

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
APRIL 17, 2015**



This Page

Left Blank

APPROVAL OF MINUTES

This Page

Left Blank

**OREGON BOARD OF DENTISTRY
SPECIAL TELECONFERENCE BOARD MEETING MINUTES
March 11, 2015**

MEMBERS PRESENT: Brandon Schwindt, D.M.D., President
Alton Harvey Sr., Vice-President
Todd Beck, D.M.D.
Yadira Martinez, R.D.H.
Amy B. Fine, D.M.D.
Jonna E. Hongo, D.M.D.
Julie Ann Smith, D.D.S., M.D.
Gary Underhill, D.M.D.
James Morris

STAFF PRESENT: Stephen Prisby, Interim Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Daryll Ross, Investigator
Harvey Wayson, Investigator

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: None

Call to Order: The meeting was called to order by the President at 1:30 p.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

The Board entered into executive session.

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

The Board returned to open session.

HARPER, GERALD A., 2015-0015

Dr. Beck moved and Dr. Smith seconded to rescind the vote of 2/27/15 with respect to the Interim Consent Order, and offer Licensee an Interim Consent Order whereby he would agree That effective immediately, upon the signing of this Interim Consent Order, Licensee agrees not to treat patients with an American Society of Anesthesiology rating of Class III or higher nor treat patients in a hospital setting, without first obtaining approval from a Board-approved oral and maxillofacial surgeon, pending further order of the Board. If Licensee does not sign this Interim Consent Order and return it to the Board within 15 days, the Board will issue an Order of Immediate Emergency License Suspension. The motion passed with Mr. Harvey, Dr. Beck, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Ms. Martinez and Dr. Underhill voting aye.

HSU, RICHARD PAO-YUAN, 2012-0019

Dr. Beck moved and Mr. Harvey seconded to rescind the Board's vote of 2/27/2015 and issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, a \$10,000.00 civil penalty, a \$5137.50 refund to the parents of patient SG, three (3) hours of Board approved continuing education in recording keeping; attendance at the 2015 Oregon Dental Conference Board presented course "A Review of Must Knows"; either the referral of all current orthodontia cases to a Board Approved Orthodontist for completion or evaluation and approval of all current orthodontia through to completion by a board approved orthodontist at Licensee's expense; and either the cessation of treating the patients under the age of 18 years OR the establishment, within 30 days, of a video camera systems in all operatories in which minor patients are treated, preservation of the video recordings for review by the Board, and no treatment of a minor patient without a second adult in attendance at all times and referral of this case to the district attorney. The motion passed with Mr. Harvey, Dr. Beck, Dr. Fine, Ms. Martinez, Dr. Hongo, Mr. Morris, Dr. Smith and Dr. Underhill voting aye. Dr. Schwindt recused himself.

Dr. Beck and Ms. Martinez excused themselves from the meeting.

Dr. Hongo moved and Mr. Harvey seconded that the final interviews for the executive director be moved back to June 26, 2015. The motion passed with Mr. Harvey, Dr. Smith, Dr. Fine, Dr. Hongo, Mr. Morris, and Dr. Underhill voting aye.

Announcement

Mr. Prisby announced that Alicia Riedman, R.D.H. was scheduled to be confirmed by the senate on March 26, and would join the board at the April 17 Board meeting.

ADJOURNMENT

The meeting was adjourned at 2:20 p.m. Dr. Schwindt stated that the next Board meeting would take place April 17, 2015.

Approved by the Board on April 17, 2015.

Brandon Schwindt, D.M.D.
President

This Page

Left Blank

**OREGON BOARD OF DENTISTRY
MINUTES
February 27, 2015**

MEMBERS PRESENT: Brandon Schwindt, D.M.D., President
Alton Harvey Sr., Vice-President
Todd Beck, D.M.D.
Yadira Martinez, R.D.H.
Amy B. Fine, D.M.D.
Jonna E. Hongo, D.M.D (portion of meeting via teleconference)
James Morris
Julie Ann Smith, D.D.S., M.D.
Gary Underhill, D.M.D.

