron, RDH
Sent: Friday, May 30, 2025 1:26 PM
To: kathleen.mcneal@obd.oregon.gov
Subject: Soft Reline Course Instructor Application

To Whom It May Concern,

Please consider this my formal request to become certified to teach denture soft reline courses to dental assistants. As a dedicated dental hygienist with over a decade of experience at Willamette Dental, I am passionate about advancing clinical education and supporting the professional growth of our dental teams.

Throughout my tenure, I have held several leadership roles, including Health and Safety Chairperson and Lead Dental Hygienist at our Hillsboro office. These positions have allowed me to develop strong communication, organizational, and mentoring skills. Currently, as a Clinical Trainer, I am actively involved in onboarding and supporting new clinicians, and I see the opportunity to teach soft reline techniques as a natural extension of this role.

My goal is to ensure that dental assistants are confident and competent in providing high-quality care, particularly in procedures that directly impact patient comfort and satisfaction. I believe that structured, hands-on training in soft reline techniques will enhance our team's capabilities and improve patient outcomes.

Thank you for considering my application. I would welcome the opportunity to contribute to our educational initiatives and further support the mission of Willamette Dental.

Attached you will find the following: course syllabus, performance check off sheet, PowerPoint, copy of exam, a copy of my current Oregon dental hygiene license, a copy of my diploma, and my resume. Please let me know if there is anything else you need from me.

Sincerely,

Cheryl Padron, RDH *(she/her/hers)*

Clinical Trainer

cpadron@willamettedental.com | 855.433.6825

Administrative Office, 6950 NE Campus Way, Hillsboro, OR 97124

Willamette Dental

TEMPORARY SOFT RELINES FOR FULL DENTURES

INSTRUCTOR(S): Cheryl Padron, RDH

COURSE DESCRIPTION: This class will provide Expanded Functions Dental Assistants (EFDA) with the education and certificate required in order to apply soft relines for patients with full dentures.

COURSE OBJECTIVES: Upon successful completion of this course, as approved by the Oregon Board of Dentistry, the Expanded Functions Dental Assistant will be able to apply temporary soft reline material to a full denture under the indirect supervision of a dentist or dental hygienist, providing that the denture is checked by the dentist or dental hygienist prior to patient dismissal.

DELIVERY METHOD: Lecture, Power Point presentation including handouts, instructor demonstration, group discussion, and laboratory practice.

EVALUATION: Class grade and certification will be determined by a written exam, and laboratory and clinical performance evaluations. A score of 80% or higher must be achieved for successful completion.

REQUIREMENTS: Students must be currently certified as Expanded Function Dental Assistants (EFDA) in the State of Oregon, and must be in good standing. Students are required to submit proof of certification to the instructor at the time of class registration. Students will not be allowed to participate in class without the proper documentation of certification.

LEARNING OBJECTIVES:

Upon successful completion of this course, the student should be able to:

1. Explain the legal requirements to place soft relines.
2. Distinguish between the different types of relines.
3. Explain the difference between relining and tissue conditioning.
4. Understand the purpose of soft relines.
5. Evaluate the patient's medical and dental history.
6. Understand the physiological aspects of dentures.
7. Understand the psychological aspects of dentures.
8. Understand the use of the powder and liquid.
9. Understand the polymerization process in the reline material.
10. Understand the health hazard and first aid of the reline material.
11. List and describe purpose of armamentarium.
12. Describe the steps for applying a soft reline.
13. Provide proper home care instructions for denture(s).
14. Make accurate and appropriate chart entry in patient's chart.
15. Demonstrate in lab setting the ability to properly mix, apply, and trim material.

MATERIALS:

The following materials are presumed to be present in our instructional location.

- Basic set-up (mirror, explorer, and forceps)
- Denture brush/Toothbrush
- Soft Reline Material (Coe-Soft)
- Suction tips
- Slow speed handpiece and lab bur
- Patient bib and bib clip
- Cotton supplies: cotton rolls, 2x2s
- Air/water syringe tips
- Vaseline
- Patient safety glasses

Students must wear scrubs to the clinical and laboratory portion of the course.

PPE: Please bring your own protective eyewear. Gloves, masks, over-gowns will be provided.

Activity One – Lab Check-off Objectives

Successful completion of activity will include:

- Provide pre-op and post-op instructions/address questions to lab partner.
- Utilize knowledge learned in Lecture portion to apply soft relines to practice dentures.
- Must pass with 100% proficiency before graduating to Clinical Check-off.

Activity Two – Clinical Check-off Objectives

Successful completion of activity will include:

- Obtaining 100% proficiency during Lab Activity.
- Utilizing a live patient, student will apply a temporary soft reline to a full denture(s)
- Student must follow proper infection control protocols.

COURSE CONTENT:

1. Review Dental Practice Act Divisions 35 and 42

2. Introduction
3. Differences in Relines
4. Ingredients
5. Hazards and First Aid
6. PPE
7. Medical and Dental History
8. Indications
9. Contraindications
10. Procedure
11. Patient Instructions
12. OTC reline material
13. Proper chart documentation

REFERENCES:

1. Phinney and Halstead, Dental Assisting: A Comprehensive Approach,3rd Edition, 2008.
2. Torres & Ehrlich, Modern Dental Assisting, 10th Edition, 2012.
3. Finkbeiner & Halstead, Comprehensive Dental Assisting, A Clinical Approach.
4. Product manufacturer information.
5. Product Material Safety Data Sheets.
6. Dental Practice Act 2011 Division 35 and Division 42.

Soft Reline Clinic Check-Off Sheet

Student Name _____ Date _____

Patient Name _____

Examining Dentist _____

Before participating in the clinical aspect of this course, the following are required:

- Student has passed the written examination with 85% or better.
- Student has obtained 100% proficiency in laboratory session.
- Doctor has prescribed the soft reline and is documented in chart accordingly.

Task: Soft Reline for Full Denture Max Mand Both	Satisfactory Yes or No	
Dentist has prescribed the soft reline(s).	Yes	No
Health History has been reviewed by examining dentist.	Yes	No
1. Student has set up operatory with all necessary materials/instruments present.	Yes	No
2. Student reviews Health History and discusses any concerns with examining dentist	Yes	No
3. Patient is escorted into the operatory. The student briefly explains the procedure to the patient, showing them the materials to be used, and answers any questions the patient has.	Yes	No
4. Patient bib is placed and safety glasses are given to the patient.	Yes	No
5. Patient is asked to rinse with mouth rinse to reduce bacteria. Ask patient to apply chap stick or Vaseline, or to moisten lips to avoid cracking or adhesion of material to soft tissues.	Yes	No
6. Student washes hands and dons PPE: gloves, glasses, mask, and gown.	Yes	No
7. Properly cleans the denture utilizing denture brush.	Yes	No
8. Removes, or has dentist remove, any existing reline material using slow speed handpiece and lab bur.	Yes	No
9. Roughens, or has dentist roughen, tissue surface for better adhesion.	Yes	No
10. Has dentist check denture before you begin.	Yes	No
11. Applies Vaseline or lubricant provided with material to labial and buccal surfaces, avoiding 3 mm from peripheral border.		
12. Measures, mixes, and spatulates material for approximately 30 seconds, and load into denture, being careful not to over-fill. (This could cause patient to gag.)	Yes	No
13. Inserts denture into patient's mouth and has them close in Centric (Normal) occlusion.	Yes	No
14. After approximately 3 minutes, with the patient remaining closed, has the patient start to move their lips and cheeks to obtain good muscle periphery. Mimic chewing.	Yes	No

15. Student removes denture and rinses it under cold water.	Yes	No
16. Excess material is trimmed away.	Yes	No
17. Student re-inserts denture and has the patient close in Centric (Normal) Occlusion. Has patient remain closed for 5 minutes.	Yes	No
18. Student removes denture one last time and rinses it thoroughly with cold water.	Yes	No
19. Student makes any final adjustments.	Yes	No
20. Has dentist evaluate denture prior to patient dismissal.	Yes	No
21. Provides patient with home care instructions about caring for soft reline(s).	Yes	No
This portion to be completed by **examining dentist:** Maxillary Soft Reline _____ Mandibular Soft Reline _____ Max and Mand Soft Reline _____ Student correctly applied soft reline material: PASS Student did not correctly apply soft reline material: FAIL	Assistant must pass this check off with 100% proficiency.	

Soft Reline Test

1. Anyone can prescribe a soft reline.
    a. True
    b. False

2. Assistants can apply soft relines under:
    a. Direct Supervision
    b. Indirect Supervision
    c. General Supervision
    d. No supervision. As long as the doctor has prescribed it, go ahead and apply the material.

3. A denture rebase:
    a. Replaces the existing denture base
    b. Is a temporary fix
    c. Can be done chairside

4. A hard reline:
    a. Requires the manufacture of a brand new denture.
    b. Resurfaces the denture, filling in the gaps between denture base and tissue.
    c. Is a temporary fix

5. A soft reline:
    a. Is sometimes referred to as a “Chairside Reline.”
    b. Is quick and simple to apply.
    c. Is a temporary solution.
    d. Patient is never without their denture.
    e. All of the above

6. Tissue Conditioners:
    a. Are used when tissues are healthy
    b. Are applied chairside
    c. Can be applied after the soft reline
    d. Allow for healing after irritation or inflammation
    e. B & D
    f. A & B

7. Soft reline materials are packaged:
    a. As a powder and liquid
    b. As a 2 paste system
    c. Include lubricants and measuring materials
    d. A & C
    e. B & C

8. Soft reline material requires the use of a curing light.
    a. True
    b. False

9. It is not necessary to review product instructions and MSDS sheets prior to use.
    a. True
    b. False

10. If you get powder in your eye, you should:
    a. Rinse your eye under the eye wash for 30 minutes
    b. Ask for help, and then quickly review the MSDS.
    c. Do nothing. It's only powder.
    d. Rinse your eye with milk.