STAFF PRESENT: Stephen Prisby, Interim Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Daryll Ross, Investigator (portion of meeting)
Harvey Wayson, Investigator (portion of meeting)
Teresa Haynes, Exam and Licensing Manager (portion of meeting)
William Herzog, D.M.D., Consultant (portion of meeting)
Michelle Lawrence, D.M.D., Consultant (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Lisa Rowley, R.D.H., Pacific University; Gail Aamodt, R.D.H., Pacific University, ODHA; Alicia Riedman, R.D.H.; Peggy Lightfoot, Board of Nursing; Christina Swartz Bodamer, ODA; Lynn Ironside, R.D.H., ODHA; Allen Cheng, D.D.S., Head and Neck Institute; Heidi Jo Grubbs, R.D.H.; Alec Shebiel, Lindsay Hart, ODHA; Enrique Sama, DAS-HR Executive Recruiter

Call to Order: The meeting was called to order by the President at 7:35 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

NEW BUSINESS

MINUTES

Mr. Harvey moved and Dr. Smith seconded that the February 17, 2015 Special Board meeting minutes be approved as presented. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

Mr. Morris moved and Mr. Harvey seconded that the December 19, 2014 Board meeting minutes be approved as presented. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

ASSOCIATION REPORTS

Oregon Dental Association Christina Schwartz Bodamer reported that early registration for the ODC is open.

Oregon Dental Hygienists' Association No report. Ms. Ironside, R.D.H. wanted to acknowledge that Ms. Riedman, R.D.H., was in attendance, and is a nominee to be the next OBD Board member, filling the vacant hygiene seat.

Oregon Dental Assistants Association No Report

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report Dr. Hongo submitted a short report. Interim Executive Director Mr. Prisby shared with the Board the highlights of the report. There are no fee increases expected, even though the last increase was in 2009. The new dental exam site will be the University of Chicago. Kentucky is the newest member of WREB, offering both the dental and hygiene examinations. The California Dental Hygiene Committee, which is separate from the California Dental Board, is now accepting the CRDTS Examination for hygiene licensure. They dropped the WREB Hygiene Examination within the last two years.

AADB Liaison Report No Report.

ADEX Liaison Report No Report.

NERB Liaison Report Dr. Smith was unable to attend the January annual meeting. NERB has changed their name to the Commission on Dental Competency Assessment (CDCA) to reflect the geographic diversity of its members.

Rules Oversight Committee Dr. Beck reported that the Rules Oversight Committee met in January. The rules were not on this meeting's agenda, so those rules and recommendations will be on the April agenda.

Communications Committee Dr. Beck reported that the Communications Committee met in January. The Facebook page will not have any interactive features, so no one will be able to like or add comments to the page. The Committee also directed staff & IT to research how to add a blog on the main OBD website.

Anesthesia Committee Dr. Smith mentioned that she is planning to schedule an Anesthesia Committee Meeting, in late March or early April.

Enforcement and Discipline Committee Dr. Smith mentioned her interest in scheduling this committee meeting in late spring as well.

Dr. Schwindt reported that Mr. Braatz submitted his resignation as Executive Director in January, with his last day Feb. 6, 2015. He thanked Mr. Prisby for accepting his position as Interim Executive Director, and thanked him for balancing his two roles, also as Office Manager.

EXECUTIVE DIRECTOR'S REPORT

Board Member and Staff Member Update

Mr. Prisby acknowledged his new position affirmed by the Board, that effective February 7, 2015 the Board appointed him as Interim Executive Director. The recruitment and search process for the permanent Executive Director has started with open discussions at a Special Board Meeting held on February 17, 2015. DAS-HR Executive Recruiter, Enrique Sama will address the board later regarding the process. Mr. Prisby reported that Alicia Riedman, R.D.H. was scheduled to be confirmed as the newest board member on February 26, but the hearing was delayed. Due to the recent transition with the governor, the OBD administrative staff anticipates a greater workload to update forms, applications, letterhead, website and other documents that have any reference to the former governor.

OBD Budget Status Report

Mr. Prisby stated that he attached the latest budget report for the 2013 - 2015 Biennium. This report, which is from July 1, 2013 through January 31, 2015, shows revenue of \$2,030,864.81 and expenditures of \$1,944,300.29. The budget is performing as projected. Mr. Prisby reported that SB 5543 was having a hearing while this board meeting was occurring. The legislation was scheduled to add \$50,000.00 to the Board's current operating budget, in anticipation of additional costs that were projected months ago by the former Executive Director. All indications are that SB 5543 will be approved and signed by the governor.