11. Proper PPEs for applying soft relines include:
    a. Chairback covers, light covers, and air/water tips
    b. Gloves only
    c. Gloves, glasses, mask, and gown
    d. No PPE is required

12. Medical history should be reviewed:
    a. To assess current medications
    b. To assess patient's overall health
    c. To invade patient's privacy
    d. A & B
    e. None of the above

13. During a dental exam:
    a. A cancer screen should be performed
    b. The progression of bone loss is assessed
    c. There is no reason to do an exam. Patient has a denture.
    d. A & B
    e. None of the above

14. Indications for applying a soft reline include:

a. Ill-fitting denture
b. Loss of chewing capability
c. Loss of suction
d. Angular Cheilitis
e. All the above

15. Contraindications can include:
    a. Material stays the same color over time
    b. It's only a temporary solution
    c. Softness is short lived
    d. B & C
    e. All the above

16. The Armamentarium for soft relines can include:
    a. Reline Material
    b. Scissors or Bard Parker
    c. Lubricant
    d. Paper cup
    e. All the above

17. It is only necessary to clean the denture when there is visible food debris.
    a. True
    b. False

18. A dental assistant can apply a soft reline whenever he/she feels it's appropriate. It is not necessary to have a doctor prescribe a soft reline.
    a. Both statements are false
    b. Both statements are true
    c. The 1st statement is true, 2nd statement false
    d. The 2nd statement is true, 1st is false.

19. It is not necessary to measure the powder and liquid. The higher the viscosity the better.
    a. True
    b. False

20. After you load the denture with reline material and insert the denture in the patient's mouth, you should have them close in _____ Occlusion.

a. Lateral
b. Posterior
c. Centric
d. Protrusive

21. When applying lubricant to the denture, you should:
    a. Coat the entire denture
    b. Coat the posterior teeth only
    c. Coat the labial and buccal surfaces, avoiding within 3 mm of the peripheral border
    d. Coat only canine to canine

22. After approximately 3 minutes, you should remove the denture and give it back to the patient. The procedure is complete.
    a. True
    b. False

23. After the reline is set and the patient is ready to leave, it is necessary to have _____ evaluate the denture before the patient is dismissed.
    a. The Dentist or Hygienist
    b. The Office Manager
    c. The Lead Assistant
    d. The Lab

24. Home care instructions for the patient may include:
    a. Use only warm to hot water to clean the denture
    b. Use a hard tooth brush to brush the denture.
    c. It’s ok to leave them out overnight without soaking them in water.
    d. None of these are appropriate.

25. When documenting the soft reline, it is important to include:
    a. The name of the soft reline material
    b. Who performed the reline
    c. Home care instructions were provided
    d. All the above.

Cheryl Padron, RDH

Profile

As a Clinical Trainer, I am actively involved in onboarding and supporting new clinicians, and I see the opportunity to teach soft reline techniques as a natural extension of this role.

Experience

CLINICAL TRAINER | WDG ADMINISTRATIVE HEADQUARTERS | MAY 2025 – PRESENT

- Provide virtual and onsite training and mentorship to Willamette Dental clinics across Oregon, Washington and Idaho.
- Develop content for dental clinicians to learn new processes, equipment and technology as needed.

LEAD DENTAL HYGIENIST | WDG HILLSBORO PRACTICE | MARCH 2022 – MAY 2025

- Provide mentorship to hygienists in the office, regularly collaborates with practice manager and managing dentist to ensure office is successful and team members feel supported.
- Strong comprehension of office goals and how everyone in the office contributes to achieving TEAM goals. Regularly utilize Tableau dashboards to collect data regarding office goals.
- Regularly schedules and conducts one on one meetings with associate hygienists, utilizing chart audits as a tool to help identify areas of opportunity as well as areas of strength.
- Regularly troubleshoots issues within the office by collaborating with management team to create functional solutions
- Develop content and lead quarterly job group huddles for both hygienists and dental assistants in the office, as well as regularly contribute to monthly staff meetings.

DENTAL HYGIENIST | WDG HILLSBORO PRACTICE | JUNE 2012 – PRESENT

- Provide routine dental hygiene care including: routine prophylaxis, periodontal maintenance, scaling and root planing, administering local anesthetic, exposing diagnostic quality radiographs, helping sterilize instruments and other duties as needed.
- High level understanding of axium electronic charting system, frequently helping teammates better understand and utilize software
- Served as safety committee chair from 2015-2022 with extensive knowledge of Health and Safety protocols within the offices.

Education

BACHELOR OF SCIENCE IN DENTAL HEALTH SCIENCE| AUGUST 2011 | PACIFIC UNIVERSITY, HILLSBORO, OREGON

SKILLS & ABILITIES

- Expert at axium electronic charting system
- Proficient with Tableau, workplace, powerpoint, Zoom
- Excellent communication skills
- Ability to speak in front of large groups

OREGON BOARD OF DENTISTRY

THIS PORTION FOR MAILING PURPOSES ONLY

CHERYL PADRON
310 SALTER ST
GASTON OR 97119

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF LICENSEE'S PATIENTS

H6144
License Number

OREGON BOARD OF DENTISTRY

2023/2025 Hygiene License

CHERYL PADRON R.D.H.

Permits:
Nitrous Oxide
Endorsements:
Local Anesthesia, Restorative Functions

Restrictions:
None

Expires: 09/30/2025

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF LICENSEE'S PATIENTS

Pacific University

Forest Grove, Oregon

The University Board of Trustees, by virtue of the authority vested in it, and upon recommendation of the Faculty of the School of Dental Health Science has conferred on

Cheryl Ann Dunstan

The degree of

Bachelor of Science

Dental Hygiene

With all the Rights, Privileges and Honors pertaining to that Degree
Awarded this Thirteenth Day of August, 2011

President of the University

PACIFIC UNIVERSITY 1849 PRO CHRISTO ET REGNO EIUS

Chairman of the Board

Willamette Dental Group

First In Proactive Dental Care

Soft Reline Course

Cheryl Padron, RDH
Certified Instructor

wdgU
Let's Get Learning.

Oregon Law OAR 818-042-0090
OAR 818-035-0030

Willamette Dental Group

- In order to apply a soft reline, you must be an Expanded Functions Dental Assistant or a Hygienist (this task is included as “additional functions of a Dental Hygienist.)

- The soft reline must be prescribed by a Dentist, and denture must be checked prior to placing soft reline.

- You can apply a soft reline under Indirect Supervision of a Dentist or Dental Hygienist, as long as denture is checked by the Dentist or Dental Hygienist prior to patient dismissal.

Types of Relines

Types of Relines

Willamette Dental Group

- Rebase
  - Entire denture base is replaced.
  - Original denture acts as impression tray.
  - New denture processed around existing denture teeth.
  - **Patient will be without denture while process is completed.

Types of Relines

Willamette Dental Group

- Hard Reline
  - Existing denture is used as impression tray.
  - New resin is applied to existing resin, then cured.
  - Resurfaces the denture, filling in the gaps between tissue and denture base.
  - **Patient will be without denture. Process can usually be completed within 24 hours.

Types of Relines

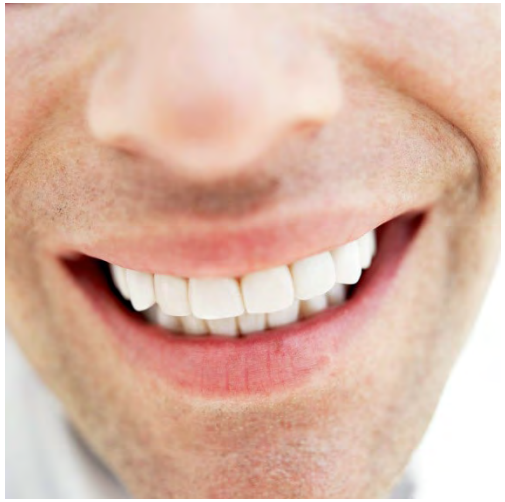
Willamette Dental Group

- Soft Reline aka “Chairside Reline”
  - Chemically activated, self-curing.
  - Quick and simple to apply.
  - Temporary solution.
  - Elastically deforms with low applied stress, but recovers shape when stress is removed.
  - **Patient is not without denture.

Types of Relines

Willamette Dental Group

- Tissue Conditioner
  - Used when tissues are inflamed or irritated.
    - Could be from ill-fitting denture, or recent procedure.
  - Tissues must be healed before applying reline.
  - Allows healing and cushioning by adapting to shape of underlying tissues as they recover to a healthy state.
  - **Patient is not without denture.



Reline Materials

What's in the box?

Willamette Dental Group

- Ingredients (Check instructions for product you're using)
  - Powder
  - Liquid
- Mixing cups
- Measuring cups
- Spatula
- Lubricant

What's In the Box?

Willamette Dental Group

- Soft reline material is *self-curing*
  - A chemical reaction occurs when you mix the powder and liquid.
  - The material will harden on its own over the course of a few minutes.
  - No additional curing lights or products are necessary.

Hazards and First Aid

Willamette Dental Group

- Always review the instructions prior to use.
- Tell someone *right away* if there is a splash or spill. This person will help you seek the proper treatment.
- Is there a spill? Splash to the eye? You can access the MSDS for both the powder and liquid:
  - At msdsonline.com
  - Call MSDS Online at 1-888-362-7416

Hazards and First Aid

Willamette Dental Group

- Powder, sometimes called Polymer
  - Inhalation
  - Eyes
  - Skin
  - Ingestion
  - Spill

Hazards and First Aid

Willamette Dental Group

- Liquid, sometimes called Monomer
  - Inhalation
  - Eyes
  - Skin
  - Ingestion
  - Spill

Personal Protective Equipment

Willamette Dental Group

- PPE!!!!
  - Glasses
  - Gloves
  - Mask
  - Gown

Patient Considerations

Medical History

Willamette Dental Group

- Overall Health
- Medications
- Conditions
  - Malnutrition
  - Stroke
  - Cancer

Dental History

Willamette Dental Group

- Exam, cancer screen
- Age of present denture
- Progression of bone loss
- Occlusion/Bite Relationship
- Present comfort

Indications for Soft Reline

Willamette Dental Group

- Loss of suction
- Uncomfortable, ill-fitting
- Loss of chewing capability
- Angular Cheilitis
- Oral habits – grinding, clenching, mouth breather
- Anatomic features – palatal tori
- Patient's age and/or health

Contraindications for Soft Reline

Willamette Dental Group

- Patient is allergic to reline material
- Only a temporary measure
- Material could discolor over time
- Softness is short-lived
- Could support growth of yeasts
- Material could become detached from denture base
- Patient not interested in soft reline

Procedure

Armamentarium

Willamette Dental Group

- Basic setup
- Slow-speed handpiece with acrylic bur
- Reline material, including lubricant provided with product (Vaseline can be used, also.)
- Paper cup or mixing cup provided with product
- Tongue blade, spatula, or brush for mixing
- Scissors and/or bard parker with #15 blade for trimming

Procedure

Willamette Dental Group

- Review product instructions prior to seating patient.
- Medical history has been updated.
- Doctor prescribes the soft reline.
- Plan the procedure in axiUm and check estimator. Inform patient of any fees.
- Explain the procedure to the patient, ask if they have any questions before you begin.
- Have the patient remove denture and rinse with mouth rinse to reduce the bacteria load. Ask them to apply chapstick, vaseline, or moisten lips to avoid cracking or adhesion of material to soft tissues.