Customer Service Survey

Mr. Prisby said that he included a chart which shows the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2014 – November 30, 2014. This was the latest report that was available. The results of the survey show that the OBD continues to receive positive comments from the majority of those that return the surveys. The booklet containing the written comments that are on the survey forms, which staff has reviewed, are available on the table for Board members to review.

Board and Staff Speaking Engagements

Teresa Haynes, Licensing and Exam Manager and Mr. Braatz made a License Application Presentation to the graduating Dental Hygiene Students at the ODS/Dental Hygiene Program in La Grande on Tuesday, January 13, 2015.

Mr. Braatz made a presentation to Advantage Dental in Redmond on January 29, 2015.

Mr. Braatz made a presentation to the Lane County Dental Society on January 30, 2015.

Ms. Haynes and Mr. Braatz made a License Application Presentation to the graduating Dental Hygiene Students at OIT in Klamath Falls on Monday, February 2, 2015.

Ms. Haynes made a License Application Presentation to the graduating Dental Hygiene Students at Chemeketa in Salem on Wednesday, February 18, 2015.

Mr. Harvey, Board Vice-President; Clair Clark- DAS Budget Analyst; Dr. Kleinstub and Mr. Prisby presented the OBD 2015-2017 Budget to the Joint Ways and Means Subcommittee on Education on February 19, 2015. Mr. Prisby included a copy of this presentation for review. Mr. Harvey added that the presentation was well received.

Dr. Kleinstub made a presentation to the Junior Dental Students at OHSU on Wednesday, February 25, 2015.

Mr. Prisby added that he and Dr. Kleinstub will represent the OBD at the ODC in early April at the scheduled presentations.

2015 Dental License Renewal

Approximately 1,827 post card notices were mailed to Oregon Licensed dentists for the March 31, 2015 Renewal Cycle. As of February 26th, 856 had renewed, and 966 had not. These numbers fall in line with past renewals, and generally there are about 200 that renew the final week of the period.

AADA & AADB Mid-Year Meeting

Mr. Prisby stated that he does not plan to attend the American Association of Dental Administrators (AADA) Meeting which will be held Sunday April 26, 2015 and the American Association of Dental Boards (AADB) Meeting to be held Sunday, April 26-27, 2015 in Chicago, IL. Senior Assistant Attorney General Lori Lindley will be attending the Board Attorneys' Roundtable Meeting that is held in conjunction with the AADB Meeting and Dr. Jonna Hongo and Yadira Martinez, R.D.H., E.P.P. who are the Dental and Dental Hygiene Liaisons, are already authorized to attend the AADB meeting.

Protocols

Mr. Prisby attached the current Board Protocols for handling discipline. In previous discussions, it was suggested that the Board either convene an Enforcement and Discipline Committee to review the protocols or the Board itself can make policy changes regarding discipline protocols.

Dr. Beck asked about these, and in particular regarding the level of discipline for those that renew their licenses late. Dr. Smith said that she believes the Enforcement and Discipline Committee could address this and other protocols in their next meeting. Dr. Beck moved and Dr. Smith seconded that the OBD send the standard protocols for general consent orders to be reviewed by the Enforcement and Discipline Committee. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

Legislative Update

Mr. Prisby stated that attached the Board would find several Oregon Legislative Bills that the OBD is tracking have been introduced. He wants the Board to be aware of the potential legislation that could impact the Board and our Licensees. Mr. Prisby reviewed some of the more significant bills currently in circulation. The legislative session and process involves thousands of new pieces of legislation, and any critical issues will be forwarded to the board through email between scheduled board meetings. A few of the bills were discussed as follows: HB 2972- Correspondence from Mitch Kruska, ODE- regarding Oral Screenings SB 301 - Dental Hygiene EPP services. Alec Shebiel shared that the ODHA was revising proposed language, and that all stakeholders would be updated. SB 662- Dental instructor requirements. OHSU has an interest in this legislation. OHSU's Dean of Dental School, Dr. Phillip Marucha met with Dr. Kleinstub, Lori Lindley, Teresa Haynes and Mr. Prisby on Feb. 24, 2015, to discuss this legislation and affirm OHSU's interest in having a good relationship with the Board. The Dean thought it would be beneficial to address the board. Mr. Prisby suggested the August Board Meeting would be a good time, with the legislative session over by then.

There was correspondence and proposed legislation regarding prescriptions and the utilization of the Prescription Drug Monitoring Program. OBD Investigator, Harvey Wayson reported about two recent meetings on this subject. The four boards in the program (medical, nursing, pharmacy and dentistry) do not want to make using it mandatory, but are supportive of more access of it, and its importance. The Board asked Mr. Wayson to respond to the information requested on behalf of the Board and agreed that the OBD does not want to make it mandatory. SB 673 – Dentists to administer immunizations. The ODA is very supportive of this.

HPSP REPORT

Mr. Prisby included the annual report on the Health Professionals' Services Program (HPSP) from Reliant Behavioral Health, LLC Health Professionals' Services Program (HPSP) Satisfaction Report.

Facebook Page and Blog

At the Special Board Meeting on February 17, 2015 the board directed staff to develop an OBD blog and work out the details for that, and keep the Facebook page in possession of the OBD, but unpublished.

CORRESPONDENCE No correspondence.

OTHER BUSINESS

Dr. Underhill moved and Dr. Beck seconded that the Board approve the Dental Assistant Restorative Curriculum for South Puget Sound Community College. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

Articles and News of Interest (no action necessary)

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

PERSONAL APPEARANCES AND COMPLIANCE ISSUES

Licensee appeared pursuant to their Consent Order in case number 2005-0003.

OPEN SESSION: The Board returned to Open Session.

11:15 a.m. Dr. Hongo joined the Meeting via teleconference.

DAS-HR Executive Recruiter, Enrique Sama joined the meeting to discuss the recruitment criteria and process for hiring the OBD's next Executive Director.

Dr. Hongo moved and Dr. Beck seconded that the Board include the OBD Staff, as members of the Steering and Interview Committees for purposes of hiring the permanent executive director. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith, Dr. Hongo and Dr. Underhill voting aye.

11:45 a.m. Dr. Hongo left the meeting.

Dr. Fine moved and Mr. Harvey seconded that the Board approve the Executive Director Job posting as presented by Enrique Sama with edits to the position reporting to the board, as discussed. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

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

LICENSING ISSUES

OPEN SESSION: The Board returned to Open Session.

CONSENT AGENDA

2015-0107, 2015-0113, 2015-0106, 2015-0136, 2015-0122, 2015-0109, 2015-0105, 2015-0144 and 2015-0132 Dr. Smith moved and Dr. Beck seconded that the above referenced cases be closed with No Violation of the Dental Practice Act or No Further Action per the staff recommendations. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

COMPLETED CASES

2013-0136, 2014-0118, 2014-0071, 2014-0039, 2014-0116, 2014-0083, 2014-0044, 2014-0075, 2015-0092, 2015-0071, 2015-0093, 2015-0062, 2014-0220, 2014-0100, 2013-0205, 2015-0082, 2014-0002, 2014-0074, and 2013-0116. Dr. Smith moved and Mr. Harvey seconded that the above referenced cases be closed with a finding of No Violation of the Dental Practice Act or No Further Action per the Board recommendations. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2015-0100

Mr. Harvey moved and Mr. Morris seconded that the Board close the matter with a Letter of Concern reminding the Licensee when hiring marketing firms or consultants to design promotional advertising, a thorough review of the applicable Board rules and statutes needs to be completed before distributing the final product and also reminding the Licensee that sterilization monitoring needs to be done on a weekly basis. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

CONTRERAS, SIXTO L, JR., D.M.D., 2014-0232

Dr. Beck moved and Mr. Morris seconded that the Board to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a completion of three hours of Board approved continuing education in the area of record keeping within six months of the effective date of the Order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2013-0072

Mr. Morris moved and Mr. Harvey seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that when nitrous oxide is administered, vital signs are taken and documented, the duration and amount of nitrous oxide administered are documented, and the patient's condition upon discharge is documented. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2014-0079

Ms. Martinez moved and Mr. Harvey seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when post treatment radiographs are taken following endodontic therapy, every effort is made to ensure that the radiographs include the periapical areas of the tooth that was treated. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

HADDAD, RANIA, D.D.S., 2014-0099

Dr. Fine moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, a \$1,000.00 civil penalty, a \$1,138.00 refund to patient NP, and completion of Board approved continuing education in removable prosthodontics within six months of the effective date of the Order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