Procedure

Willamette Dental Group

- Examine the patient's mouth for any anatomical features that may make this process difficult or uncomfortable for the patient.
  - Cracking at the corners of the mouth
  - Tori
- Examine the denture.
- Clean the denture utilizing a denture brush and cool water.
- Dentist may remove any existing reline material and/or roughen the tissue surface.
  - In Oregon, the Assistant may remove existing reline material, and/or roughen the tissue surface, and/or adjust the denture outside the patient's mouth if directed to do so by the Dentist.
- Have the dentist check the denture before you begin.

Procedure

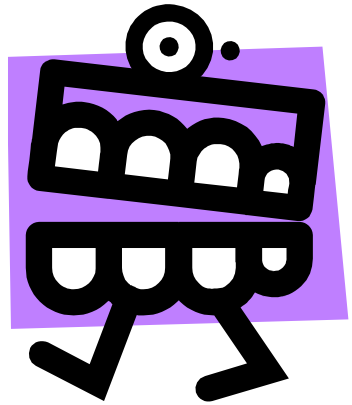
Willamette Dental Group

- Lubricate the labial and buccal surfaces, avoiding within 3 mm of the peripheral border. If the denture has plastic teeth, coat the teeth as well.
- Measure, mix, and spatulate material for 30 seconds (do not whip or over-spatulate), and load into denture. Spread on the surfaces to be relined.
- Insert denture and have patient close to centric occlusion. Have patient remain closed for approximately 3 minutes.
- After approximately 3 minutes, have the patient remain closed but ask them move their lips and cheeks (mimic chewing) so muscle periphery is obtained.

Procedure

Willamette Dental Group

- At this point, remove the denture and rinse under cold water.
- Trim away excess material.
- Reinsert denture and have patient hold firmly in centric occlusion for another 5 minutes.
- Remove denture one last time and rinse with cold water.
- Have the doctor evaluate denture before patient is dismissed.
- Denture is now ready for use!



Patient Instructions

Willamette Dental Group

- Denture(s) should remain moist.
- Never use hot water!
- No abrasives or brushes, as these can quickly wear away reline.
- Cleaning best achieved by gently holding denture under cold water and wiping lightly with wet cotton.
- Commercial cleaners (like Efferdent) should not affect reline material.

Over the Counter Products

Willamette Dental Group

- There *are* OTC temporary products that patients can purchase at their local pharmacy; however, in general:
  - The patient can accidentally misuse the product
    - Incorrect fit
    - Burnt tissues
    - Improper mix, so improper setting

- It is best to visit the dentist!

axiUm Documentation

Documentation

Willamette Dental Group

- Once treatment is completed, complete the code, and complete the Removable Prosthetic template note.
- Documentation should include:
  - Who performed the reline
  - What material was used
  - Did you provide home care instructions?
  - Any future treatment that might be necessary

Lab Practice/Written Exam

Request for Approval of Soft Reline Course – Marie Plouse, EFDA

The Board has received a request for approval of a Soft Reline Course. This course would be provided so the EFDA Dental Assistants could qualify to apply soft relines in accordance with OAR 818-042-0090 – Additional Functions of EFDAs.

Relevant Rules:
OAR 818-042-0090 – Additional Functions of EFDAs

'Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a licensee providing that the procedure is checked by the licensee prior to the patient being dismissed:
(1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a licensee.
(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
(3) Place retraction material subgingivally.'

Via email:

From: Marie Shawniee Plouse <summerland20@gmail.com>
Sent: Wednesday, May 28, 2025 4:19 PM
To: MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>
Subject: Request for Approval as Instructor for Denture Soft Reline Course

Dear Members of the Oregon Board of Dentistry,

I am writing to formally request approval as an instructor for a continuing education course titled "Soft Reline for Dentures, An Expanded Functions Course". The purpose of this course is to educate dental assistants on the clinical application, indications, contraindications, materials, and patient care protocols associated with soft denture relining.

I have enclosed my professional resume, course syllabus/outline, and relevant supporting documents for your review.

Thank you for considering my request,

Marie Plouse

(541) 514-9203

Soft Reline for Dentures: An Expanded Functions Course

Course Information

Course Duration: 1 Day (4 CE Hours)

Target Audience: Dental Assistants (Chairside or Expanded Functions), with a focus on removable prosthodontics support.

Course Objectives

- Understand the indications and contraindications for soft relines.
- Differentiate between chairside and lab-processed soft relines.
- Identify and handle materials used for soft relines.
- Prepare the denture and oral environment appropriately.
- Provide patient instructions post-reline.
- Assist in and/or perform a chairside soft reline under supervision.

Course Outline

I. Introduction to Denture Relines (30 mins)

- Purpose of Denture Relining
- Hard vs. Soft Relines
- Residual Ridge Anatomy and Resorption
- Soft Tissue Considerations
- Oral Lesions and their Influence
- Contraindications

II. Chairside Soft Reline Procedure (30 mins)

- Infection control protocols
- Step-by-step process:
  - Cleaning and drying the denture
  - Surface preparation
  - Mixing and applying material
  - Insertion and functional impression
  - Trimming excess material
  - Polishing and finishing

III. Post-Operative Instructions and Patient Care (30 mins)

- Verbal and written instructions
- Proper hygiene and cleaning of soft relines

- Follow-up scheduling
- Managing patient expectations

BREAK (10 min)

IV. Hands-On Lab Activity (2 hours)

- Practice soft reline on models/old dentures
- Evaluate fit and comfort
- Troubleshooting techniques

V. Soft Reline Certificate Examination (20 min)

Assessment and Completion

• Hands-on performance review by instructor
• Completion of a short post-course quiz
• Certificate of Completion issued

Materials Provided

- Course handouts/manual
- Reline material sample kits
- Patient instruction sheets
- PPE and instruments for lab activity

Denture Soft Reline – Dental Assistant Chairside Checklist

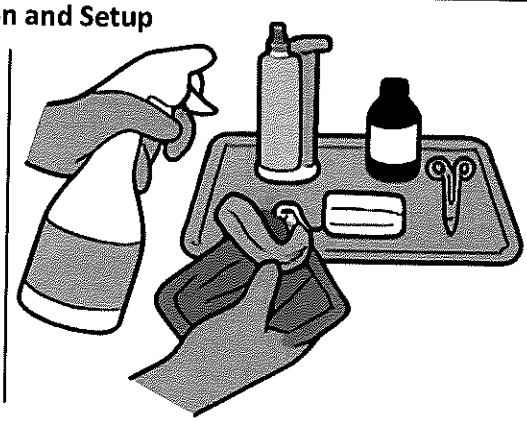
Step 1: Preparation and Setup

Gather Supplies: Have the reline kit ready (soft reline material, mixing tools, adhesive primer) and ensure all instruments are clean and within reach.

Prepare the Denture: Thoroughly clean the denture's interior (tissue-contact side) and dry it. Removing any adhesive residue or debris is critical for good bond.

Patient & Area Prep: Seat the patient comfortably and place a dental bib.

Safety: Both patient and operator should wear appropriate PPE.



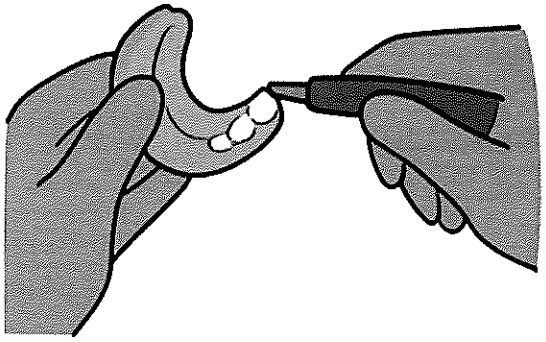
Step 2: Evaluate and Adjust Denture

Discuss and address any areas that may currently be causing discomfort and adjust.

Relieve the Interior: Use an acrylic bur to roughen and slightly reduce the fitting surface of the denture. Removing a thin layer creates space for the new soft liner and exposes fresh acrylic for bonding.

Adjust Borders: Trim the denture flanges if they are over-extended, and remove any undercuts on the tissue side. This prevents the new liner from causing over-extension and ensures the denture will seat properly after relining.

Rinse and Dry:



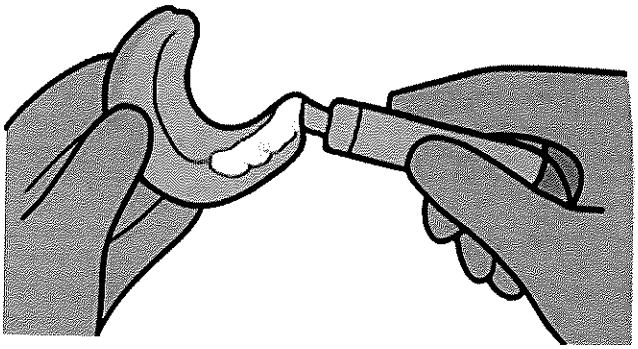
Step 3: Mix and Apply Soft Reline Material

Proportioning: Follow the manufacturer's instructions to mix the soft reline material. This may involve combining a powder and liquid (for acrylic liners) or using an automix cartridge for silicone liners.

Mixing: Work quickly and mix thoroughly until the material reaches a uniform consistency (no streaks or clumps). Soft reline materials have a short working time – often around 1–2 minutes before they begin to set.

Load the Denture: Immediately apply the mixed soft reline material evenly onto the denture's intaglio (tissue-contact) surface. Spread it to cover the entire area that contacts the gums, roughly 1–2 mm thick. Avoid trapping air bubbles.

Once loaded, aim to get the denture seated within 15-30 seconds.

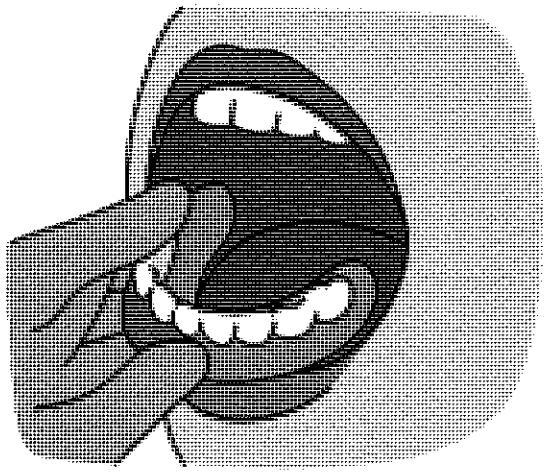


Step 4: Seat Denture and Allow Material to Set

Bite Gently: Once positioned properly, instruct the patient to close down gently into normal biting position. Ensure they do not bite too forcefully (which could squeeze out too much liner). Verify that the occlusion (bite) is correct and the denture is fully seated as it was pre-operatively.

Muscle Trimming: While the material is still soft, have the patient perform light functional movements – ask them to gently move their lips, cheeks, and tongue. This "muscle trims" the edges, molding the reline material along the borders for a better fit.

Setting Time: Keep the denture in place without disturbance for the recommended setting time (typically about 5 minutes for many chairside materials). Do not remove it during this period. Use a timer and reassure the patient to remain still with the denture in place until the material has fully set.



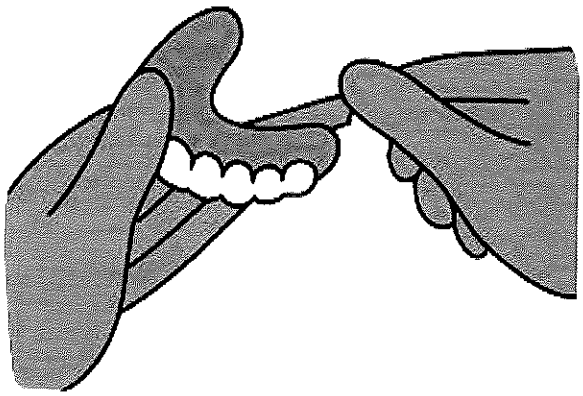
Step 5: Trim Excess Material

Careful Removol: After the material has set, gently remove the denture from the patient's mouth. There will likely be excess liner (flash) extending beyond the denture borders.

Excess Trimming: Use a scalpel to trim away the bulk of the excess soft liner that extruded over the edges. Be cautious not to tear or dislodge the newly bonded liner.

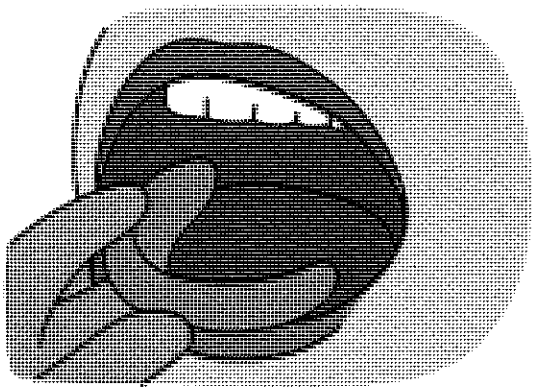
Refinement: With a slow-speed handpiece, use a fine acrylic bur or stone to smooth the edges of the reline material so it blends with the denture border.

Rinse: Rinse the denture to remove any trimmed fragments. If any soft liner got on the polished side, peel or buff it off. The relined surface should show a uniform layer of soft material covering the intaglio.



Step 6: Final Fit and Patient Instructions

Fit Check: Place the relined denture back into the patient's mouth. It should feel more secure due to intimate contact with the gums. Verify there are no pressure points: ask if the patient feels any sharp spots or discomfort. Check retention and stability – the denture should be snugger fitting now.



Post-Operative Instructions for Soft Denture Reline

1. Wear Time:

- Keep your denture in place for the first 24 hours after the reline, including while sleeping (unless instructed otherwise by the dentist).
- This helps the liner mold to your tissues and improves adaptation.

2. Soreness and Adjustment:

- Mild soreness or pressure is normal. If you experience persistent pain or sore spots after 24 hours, contact the office for an adjustment.
- Do not attempt to adjust the denture yourself.

3. Oral Hygiene:

- Gently rinse your mouth with warm salt water (1 tsp salt in 8 oz of warm water) 2–3 times daily to promote healing.
- Avoid using strong mouthwashes with alcohol for the first few days, as they may irritate the tissues.

4. Denture Care:

- Remove and clean your denture carefully after the first 24 hours.
- Use a soft denture brush and mild, non-abrasive cleanser to clean the outside surfaces.
- Do not scrub the soft liner surface—instead, gently rinse it under lukewarm water to avoid damaging the material.

5. Eating Instructions:

- Start with soft foods and chew evenly on both sides of your mouth to minimize pressure on healing tissues.
- Avoid hard, sticky, or crunchy foods until the reline has fully adapted and you feel comfortable.

6. Follow-Up Appointments:

- A follow-up visit is usually recommended within 48–72 hours to evaluate fit and comfort, and to make any necessary adjustments.
- If discomfort worsens or you notice signs of infection (swelling, redness, pus, or fever), contact the dental office immediately.

7. Lifespan of the Soft Reline:

- Soft liners typically last between 6 to 12 months, depending on use and oral conditions.
- This is a temporary solution; long-term success may require a hard reline or new denture fabrication in the future.

8. Storage:

- When not wearing the denture, store it in cool water. Never let it dry out.
- Avoid using hot water, which can distort the denture or damage the soft liner.

Student Name: _____ Date: _____

Soft Reline – Performance Check-Off Sheet

Attempt: ☐ 1st ☐ 2nd ☐ 3rd

Instructions: Place a checkmark (✓) in the appropriate column for each step. Use the 'Comments' section for any feedback or observations.

Performance Criteria	Completed Correctly	Needs Improvement	Comments
Greeted patient and explained procedure	☐	☐	
Removed denture carefully and rinsed	☐	☐	
Inspected oral tissues for irritation or ulcers	☐	☐	
Cleaned and disinfected denture	☐	☐	
Dried denture thoroughly	☐	☐	
Roughened tissue side of denture for retention	☐	☐	
Mixed soft reline material properly per manufacturer's instructions	☐	☐	
Applied soft reline material evenly on tissue side	☐	☐	
Seated denture in patient's mouth and instructed to close gently	☐	☐	
Held denture in place for proper setting time	☐	☐	
Removed denture, trimmed excess material	☐	☐	
Smoothed borders and polished for comfort	☐	☐	

Returned denture to mouth and confirmed proper fit	☐	☐	
Provided post-op care instructions and cleaning guidelines	☐	☐	
Documented procedure in patient chart	☐	☐	

Instructor Evaluation
Overall Performance: ☐ Competent ☐ Needs Remediation ☐ Incomplete

Instructor Signature: _____Student Signature: _____

Student Name: _____ Date: _____ Score: ____/10

Soft Reline Test

Multiple Choice – Choose the best answer for each question:

1. What is the main purpose of a soft denture reline?
   a. To improve the color of the denture
   b. To enhance the chewing function permanently
   c. To provide a more comfortable fit for the patient
   d. To remove plaque from the denture

2. Which patient would most likely need a soft reline?
   a. A patient with strong, well-formed ridges
   b. A patient who just received a new denture
   c. A patient with sensitive or thin mucosal tissue
   d. A patient who wants to whiten their denture

3. Before performing a soft reline, what must the dental assistant do first?
   a. Polish the denture
   b. Disinfect and dry the denture
   c. Place the denture in boiling water
   d. Apply the final glaze

4. Which of the following materials is commonly used in soft relines?
   a. Acrylic resin
   b. Zinc oxide-eugenol
   c. Silicone-based or tissue conditioner material
   d. Amalgam

5. How long should a soft reline material typically remain in the mouth to set?
   a. 30 seconds
   b. 2–5 minutes
   c. 20–30 minutes
   d. 1 hour

6. What is the dental assistant's role during the reline procedure?

   a. Diagnosing the need for reline
   b. Trimming and polishing the denture
   c. Educating the patient and preparing materials
   d. Prescribing medication

7. Which of the following is NOT a reason to reline a denture?
   a. Weight loss or tissue resorption
   b. Aesthetic dissatisfaction
   c. Poor denture fit or pressure sores
   d. Loose denture retention

8. Why is it important to explain aftercare instructions to the patient?

a. To avoid unnecessary follow-up appointments
b. To prevent allergic reactions
c. To ensure the material sets correctly
d. To maintain the health of oral tissues and extend the life of the reline

9. How should a patient clean a soft-relined denture?
a. Soak in bleach overnight
b. Brush aggressively with toothpaste
c. Use a soft brush with non-abrasive cleanser
d. Use mouthwash on the tissue side only

10. Which of the following is a limitation of soft denture relines?
a. They improve comfort
b. They can last for many years
c. They may stain or deteriorate over time
d. They completely eliminate all pressure points permanently

Answer Key:

1. c
2. c
3. b
4. c
5. b
6. c
7. b
8. d
9. c
10. c

Marie Plouse

5690 Main Street, Springfield, OR 97478 • (458) 446-1738 • info@mdporegon.com

As a dental assitant, I have deveolped several skills that would transfer into a teaching role. One of the most significant is educating patients on oral hygiene, pre and post operative instructions similar to how a teacher instructs students by breaking down complex concepts and ensureing comprehension. Strong communication skills with patients is an essential skill for a teacher to be able to communicate effectively with students. Additionaly, my history of traning new dental assistants at work has provided me preparation in guiding and mentoring new learners, which is a core responsibility of teaching.

The ability to keep accurate records and documentation transitions to teachers tracks student performace, attendance and curriculum planning. These transferable skills make me well-suited for a transition into teaching, particulary a soft reline instructor.

Experience

MCKENZIE DENTAL PRACTICES OF OREGON
Feburay 2025 to Present
Position: Instructor

PEAK IMPLANT AND ORAL SURGERY
August 2019 to Feburay 2025
Kim Harroun (503) 375-2000
Position: Surgical Dental Assistant

EUGENE PERIODONTICS AND IMPLANT DENTISTRY
October 2018 to June 2024
Nichole Peters (541) 654-5482
Position: Surgical Dental Assistant

Certificates

EFDA, RHS Certified
Soft Reline Certified
BLS Certified
DAANCE Certified
Phlebotomy Certified
IV Therapy Certified

OREGON BOARD OF DENTISTRY

Dental Assistant

Expanded Functions Dental Assistant
Issued: July 20, 2015

122185

CERTIFICATE NUMBER

Marie S Plouse

Radiological Proficiency
Issued: April 16, 2015

Anesthesia Dental Assistant
Issued: January 25, 2019
IV Therapy Add-On
Issued: December 21, 2022

Certificate Print Date: January 05, 2023

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF PATIENTS

School of
DENTISTRY

OHSU

This certifies that

Marie Plouse

attended the following course:

Soft Reline for Dentures: An Expanded Functions Course

2/9/2024

and earned the following CEUS

Soft Reline for Dentures
An Expanded Functions Course

Course Objectives

- Understand the indications and contraindications for soft relines.
- Differentiate between chairside and lab-processed soft relines.
- Identify and handle materials used for soft relines.
- Prepare the denture and oral environment appropriately.
- Provide patient instructions post-reline.
- Assist in and/or perform a chairside soft reline under supervision.