HARPER, GERALD A., D.D.S., 2014-0035

Dr. Underhill moved and Dr. Smith seconded that the Board issue a Consent Order incorporating a reprimand, a \$1,000.00 civil penalty and the establishment of a \$50,000.00 trust fund to cover the future costs of rebuilding EA's maxilla arch and replacing the involved missing teeth. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

HARPER, GERALD A., D.D.S., 2015-0015

Dr. Underhill moved and Dr. Beck seconded that the Board issue a Notice of Proposed Disciplinary action. Offer Licensee an interim order whereby he agrees not to treat patients with an ASA of 2 or higher or treat hospital patients within 15 days from the date of issue and if not accepted to issue an emergency suspension of his license. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

HSU, RICHARD PAO-YUAN, D.M.D., 2012-0019

Mr. Harvey moved Dr. Beck seconded that the Board issue a Notice of Proposed Disciplinary action and issue an Order of Immediate Emergency License Suspension. This case is to be referred to the district attorney. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye. Dr. Schwindt recused himself.

2013-0127

Dr. Beck moved and Mr. Harvey seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that all treatment that is provided is accurately documented in the patient records and that appropriate re-treatment is provided when the need is evident. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

LEINASSAR, JEFFREY M., D.M.D., 2014-0043

Mr. Morris moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and complete at least three hours of Board approved continuing education in record keeping. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2014-0191

Ms. Martinez moved and Mr. Harvey seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern reminding the Licensee that it is the Licensee's responsibility to file all necessary documentation and pay the appropriate fees when renewing the Licensee's License to practice. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2014-0108

Dr. Fine moved and Dr. Smith seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that heat sterilizing devices are tested for proper function on a weekly basis with a biological monitoring system. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2015-0120

Mr. Underhill moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern reminding the Licensee that it is the Licensee's responsibility to assure all continuing education credits are taken and submitted to the Board in a timely manner. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2015-0078

Mr. Harvey moved and Dr. Fine seconded that the Board close the matter with a Letter of Concern reminding the Licensee that it is the Licensee's responsibility to ensure compliance with regulatory bodies seeking to perform their duties at facilities under the Licensee's control. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

SODERLUND, TERESA A., R.D.H., 2015-0050

Dr. Beck moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand. Licensee shall successfully complete 24 hours of continuing education within six months of the effective date of this Order, unless the Board grants an extension, and advises the Licensee in writing. This ordered continuing education is in addition to the continuing education required for the licensure period October 1, 2013 and September 30, 2015. As soon as possible after completion of a Board ordered course, Licensee shall submit documentation to the Board verifying completion of the course. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2015-0032

Mr. Morris moved Mr. Harvey and seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of insuring that when medical consults are sought on medically compromised patients, the consult includes information about medications that would be administered to the patient during the procedure. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

2013-0215

Ms. Martinez moved and Dr. Fine seconded that the Board close the matter with a Letter of Concern addressing the issues of ensuring that the name, strength, and quantity of all anesthetics administered are documented in the patient's record, complete diagnoses are documented in the patient's record, and testing of heat sterilizers is done on a weekly basis. The motion passed with

Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

PREVIOUS CASES REQUIRING BOARD ACTION

2014-0090

Dr. Fine moved and Dr. Underhill seconded that the Board deny Licensee's request and require that he remain in monitoring with the HPSP. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye. Dr. Beck recused himself.

PHAM, JOHN, D.D.S., 2014-0023

Dr. Underhill moved and Dr. Smith seconded that the Board move to offer Licensee a Consent Order incorporating a reprimand, a 14-hour course in nitrous oxide, prohibition against applying for a nitrous oxide permit for 18 months from July 22, 2014, completion of 25 cases of sedation under a mentor, prohibition against applying for a minimal sedation permit for three years, prohibition against applying for a moderate sedation permit for five years, completion of DPREP, adoption of DPREP recommendation into Oregon practice locations, no placement of implants or veneers until meeting the Washington Commission's requirements, and prohibition against modifying the Order for five years. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

LICENSURE AND EXAMINATION

Sheri K. Iverson-Long, R.D.H., Reinstatement

Dr. Underhill moved and Dr. Smith seconded to reinstate the License of Sherry K. Iverson-Long, R.D.H. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

David M. Lambert, D.D.S., General Anesthesia Permit Request

Dr. Beck moved and Mr. Harvey seconded that the Board grant Dr. David M. Lambert a General Anesthesia Permit after successful completion of ten General Anesthesia cases under the direct supervision of an Oregon licensed Board approved Oral and Maxillofacial Surgeon with a General Anesthesia Permit. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, and Dr. Underhill voting aye. Dr. Smith recused herself.