Purpose of Denture Relining

Denture relining is extensively used in dentistry to remodel the surfaces of dentures that come in contact with the soft tissues of the oral cavity.

These materials are extremely useful in a number of clinical situations. In most cases, dentures are relined in order to compensate the effects of the bone resorption that inevitably involves the osteo mucosal tissues subject to compression exerted by the denture.

However, relining materials are also used in the case of denture fractures, for the remodeling of the alveolar crests, in the presence of a split palate, when mucosal lesions appear and in soft tissue conditioning after the implant osteointegration period, where they are also useful for absorbing part of the masticatory load.

Hard vs. Soft Relines

Soft relining resin is one of two optional materials for use in denture relining. This resin is made of silicone and creates a softer, more comfortable base for the denture. Soft relining is the best choice for people with thin or especially sensitive gums, as there is less chance that irritation will develop in the future.

The downside of soft relining is that because the material is softer, it is also less durable than the original denture or hard relining resin. This means that you will require more frequent visits for relining than if you choose to use hard resin. Soft relines are a better choice for older patients who usually have thinner gums and more advanced recession of the gums and other tissues in the mouth.

A hard denture reline involves resurfacing the inner part of a denture with a rigid acrylic material, similar to the original denture base. This type of reline is typically recommended for patients with healthy, firm gum tissue and provides a more permanent and stable fit. The process involves removing a layer of the denture's inner surface, taking an impression, and applying the new hard material either chairside or in a dental lab. While it offers durability and structure, a hard reline may feel less comfortable during healing and is not ideal for patients with sensitive or sore gums.

In contrast, a soft denture reline uses a pliable, rubbery material—often silicone-based—that cushions the gums and adapts better to sensitive or uneven tissue. This option is especially beneficial for patients with tender gums, significant bone loss, or those recovering from recent extractions. Soft relines are typically done chairside and provide immediate relief from discomfort.

However, they are not as durable as hard relines, usually lasting between six months to a year, and may require more frequent replacement. Additionally, because of the softer material, they can be more prone to bacterial buildup if not properly cleaned. Overall, the choice between a hard and soft reline depends on the patient's oral health condition, comfort needs, and how long-lasting the solution needs to be.

Residual Ridge Anatomy and Resorption

Residual ridge anatomy refers to the shape, height, width, and overall condition of the jawbone (alveolar ridge) that remains after teeth have been lost or extracted. This ridge is the foundation that supports dentures, and its anatomy plays a crucial role in the fit, stability, and comfort of the prosthesis. Over time, the residual ridge naturally undergoes bone resorption, where the bone gradually shrinks and changes shape due to lack of stimulation from tooth roots. The rate and pattern of this resorption vary between individuals and can be influenced by factors such as time since extraction, systemic health, denture wear, and bite force.

When the residual ridge becomes severely resorbed, it may be narrow, uneven, or mobile, leading to a poor denture fit, decreased retention, and sore spots from pressure points. These anatomical changes are important considerations when deciding to perform a soft denture reline. A soft reline is often recommended in cases where the ridge is sharp, thin, or covered with delicate mucosa, because the softer, cushioned material can better adapt to these irregularities and provide greater comfort. It helps to reduce irritation, absorb minor movements, and create a more even distribution of forces, especially in patients who cannot tolerate the pressure of a hard acrylic base.

Additionally, soft relines are commonly used as a temporary solution during the healing period after extractions, when the residual ridge is actively remodeling and changing shape. During this phase, frequent relining may be needed to maintain comfort and fit until the bone stabilizes enough for a more permanent reline or a new denture fabrication.

Soft Tissue Considerations

Soft tissue considerations are a key factor when deciding to perform a soft denture reline, as the condition of the oral mucosa directly affects how well a denture fits and how comfortable it feels.

Patients who benefit most from a soft reline often have thin, delicate, or easily irritated mucosa that cannot tolerate the pressure of a hard acrylic denture base. Common soft tissue concerns include chronic sore spots, ulcerations, mobile or flabby tissue, severe ridge resorption, or inflammatory conditions like denture stomatitis. In these situations, a soft reline acts as a cushion between the denture and the soft tissues, helping to reduce friction, evenly distribute pressure, and minimize trauma.

A soft liner is particularly helpful for healing tissues after recent extractions or surgery. As the tissues reshape and heal, a soft reline can provide comfort and stability during this transitional period. It can also be beneficial for patients who wear dentures long-term without regular maintenance, where tissues may have become distorted or inflamed due to poor fit.

However, it's important to consider tissue health and hygiene when using soft liners. The soft material is more porous than hard acrylic, which means it can harbor bacteria or fungi if not properly cleaned. For patients with poor oral hygiene or active infections, the dentist may need to address the underlying soft tissue condition before or in conjunction with placing a soft reline.

In summary, soft tissue considerations for a denture soft reline involve assessing the health, resilience, and sensitivity of the oral mucosa. A soft reline is ideal for cushioning delicate tissues, managing sore spots, and improving comfort—especially when the gums are not healthy or firm enough to support a hard reline.

Oral Lesions and their Influence

Oral lesions—such as ulcers, pressure sores, inflamed tissue, or fungal infections like denture stomatitis—play a significant role in determining whether a soft denture reline is appropriate. These lesions often develop as a result of ill-fitting dentures, which cause uneven pressure and friction on the soft tissues. When such lesions are present, careful clinical judgment is needed before proceeding with a reline.

In cases of minor irritation or pressure sores, a soft reline may be beneficial. The cushioning effect of the soft liner can reduce trauma to the affected areas by evenly distributing pressure and eliminating the direct contact that caused the irritation. This allows the tissues to heal while still enabling the patient to wear their denture.

However, when more serious or infectious lesions are present—such as ulcerations due to trauma, fungal infections (e.g., candidiasis), or open wounds—a soft reline may not be immediately appropriate. In these situations, the source of the infection or inflammation must be treated first, since applying a soft liner over an infected or actively inflamed area can trap pathogens and worsen the condition. Soft liners are porous and can absorb moisture and microorganisms, creating a favorable environment for bacterial or fungal growth if not properly maintained.

Additionally, if lesions are suspected to be related to systemic issues or more serious pathology (e.g., oral cancer, autoimmune disease), the patient should be referred for further evaluation before any reline is done.

In summary, the presence and type of oral lesions directly impact the timing and suitability of a soft denture reline. Minor trauma-related lesions may improve with a soft liner, but active infections or suspicious lesions must be treated or ruled out first. Ensuring healthy tissue before relining helps prevent complications and promotes long-term denture success.

Contraindications

There are several important contraindications to consider before performing a soft denture reline, as certain oral conditions can interfere with healing, increase the risk of infection, or reduce the effectiveness of the reline.

One key contraindication is the presence of oral candidiasis (Candida infection). Soft liners are made of porous, sponge-like material that can harbor fungi and bacteria, making them difficult to disinfect thoroughly. Applying a soft reline over infected tissue can trap moisture and pathogens against the mucosa, exacerbating the infection. In such cases, candidiasis must be treated first—typically with antifungal medications and improved hygiene—before considering a reline.

Another contraindication is the presence of sharp or prominent tori (bony growths), such as mandibular or palatal tori. These bony projections can create pressure points under the denture, leading to chronic irritation, ulceration, or poor adaptation of the liner. A soft reline may temporarily cushion the area, but it usually doesn't provide enough protection or stability over the long term. In some cases, surgical removal of the tori may be necessary for optimal denture fit.

Additional contraindications include:

- Open wounds or non-healing ulcers: Relining over these areas can delay healing and cause further trauma.
- Severe tissue inflammation or hyperplasia (e.g., epulis fissuratum): These need to be addressed surgically or with tissue conditioning before a reline is performed.
- Poor oral hygiene: If a patient is not maintaining proper denture care, a soft liner may become a breeding ground for microbes and worsen oral conditions.

In summary, contraindications for a denture soft reline include active infections like candidiasis, sharp or prominent tori, open wounds, inflamed or overgrown tissue, and poor hygiene. These conditions must be resolved or managed before a soft reline is safely and effectively applied.

Chairside Soft Reline Procedure

- Infection control protocols
- Step-by-step process:
  - Cleaning and drying the denture
  - Surface preparation
  - Mixing and applying material
  - Insertion and functional impression
  - Trimming excess material
  - Polishing and finishing

Post-Operative Instructions

- Verbal and written instructions
- Proper hygiene and cleaning of soft relines
- Follow-up scheduling
- Managing patient expectations

Hands-On Lab Activity

- Practice soft reline on models/old dentures
- Evaluate comfort and fit
- Troubleshooting techniques

Request for reinstatement of an expired license – Jennifer Lloyd, 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."

Jennifer Lloyd (H6814) held a license to practice dental hygiene in Oregon that expired on September 30, 2022. Since this applicant's dental hygiene license expired, they have held dental licenses in Pennsylvania and Colorado, both with no disciplinary reports. This applicant would now like to reinstate their Oregon dental hygiene license so they can resume practicing in Oregon. This applicant has submitted a License Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which the 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 this applicant. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding this applicant 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 this applicant to take any further examination and whether to reinstate the 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:
(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.

RECEIVED

MAR 31 2025

Oregon Board of Dentistry

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 $510.00
1290 $750.00
1707 $8.00

Name Jennifer Lloyd
License # H6814

Licensure Fees:	$510.00
Penalty Fee:	$250.00
Reinstatement:	$500.00
OWHI Survey Fee:	$8.00
Total:	$1,268.00

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

Phone:

Email Address:

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Oregon Board of Dentistry
Renewal Application Personal History Questions

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer "yes" to any of the questions, you must submit a complete explanation of the event(s) or conditions(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may submit additional information on a separate form.

NOTE: Answer all the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Dental Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

Category I

The answers to these questions may be subject to disclosure in response to a public records request under state law. The answers me be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon them.

Question 1: Since the date of your last license renewal application, has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?
Yes ☐ **No** ☒

Question 2: Since the date of your last license renewal application, have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any con-sent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?
Yes ☐ **No** ☒

Question 3: Since the date of your last license renewal application, regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
Yes ☐ **No** ☒

Question 4: Since the date of your last license renewal application, have you been arrested and/or convicted of, pled guilty or "nolo contendere" (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.
Yes ☐ **No** ☒

Question 5: Since the date of your last license renewal application, have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?
Yes ☐ **No** ☒

Question 6: Since the date of your last license renewal application, are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ **No ☒**

Question 7: Since the date of your last license renewal application, have you entered any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of in-tent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ **No ☒**

Question 8: Since the date of your last license renewal application, has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?

Yes ☐ **No ☒**

Question 9: Since the date of your last license renewal application, have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?

Yes ☐ **No ☒**

Question 10: Since the date of your last license renewal application, regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?

Yes ☐ **No ☒**

Question 11: Since the date of your last license renewal application, have you interrupted the practice of your health care profession for two years or more?

Yes ☐ **No ☒**

Question 12: Since the date of your last license renewal application, have you ceased the practice of dentistry, dental hygiene, or dental therapy or has the nature of your practice changed since your last license renewal?

Yes ☐ **No ☒**

Category II

The Oregon Board of Dentistry recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and fellow health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com) by contacting the Board office by emailing information@obd.oregon.gov or calling 971-673-3200.

The failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, can result in the Board taking action against your Oregon Board of Dentistry license.

☒ **I have read and understand the above advisory and agree to abide by the Board's expectation.**

The answer to the below question is exempt from public disclosure under state and federal law. The answer may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon it.

Do you currently engage in the excessive or habitual use of alcohol or drugs or are you dependent on the use of alcohol or drugs which impair your ability to practice your health care profession safely and competently?

Yes ☐ **No** ☒

"Excessive" as used in this question includes, but is not limited to, the use of alcohol or drugs that leads to disturbances, fights, arrest, DUII, injury, accident, illness, loss of consciousness, .08% BAC or above on a required chemical substance screening test, or other adverse consequences. If you are currently enrolled in the Oregon Health Professionals' Services Program (HPSP), you may answer "no."

If "yes," provide a full description. Documentation from the relevant law enforcement agency, court, or other entity must be sent directly to the Board. Additionally, a statement from your treating provider regarding your ability to safely practice must be sent directly to the Board.

signature on file

Jennifer Lloyd

03/17/2025

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

Dear Members of the Oregon Board of Dentistry,

I hope this letter finds you well. I am writing to formally request the reinstatement of my dental hygiene license, which has expired. My name is Jennifer Lloyd, and my previous license number with the Oregon Board of Dentistry was H6814.

Since the expiration of my license, I have continued to practice dental hygiene in both Colorado and Pennsylvania, where I have maintained current and active licensure in both states. I have continued to further my professional development through ongoing education and training to ensure I am up to date with the most current practices and standards in the field.

I am now planning to move back to Oregon and intend to resume practicing dental hygiene in the state. Given my professional experience and qualifications, I kindly request that the Oregon Board of Dentistry review my situation and approve the reinstatement of my dental hygiene license so that I may resume providing dental hygiene care in Oregon.

Enclosed, please find proof of the continuing education I have completed during the time my Oregon license has been expired. I am more than happy to provide any additional documentation or information that may be required for this process.

Thank you for considering my request. I look forward to your positive response and the opportunity to practice in Oregon once again. If you have any questions or need further clarification, please feel free to contact me.

Sincerely,

signature on file

Jennifer Lloyd

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649
www.dos.pa.gov

04/10/2025

Verification/Certification of License

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	JENNIFER LLOYD
LICENSE TYPE:	Dental Hygienist
LICENSE #:	DH074924
LICENSE STATUS:	Active
LICENSE ISSUE DATE:	04/07/2022
LICENSE EXPIRATION DATE:	03/31/2027
DISCIPLINARY HISTORY:	No Disciplinary Action Exists

Arion R. Claggett

Acting Commissioner Arion R. Claggett
Bureau of Professional and Occupational Affairs

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649
www.dos.pa.gov

04/10/2025

Verification/Certification of License

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	JENNIFER LLOYD
LICENSE TYPE:	Dental Hygienist Local Anesthesia
LICENSE #:	DHA005181
LICENSE STATUS:	Active
LICENSE ISSUE DATE:	08/10/2022
LICENSE EXPIRATION DATE:	03/31/2027
DISCIPLINARY HISTORY:	No Disciplinary Action Exists

Arion R. Claggett

Acting Commissioner Arion R. Claggett
Bureau of Professional and Occupational Affairs

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Jennifer M Lloyd	Port Allegany, PA 16743

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DH.002025422	Endorsement	Dental Hygienist	Active	04/19/2019	03/01/2024	02/28/2026

Authority Information

Authority Number	Authority Type	Original Issue Date	Effective Date	Expiration Date
LOCAL.0001717	Local Anesthesia	05/09/2019	05/09/2019	

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

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Request for ratification of approval of Portland Community College Local Anesthesia Certification course for Dental Assistants

On April 25, 2025 the Board approved a request for approval of the Portland Community College Local Anesthesia Certification course for Dental Assistants.

The request from the Portland Community College for approval was not included in the April 25, 2025 Board Book, but reviewed in handouts at the April Board meeting.

The items are included in the June 13, 2025 Board Book for posterity.

Portland Community College
Department of Dental Sciences
1810 SW 5th Ave, 3rd Floor
Portland, OR 97201

March 20, 2025

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

Dear Members of the Oregon Board of Dentistry,

On behalf of Portland Community College, we are pleased to submit for your review the curriculum developed to educate Dental Assistants in the administration of local anesthesia.

This curriculum has been thoughtfully designed in collaboration with Tina Clarke, RDH (Teacher Tina), an approved provider recognized by the Oregon Board of Dentistry. Our partnership ensures that the curriculum meets the Board's high standards and addresses the evolving needs of the dental assisting profession.

We are excited about the opportunity to offer this valuable training to Dental Assistants, equipping them with the knowledge and skills necessary to enhance patient care and advance their careers.

Thank you for your time and consideration. We look forward to your feedback and the opportunity to implement this important training within our community. Should you require any additional information, please do not hesitate to contact us at (971) 722-4235 or via email at jessica.august@pcc.edu.

Sincerely,

Jessica August, MSDH, CDA, RDH, FADHA
Program Dean - Dental Sciences

Stacy Kimsey, EFDA, BS
Dental Professional Development &
Educational Coordinator

COURSE TITLE: LOCAL ANESTHESIA CERTIFICATION FOR DENTAL ASSISTANTS

COURSE DESCRIPTION:

This course reviews the concepts of pain management with the use of local anesthetic agents. Participants learn fundamental principles of pharmacology of anesthetic solutions, dosages, vasoconstrictors, drug interactions, neural physiology, anatomical features, medical history evaluation, contraindications of local anesthesia delivery, and management of adverse side effects including medical emergencies. Laboratory and clinical practice of local anesthesia basic injection techniques including block and infiltration.

COURSE PREREQUISITES:

Prior to beginning this course, participants must provide proof of:

1. EFDA certification from the Oregon Board of Dentistry
2. BLS for Healthcare Providers certification or its equivalent

COURSE REQUIREMENTS:

To successfully complete this course, the participant must:

1. Participate in all lecture and clinical sessions
2. Pass the lecture examination at 75% or above
3. Demonstrate competency for each required injection

Course Hour Distribution:

- Minimum of 65 total hours of education
  - 35 hours lecture
  - 15 hours laboratory
  - 15 hours clinical
  - Passed at 75% or higher

RESOURCES:

Required Textbook

Logothetis, DD: Local Anesthesia for the Dental Hygienist 3rd ed. 2022. Elsevier. ISBN: 9780323718561

Clarke, T. Hit Me With Your Best Shot: Chairside Resource Guide.

ISBN:

Additional References

Malamed, SF. Handbook of Local Anesthesia, 7th Ed. 2019. Elsevier-Mosby:St. Louis, MO.

Clarke, T. Hit Me With Your Best Shot: Local Anesthesia For Oral Health Care Professionals. 2024 PDF

COURSE OBJECTIVES:

Upon completion participants will be able to:

1. Explain theories of pain control.
2. Select appropriate pain control modality.
3. Evaluate physiological aspects of pain control.
4. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
5. Explain neurophysiology and its implications related to local anesthesia.
6. Describe the pharmacology of local anesthetics used in dentistry.
7. Describe the pharmacology of vasoconstrictors used in dentistry.
8. Identify armamentarium associated with local anesthesia delivery.
9. Conduct patient evaluation for local anesthesia.
10. Demonstrate competence in administering maxillary intraoral anesthesia.
11. Demonstrate competence in administering mandibular intraoral anesthesia.
12. Employ aseptic techniques with local anesthesia administration.
13. Demonstrate safe injection techniques.
14. Identify and manage adverse systemic and local complications associated with local anesthetics.

15. Manage medical emergencies involving local anesthesia. ACLS?
16. Implement appropriate local anesthesia chart documentation.

COURSE OUTLINE

SECTION I: INTRODUCTION TO PAIN MANAGEMENT:

1. Explain theories of pain control.
    a. Pharmacological
    b. Non-pharmacological
2. Select appropriate pain control modality.
    a. Injectable
    b. Non-injectable
        i. Pharmacological
        ii. non-pharmacological
3. Evaluate physiological aspects of pain control.

SECTION II: ANATOMY REVIEW

1. Overview of Basic Human Anatomy
    a. Cardiovascular System
    b. Hepatic System
    c. Nephrological System
    d. Cranial Nerves
2. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
    a. Neuron
    b. Nerve bundle
    c. Neural chemicals
3. Explain neurophysiology and its implications related to local anesthesia.
    a. Sodium channel pump
    b. Action potential
4. Trigeminal Nerve Branches and Pathways:
    a. V1 Division
    b. V_2 Division
    c. V_3 Division
5. Vascular Flow of the head and neck region

   a. Arterial
   b. Venous
6. Boney anatomical features
   a. Maxilla
   b. Mandible
   c. Palatine bone
7. Anatomical Considerations:
   a. Review of anatomical landmarks used for injection placement.
   b. Use of radiographs, palpation, and visual cues to identify landmarks.