Ratification of Licenses Issued

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

Dental Hygiene

H6901	DEVON M PALMORE, R.D.H.	12/17/2014
H6902	SAMANTHA JO SHIPMAN, R.D.H.	12/26/2014
H6903	PHI JOHNNY TRAN, R.D.H.	12/26/2014
H6904	STEPHANIE NICOLE MARTINEZ, R.D.H.	12/30/2014
H6905	KIMBERLY SUE UPDEGRAFT, R.D.H.	1/9/2015

Draft 1

H6906	KAELA MARIE MORSS, R.D.H.	1/9/2015
H6907	MOLLIE ELIZABETH BRYANT, R.D.H.	1/22/2015
H6908	ALLISON J ARIAS, R.D.H.	1/28/2015
H6909	SMURF DARROW, R.D.H.	1/28/2015

Dentists

D10171	MACIEJ W DOLATA, D.D.S.	12/17/2014
D10172	EMILY CHRISTINE JONES, D.M.D.	12/17/2014
D10173	ARON D KIVEL, D.D.S.	12/17/2014
D10174	EUNSUN LEW, D.D.S.	12/17/2014
D10175	THAD LANGFORD, D.D.S.	12/17/2014
D10176	MIN SOO HAN, D.D.S.	12/17/2014
D10177	TYLER L CLARK, D.D.S.	1/9/2015
D10178	VANESSA N BROWNE, D.D.S.	1/9/2015
D10179	JOSHUA F TEH, D.D.S.	1/9/2015
D10180	WILSON D LEE, D.D.S.	1/20/2015
D10181	JOSHUA MICHAEL VAN DER BUNT, D.M.D.	1/22/2015
D10182	LESLEE SINGLETON HUGGINS, D.D.S.	1/22/2015
D10183	SUMEDHA SHARMA, D.M.D.	1/22/2015
D10184	ANNA THAO NGUYEN, D.M.D.	1/22/2015
D10185	CHRISTOPHER THOMAS BRADY, D.M.D.	1/22/2015
D10186	EMINE ZENGIN-DEMIR, D.M.D.	1/22/2015
D10187	JOSEPH VINCENT CALIFANO, D.D.S.	1/22/2015
D10188	MATTHEW C ALDRIDGE, D.M.D.	2/4/2015

ORAL AND MAXILLOFACIAL SPECIALTY

D10189	MICHAEL P. MALMQUIST, D.M.D.	2/4/2015
--------	------------------------------	----------

Dr. Smith moved and Dr. Fine seconded that licenses issued be ratified as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris, Dr. Smith and Dr. Underhill voting aye.

Head and Neck Request

Dr. Beck moved and Mr. Harvey seconded that the Board deny the request of the Head and Neck Institute and the Head and Neck Surgical Associates to be recognized as a dental study group or dental organization. The motion passed with Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Fine, Mr. Morris and Dr. Underhill voting aye. Dr. Smith recused herself.

Announcement

No announcements.

ADJOURNMENT

The meeting was adjourned at 2:20 p.m. Dr. Schwindt stated that the next Board meeting would take place April 17, 2015.

Approved by the Board on April 17, 2015.

Brandon Schwindt, D.M.D.
President

DRAFT

This Page

Left Blank

ASSOCIATION REPORTS

Nothing to report under this tab

COMMITTEE REPORTS

**Oregon Board of Dentistry
Committee and Liaison Assignments
May 2014 - April 2015**

STANDING COMMITTEES

Communications

Purpose: To enhance communications to all constituencies

Committee:

Todd Beck, D.M.D., Chair	Barry Taylor, D.M.D., ODA Rep.
Yadira Martinez, R.D.H., E.P.P.	Gail Aamondt, R.D.H., M.S., ODHA Rep.
Alton Harvey, Sr.	Linda Kihs, CDA, EFDA, MADAA, ODAA Rep.

Subcommittees:

- Newsletter – Todd Beck, D.M.D., Editor

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Yadira Martinez, R.D.H., E.P.P., Chair	David J. Dowsett, D.M.D., ODA Rep.
Amy Fine, D.M.D.	Kristen L. Simmons, R.D.H., B.S., ODHA Rep.
Alicia Riedman, R.D.H., E.P.P.	Mary Harrison, CDA, EFDA, EFODA, ODAA Rep.

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Julie Ann Smith, M.D., D.D.S., Chair
James Morris
Todd Beck, D.M.D.
Amy Fine, D.M.D.
Alicia Riedman, R.D.H., E.P.P.

Subcommittees:

Evaluators

- Julie Ann Smith, M.D., D.D.S., Senior Evaluator
- Todd Beck, D.M.D., Evaluator

Licensing, Standards and Competency

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

Committee:

Jonna Hongo, D.M.D., Chair	Daren L. Goin, D.M.D., ODA Rep.
Gary Underhill, D.M.D.	Lisa J. Rowley, R.D.H., M.S., ODHA Rep.
Yadira Martinez, R.D.H., E.P.P.	Mary Harrison, CDA, EFDA, EFODA, ODAA Rep.

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Todd Beck, D.M.D., Chair	Jill M. Price, D.M.D., ODA Rep.
Alton Harvey, Sr.	Lynn Ironside, R.D.H., ODHA Rep.
Yadira Martinez, R.D.H., E.P.P.	Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.

LIAISONS

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

American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Stephen Prisby, Interim Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Jonna Hongo, D.M.D.
- Hygiene Liaison – Yadira Martinez, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Jonna Hongo, D.M.D.
- Dental Exam Committee – Jonna Hongo, D.M.D.

Commission on Dental Competency Steering Committee (CDCA)

- Julie Ann Smith, D.D.S, M.D.
- Yadira Martinez, R.D.H., E.P.P.

Oregon Dental Association – Brandon Schwindt, D.M.D.

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

Oregon Dental Assistants Association – Brandon Schwindt, D.M.D.

Western Regional Exam Board (WREB)

- Dental Exam Review Committee – Jonna Hongo, D.M.D
- Hygiene Exam Review Committee – Yadira Martinez, R.D.H., E.P.P.

OTHER

Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director.

Committee:

Brandon Schwindt, D.M.D, Chair
Yadira Martinez, R.D.H., E.P.P.
Alton Harvey, Sr.

Subcommittee:

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

- Brandon Schwindt, D.M.D.
- Alton Harvey, Sr.
- Jonna Hongo, D.M.D.

Anesthesia

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

Committee:

Julie Ann Smith, D.D.S, M.D., Chair
Brandon Schwindt, D.M.D.
Rodney Nichols, D.M.D.
Daniel Rawley, D.D.S.
Mark Mutschler, D.D.S.
Jay Wylam, D.M.D.
Normund Auzins, D.M.D.
Eric Downey, D.D.S.
Ryan Allred, D.M.D.

*Not Selected by the OBD

**Rules Oversight Committee Meeting
Minutes
January 22, 2015**

MEMBERS PRESENT: Committee Members:
 Todd Beck, D.M.D., Chair
 Yadira Martinez, R.D.H.
 Alton Harvey, Sr.
 Jill Price, D.M.D., ODA Representative
 Lynn Ironside, R.D.H., ODHA Representative

STAFF PRESENT: Patrick D. Braatz, Executive Director
 Teresa Haynes, Licensing and Exam Manager
 Stephen Prisby, Office Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Jonna Hongo, D.M.D., Board Member; Julie Ann Smith, M.D.,
 D.D.S., Board Member; Heidi Jo Grubbs, R.D.H.; R. Owen
 Combe, D.M.D.; T. Lant Haymore, D.M.D.; Christina Schwartz,
 ODA; Vickie Woodward, R.D.H., ODHA

Call to Order: The meeting was called to order by the Chair at 7:30 p.m. at the Board office; 1500 SW 1th Ave., 7th Floor, Conference Room, Portland, Oregon.

MINUTES

Ms. Ironside moved and Mr. Harvey seconded that the minutes of the April 24, 2014 Committee meeting be approved as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

OAR 818-012-0030 Unprofessional Conduct

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-012-0030 to a public rulemaking hearing as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

818-012-0030

Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), a licensee engages in unprofessional conduct if the licensee does or permits any person to:

- (1) Attempt to obtain a fee by fraud or misrepresentation.
- (2) Obtaining a fee by fraud or misrepresentation.
 - (a) A licensee obtains a fee by fraud if the licensee obtains a fee by knowingly making or permitting any person to make a material, false statement intending that a recipient who is unaware of the truth rely upon the statement.