SECTION III: PHARMACOLOGY OF ANESTHETIC AGENTS

1. Describe pharmacology of local anesthetics used in dentistry.
   a. Actions and concentrations of commonly used anesthetics
   b. Biotransformation
   c. Factors that influence effectiveness of local anesthetic
   d. Maximum Recommended Dosage
      i. Proper dosage calculation
2. Describe the pharmacology of vasoconstrictors used in dentistry.
   1. Actions and concentrations of commonly used vasoconstrictors
   2. Maximum Recommended Dosage
      a. Proper dosage calculation
   3. Criteria for anesthetic selection (age, length of procedure, duration, potential for Post-op discomfort or self-mutilation)

SECTION IV: ANESTHESIA PREPARATION AND HANDLING

1. Conduct patient evaluation for local anesthesia.
   a. Medical history indications and absolute and relative contraindications to local anesthetics and vasoconstrictors
   b. Age
   c. Emotional state
   d. Blood pressure
   e. Systemic disease status (ASA)
   f. Physician consults

g. Current medications
h. History of reactions

2. *Pediatric Considerations:*
    a. Dosage
    b. Anatomy
    c. Behavioral management
    d. Post-op instructions
3. Identify armamentarium associated with local anesthesia delivery.
    a. Anatomy of needle
    b. Anatomy of cartridge
    c. Anatomy of syringe
4. Demonstrate safe injection techniques.
    a. Sharps safety
    b. Retraction methods
    c. Uncapping/recapping
5. Employ aseptic techniques with local anesthesia administration.
    a. Anesthetic storage
    b. Aseptic assembly and disassembly

SECTION V: LEGAL CONSIDERATIONS

1. Implement appropriate local anesthesia chart documentation.
2. State requirements for dental professionals

SECTION VI: INJECTION TECHNIQUES

1. Demonstrate competence in Maxillary Injection Techniques for the following injections: PSA, MSA, ASA, GP, AMSA, NP
    1. Nerve pathways
    2. Injection site and facial/oral landmarks
    3. Pathway of injections including anatomical structures in the area
    4. Depth of injections and type of needle
    5. Amount/type of solution and vasoconstrictor.
    6. Nerves, soft and hard tissues anesthetized.
    7. Percent positive aspiration
    8. Indications/contraindications

2. Demonstrate competence in administering Mandibular Injection Techniques for the following injections: IA, LB, G-G, Mental/Incisive
    a. Nerve pathways
    b. Injection site and facial/oral landmarks
    c. Pathway of injections including anatomical structures in the area
    d. Depth of injections and type of needle
    e. Amount/type of solution and vasoconstrictor
    f. Nerves, soft and hard tissues anesthetized
    g. Percent positive aspiration
    h. Indications/contraindications

3. *Supplemental Injection Techniques for the following injections: Papillary, Intraligamentary (PDL)*

    a. Nerve pathways
    b. Injection site and facial/oral landmarks
    c. Pathway of injections including anatomical structures in the area
    d. Depth of injections and type of needle
    e. Amount/type of solution and vasoconstrictor
    f. Nerves, soft and hard tissues anesthetized.

SECTION VII: LOCAL ANESTHESIA MANAGEMENT

1. Identify and manage adverse systemic and local complications associated with local anesthetics.
    a. Managing and avoiding systemic reactions
        i. Edema
        ii. Allergic reactions
        iii. Overdose
    b. Managing and avoiding local reactions
        i. Trismus
        ii. Hematoma
        iii. Tissue sloughing
        iv. Paresthesia
        v. Broken needle
        vi. Post-op self-mutilation
2. Manage medical emergencies involving local anesthesia.

a. Managing and avoiding systemic reactions
b. Relative overdose
c. Allergy
d. Syncope
e. Hyperventilation
f. Cardiovascular effects
    a. Importance of understanding blood pressure
    b. Cardiac arrest
    c. Myocardial infarction
    d. Stroke
g. Drug interaction
h. Seizure

SECTION VIII: Laboratory/Clinical Technique and Practice:

Laboratory practice consists of dry lab activities to include, but not limited to practice on typodont, skull, and various oral models.

Student partner anatomical identification of oral landmarks,

Demonstrate competence in syringe handling.

- Syringe set-up
- Uncapping
- Recapping
- Syringe dismantling
- Sharps management

Clinical practice consists of and may include but not limited to the following items:

Student partners practice technique positioning without needle penetration with the use of educational materials such as swabs, capped syringe, etc.

Student active administration of local anesthesia on student partners.

Demonstrate competence in maxillary and mandibular injection techniques.

Maxillary Injection Techniques for the following injections:

PSA, MSA, ASA, GP, NP, AMSA, local infiltration

Mandibular Injection Techniques for the following injections:

IA, LB, G-G, Mental/Incisive, local infiltration

The Board has received a request from applicant Jennifer Ann Friedman, DMD, MS to recognize the Kentucky Board of Dentistry Orthodontics exam as a Board approved exam to recognize Dr. Friedman for an Oregon Specialist License.

From: Jennifer Friedman <jennyfriedmanorthodoc@gmail.com>
Sent: Monday, June 2, 2025 11:31 AM
To: MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>
Subject: Re: Oregon Dental License

Dear Esteemed Members of the Oregan Board of Dentistry,

This is an official request that my specialty exam taken, the Kentucky Board of Dentistry Orthodontics exam, be approved by the Oregon Board to license me as an orthodontic specialist in Oregon. I have been practicing Orthodontics for 15 years and am American Board of Orthdontics Elligible. When I applied for a specialty license in Illinois to practice there in 2012, they did accept my Kentucky Board of Dentistry Orthodontics Exam as a specialty clinical exam. I have included a copy of my written exam with a passing written and clinical score with my license application. Thank you for your consideration and if you have any questions, please do not hesitate to contact me or the Kentucky Board of Dentistry.

Sincerely,

Jennifer Ann Friedman, DMD, MS

Certified Orthodontist

Cell: 720-569-5989

Email: jennyfriedmanorthodoc@gmail.com

RELEVANT RULE
818-021-0017 Application to Practice as a Specialist

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

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been

obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;

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

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

(d) Passing the Board's jurisprudence examination.

(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1 2022).

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

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

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

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

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

(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

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

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

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

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

any adverse actions or restrictions; and;
(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

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

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

COPY

BOARD OF DENTISTRY

Approved and Filed

JUL 0 1 2010

KBD

Steven L. Beshear
Governor

312 Whittington Parkway, Suite 101
Louisville, Kentucky 40222
Phone: (502) 429-7280
Fax: (502) 429-7282
http://dentistry.ky.gov

Brian K. Bishop
Executive Director

July 1, 2010

JENNIFER ANN HASKELL DMD
2903 LIGHTHEART RD
LOUISVILLE, KY 40222

Dear Dr. HASKELL:

This letter serves as authorization for you to practice as a specialist in the Commonwealth of Kentucky. You are hereby advised that you are granted specialty license number **854** effective date 7/1/2010. This license permits you to practice **ORTHODONTIST** as your specialty. Your specialty license will continue with the renewal of your general dentistry license. All your records will continue to be listed under your general dentistry license number. If at some point you no longer wish to limit your practice to your specialty, you must notify the Board office and retire your specialty license.

A formal certificate accompanies this letter. It should be conspicuously displayed along with your general dentistry license in your practice location.

In addition, please be advised you must apply for and receive an anesthesia permit before you can administer anesthesia in Kentucky. If you have any questions, please do not hesitate to call.

Sincerely,

Kathryn M. Green
Licensing Specialist

FOR OFFICE USE ONLY

Application Fee Paid 60.00

Date Paid 4.15.10

Specialty Orthodontics

Specialty Lic. No. 854

Date Issued: APPROVED JUL 01 2010

residency cert. ✓

Approved and Filed

JUL 01 2010

KBD

RECEIVED

APR 15 2010

KBD

APPLICATION FOR EXAMINATION

BEFORE THE

KENTUCKY BOARD OF DENTISTRY

FOR SPECIALTY LICENSURE

IN THE

COMMONWEALTH OF KENTUCKY

EXAMINATION DATE June 18th, 2010

Name (Print in full) Jennifer Ann Haskell, DMD, MS Age 27

Date of Birth July 22nd, 1982 Place of Birth Louisville, KY

Permanent Address 2903 Lightheart Rd.

City Louisville State KY Zip Code 40222

Graduate of what dental college University of Louisville Year 2008

Name state in which you hold dental licenses, giving number and date of each:
Kentucky - 8653 issued June 25th, 2008
New York Limited Permit (necessary to be a resident here)- P64102 issued May 2008

How many years have you devoted to the general practice of dentistry? 0

Specialty in which license is desired Orthodontics and Dentofacial Orthopedics

Do you expect to devote your full time to the practice of this specialty? yes

Why do you desire a specialty license? My interest lies in orthodontics and I have received specialty training in residency. I wish to practice only orthodontics.

Special education in Orthodontics. Have you earned any special dental degrees or certificates of proficiency? I will recieve a certificate in orthodontics on June 25th, 2010.

If so, designate when, where, and how acquired: furnish certification.
Eastman Institue of Oral Health at University of Rochester, Residency in Orthodontics, Attended July 1st, 2008 to June 25th, 2010

Graduate Training: (Give names of schools, hospitals, clinics, dispensaries, and fundamental science laboratories, and dates of attendance; Furnish Certification. Residency in orthodontics completed at Strong Memorial Hospital, University of Rochester Medical Center. Masters in Anatomical Sciences and Neurobiolgy at University of Louisville, 2008.

Have you served an internship? If so, give detailed summary of dates, locations, and furnish certification.

Experience In Specialty. Be specific as to places and time you have devoted to your chosen specialty. Residency in Orthodontics at University of Rochester Eastman Institute of Oral Health. July 1st, 2008 - June 25th, 2010

Have you served as a teacher or instructor in the specialty in which license is desired? yes Furnish certification as to place and time:
Instructed Osteology course to junior orthodontic residents at University of Rochester in Fall semester 2009.

What percentage of your time is devoted to the specialty? 100% of work time

What percentage of your income is derived from the specialty? 100%

Have you engaged in any research work? If so, name subjects or give findings.
Research on Sleep Apnea patients imaged with Cone Beam CT. Looked at changes in volume of oropharynx with a mandibular protrusive appliance. Published June 2009 (see below).

Give six references (dentists) who have referred patients to you, or who personally know your ability. Marshall Deeney, Leonard Fishman, J. Dan Subtelny, Thomas Dietrich, Michael Spoon, Paul Caruso. All faculty at: Eastman IOH; Orthodontics Dept; 625 Elmwood Ave; Rochester, NY 14620 Phone: 585-275-5012 (Diane Prinsen, secretary)

Give names of professional organizations in which you hold membership.
American Dental Association, American Association of Orthodontics, Alpha Omega.

What society meetings have you attended during the past five years? North-Eastern Society of Orthodontics, October 2008, October 2009. American Association of Orthodontics May 2008, May 2009, (will attend May 2010) Alpha Omega International Convention Dec 2005, Dec 2006, Dec 2007.

Name professional periodicals carrying any of your articles during the past five years and give dates of publication.
1) Annals of the New York Acad. Sci. 2006 Apr;1068:214-24.;
2) Seminars in Orthodontics. June 2009.

List offices and committees on which you served during the past five years.
Alpha Omega: Student Chapter President at University of Louisville 2006-2008.;International Student Representative for Foundation 2006-2007

Are you a member of any specialized societies? no Give name and length of membership.

Are you a Diplomate of a specialty board? no Furnish certification.

Of what community or social organizations are you a member?
Sing in congregational choir for past 15 years.

This application is respectfully submitted for the consideration of the Kentucky Board of Dentistry in full-fillment of the statutes regulating the specialized practice of dentistry.

Signed [signature]

Subscribed in my presence and sworn to before me this 6th day of April, 2010.

[signature]
Notary Public

County of: Monroe

State of: New York

SEAL

My Commission Expires: 05/05/2011

VANESSA L. BUCKHOLZ
NOTARY PUBLIC, STATE OF NEW YORK
No. 01BU6091892
QUALIFIED IN LIVINGSTON COUNTY
MY COMMISSION EXPIRES MAY 5, 2011

INSTRUCTIONS

Case histories as outlined in the specialty examination instructions and application must be received in the Board office, thirty (30) days prior to the date of the examination.

Make check or money order payable to :

Kentucky Board of Dentistry

Address all correspondence and submit application and $60.00 fee to:

Kentucky Board of Dentistry
312 Whittington Pkwy, Suite 101
Louisville, Kentucky 40222

Jennifer Haskell

Kentucky Orthodontic Specialty Examination

True and False Section:

Circle the correct answer

16/20 21/21

1. As the mandibular plane angle increases, the closing muscles (temporalis, pterygoid and masseter muscles) generally are weaker than in low mandibular plane angle cases.

   A. True

   B. False

91% written

95% cases

93% overall

2. The temporal bone develops from endochondral formation.

   A. True

   B. False

3. The mandibular arch can be permanently expanded via appliance therapy due to bone growth in the mandibular suture.

   A. True

   B. False — unless distraction osteogenesis is done

4. The condyle is considered the growth center of the mandible because of the hyaline cartilage found there.

   A. True

   B. False — no hyaline

5. When comparing elastic properties of nickel titanium wire to stainless steel, nickel titanium wire has increased strength, decreased stiffness, and increased working range. ✓

   A. True

   B. False

6. Growth of the soft tissue occurs by a combination of hyperplasia and hypertrophy.

   A. True

   B. False

7. A force system consisting of two equal but opposite non-collinear forces applied to a tooth at the same time are best defined as a couple.

A. True

B. False

8. The mandible develops from endochondral ossification.

A. True condyle only, rest - intramembranous

B. False

9. The Witt's Analysis describes the skeletal A-P relationship of the maxilla to the mandible at the level of the occlusal plane.

A. True

B. False

10. During active growth, an area of resorption occurs on the anterior of the maxilla (in the area of subspinale).

A. True

B False

11. If lower incisors are placed upright over basal bone, they are more likely to remain in good alignment.

A. True

B. False

12. The mandibular right second premolar bud is not present on a panoramic x-ray of an 8 1/2 year old boy. The bud normally would not be present on someone this age.

A. True

B. False

13. The mandible develops partially from Meckel's cartilage.

A. True

B. False

14. The palatal shelves of the maxilla fuse at approximately 18 weeks in utero.

A. True

B. False

15. The type of tooth movement produced by a force system is determined by the ratio between the moment and the force.

A. True

B. False

16. A reverse curve of spee placed in a wire on the mandibular arch will produce pure intrusion if the wire is tied back to the first or second molars.

A. True

B. False

17. When using slow palatal expansion (one turn per day using a Biederman expansion appliance), a retention period of only 45 days is need to complete bone remodeling.

A. True

B. False

18. Alveolar bone can be distinguished microscopically from basal bone.

A. True

B. False

19. In rapid palatal expansion, the opening of the mid-palatal suture is greater in the incisal area.

A. True greater more anteriorly than posteriorly

B. False

20. When the line of action for a force passes directly through the center of resistance a combination of translation and controlled tipping is produced

A. True

B. False → no tipping

Multiple Choice Section:

Circle the correct answer

1. In archwire properties:

A) Strength varies inversely with length
B) Strength varies inversely with diameter of the wire
C) Both statements are true
D) Both statements are false

2. Clefting of the lip occurs 4-6 weeks in utero and is caused by lack of fusion between the medial and lateral nasal processes and the maxillary prominence.

A) Both statements are true
B) Both statements are false
C) First statement is true; however, the second statement is false
D) Second statement is true; however, the first statement is false

3. Primate space is found a) between the maxillary deciduous cuspid and deciduous first molar; b) the mandibular deciduous cuspid and deciduous first molar.

A) Both statements are true
B) Both statements are false
C) First statement is false and second statement is true
D) First statement is true and second statement is false

4. The center of resistance for a given tooth is:

A) Located approximately at the center of the tooth
B) Located about halfway up the root
C) Located just below the crown of the tooth
D) Can be highly variable

5. A patient has a maximum opening of 26mm. The patient probably has a:

A) Open lock of the TMJ
B) Closed lock of the TMJ
C) This is normal maximum opening

6. A patient deviates their mandible to the right upon opening. This patient probably has:

A) Anterior displaced disc on the left TMJ
B) Anterior displaced disc on the right TMJ
C) Ankylosis of the left TMJ
D) Right temporalis is not contracting properly

7. Basion is a point found on the:

A) Frontal bone
B) Sphenoid bone
C) Occipital bone
D) Atlas vertebrae

8. The _____ muscle inserts on the neck of the mandibular condyle:

A) Medial pterygoid
B) Inferior head of the lateral pterygoid
C) Superior head of the lateral pterygoid
D) Temporalis

9. In orthognathic surgery, the maxilla cannot be repositioned in what directions predictably:

A) Superiorly
B) Inferiorly ✓
C) Posteriorly ✓
D) Anteriorly
E) B and C
F) B and D

10. Vertical maxillary excess (VME) can be corrected surgically by:

A) Mandibular advancement
B) Le Fort I
C) Advancement genioplasty
D) All the above

11. What is the optimum force needed to move a tooth?

A) Less than 1 oz.
B) 1-4oz.
C) 7-10oz.
D) 12-16oz.

12. The amount of maxillary central incisor exposure to the upper lip when the lips are in the rest position is?

A) 2-3mm
B) 4-5mm
C) 6-7mm
D) The maxillary incisor should not be exposed when the lips are in the rest position

13. Stiffness of an orthodontic wire is a function of

A) Length of the wire
B) Diameter of the wire
C) Alloy composition
D) All of the above
E) None of the above

14. An eight year old child has a 2.0mm diastema between the permanent maxillary central incisors. The mother is very concerned. You should advise the mother:

A) A frenectomy needs to be performed
B) A mesiodens is probably creating the space
C) A habit is probably creating the space
D) The child will probably need early orthodontic treatment
E) None of the above

15. The temporomandibular disc is:

A) Hyaline cartilage
B) Avascular dense fibrous tissue
C) Fibro cartilage

16. In the Downs analysis, which plane is used as a reference?

A) S-Nasion
B) Occlusal plane
C) Frankfort plane
D) None of the above

17. An adult patient presents with a prosthetic cardiac valve and is allergic to penicillins. What regimen would be appropriate if you are seating bands?

a. 2 g amoxicillin 30-60 minutes before appointment
b. No antibiotic prophylaxis is necessary
c. 600 mg clindamycin 30-60 minutes before appointment

18. In the primary dentition, a terminal plane occlusion usually turns into

a. Class I
b. Class II
c. Class III

19. What is the incidence of cleft palate?

a. 1 in 100
b. 1 in 500
c. 1 in 750
d. 1 in 1000

20. What sutures are affected with Rapid Palatal Expansion?

a. Circummaxillary
b. Circumzygomatic
c. Midpalatal
d. All of the above

21. When a patient attempts protrusion of the mandible, the jaw deviates markedly to the right. This would indicate that which of the following muscles is unable to contract?

a. Left medial pterygoid
b. Right medial pterygoid
c. Left lateral pterygoid
d. Right lateral pterygoid

Discussion Section:

1. A patient has an impacted maxillary right canine. You cannot palpate the tooth. How would you locate the position of the canine?

I would take a pan and oblique radiograph. The oblique is used to see if it is labial or palatal, and the pan can show how far displaced apically the tooth is located. If referring for exposure, I would consider making a Cone Beam CT scan for more precise surgical location.

2. Describe serial extraction. Discuss the rationale and steps associated with the procedure. Assume your patient is an eight year old female.

Serial extraction is used when it is very obvious that the patient has severe crowding and will definitely need premolar extractions in the future. The first step is to remove the c's to allow more room for incisors. Then the D's are removed to promote canine eruption into the space. Finally, 4's are removed upon eruption, leaving space for the 5's to erupt into the 4 space.

3. Discuss the problems associated with a single mandibular incisor extraction case. Discuss the ideal situation for its application.

Problems

1) lower midline will be off with upper midline. (There will be an incisor in the center)
2) In deep bite patients, it can make it worse
3) You will either have excess overjet or un-ideal classification of the buccal segments toward class III.

Ideal time to extract incisor

1) when there is Bolton discrepancy of 5mm or more in anterior 6 dentition (or less ideally, an overall Bolton discrepancy)
2) patient does not have deep bite. →

@ Jennifer Haskell

extra space for Essay Q 3

Ideal Time to extract Lower incisor tooth

3) the incisor has caries or is deemed hopeless

4) There is gingival recession or periodontal compromise on the incisor

5) ~~the~~ It is a supernumerary!!

University of Rochester

School of Medicine and Dentistry
and
Strong Memorial Hospital

Jennifer Ann Haskell, D.M.D., M.S.

has served as a resident in the Orthodontics and Dentofacial Orthopedics Program
from July 1, 2008 through June 30, 2010
and has faithfully and honorably discharged the duties of the position.
In Witness Whereof, the signatures and the Seal have been
affixed below on this 30th day of June 2010.

Dean, School of Medicine & Dentistry

Department Chairman

President, The University of Rochester

Program Director