- (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
- (c) Giving cash discounts and not disclosing them to third party payors is not fraud or misrepresentation.
- (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
- (4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
- (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
- (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
- (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
- (8) Misrepresent any facts to a patient concerning treatment or fees.
- (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
- (A) Legible copies of records; and
- (B) Duplicates of study models and radiographs, photographs or legible copies thereof if the radiographs, photographs or study models have been paid for.
- (b) The dentist may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The dentist may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating x-rays may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.
- (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
- (11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
- (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
- (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
- (14) Violate any Federal or State law regarding controlled substances.
- (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances.
- (16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
- (17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or

otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.

(18) Fail to maintain at a minimum a current [BLS](#) Health Care Provider ~~Basic Life Support (BLS)~~ /Cardio Pulmonary Resuscitation (CPR) training or its equivalent. (Effective January 1, 2015)

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6) & 680.100

Hist.: DE 6, f. 8-9-63, ef. 9-11-63; DE 14, f. 1-20-72, ef. 2-10-72; DE 5-1980, f. & ef. 12-26-80; DE 2-1982, f. & ef. 3-19-82; DE 5-1982, f. & ef. 5-26-82; DE 9-1984, f. & ef. 5-17-84;

Renumbered from 818-010-0080; DE 3-1986, f. & ef. 3-31-86; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-011-0020; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 2-1997, f. & cert. ef. 2-20-97; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2007, f. & cert. ef. 3-1-07; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-026-0010 Definitions

Ms. Ironside moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0010 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

818-026-0010

Definitions

As used in these rules:

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

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

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

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

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by ~~non-intravenous pharmacological methods~~, [an enteral drug](#), that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single ~~non-intravenous pharmacological method~~ [enteral drug](#) is no more than

January 22, 2015

Rules Oversight Committee Meeting

Page 3 of 26

the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single **non-intravenous pharmacological method enteral drug** in minimal sedation.

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

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

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

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

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

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

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

OAR 818-026-0030 Requirements for Anesthesia Permits, Standards and Qualification of an Anesthesia Monitor.

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-012-0030 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

818-026-0030

Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

January 22, 2015

Rules Oversight Committee Meeting

Page 4 of 26

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

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

~~(5) A licensee holding an anesthesia permit shall at all times hold a current Health Care Provider BLS/CPR level certificate or its equivalent, or a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated.~~

(5) A licensee holding a nitrous or minimal sedation permit, shall at all times hold a current BLS for Health Care Providers certificate or its equivalent. A licensee holding an anesthesia permit for moderate sedation or deeper levels of sedation, at all times maintains a current BLS for Health Care Providers certificate, or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate and/or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee sedates only patients under the age of 12, only PALS is required. If a licensee sedates only patients 12 and older, only ACLS is required. If a licensee sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(a) Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) do not serve as a substitute for BLS Health Care Provider Basic Life Support.

(6) When a dentist utilizes a single dose oral agent to achieve anxiolysis only, no anesthesia permit is required.

(7) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

(8) Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

OAR 818-026-0040 Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permits

Dr. Price moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0040 to a public rulemaking hearing as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

818-026-0040

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

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

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

(b) Holds a valid and current Health Care Provider BLS/CPR level certificate, or its equivalent; and

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

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

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

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

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

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

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

- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and
- (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.
- (3) Before inducing nitrous oxide sedation, a permit holder shall:
- (a) Evaluate the patient;
 - (b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
 - (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
 - (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.**
- ~~(4)~~ **(5)** A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
- ~~(5)~~ **(6)** The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.
- ~~(6)~~ **(7)** The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
- ~~(7)~~ **(8)** The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
- (a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
 - (b) The patient can talk and respond coherently to verbal questioning;
 - (c) The patient can sit up unaided or without assistance;
 - (d) The patient can ambulate with minimal assistance; and
 - (e) The patient does not have nausea, vomiting or dizziness.
- ~~(8)~~ **(9)** The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.
- ~~(9)~~ **(10)** Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of having a current Health Care Provider BLS/CPR level certificate, or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current Health Care Provider BLS/CPR level certification, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

OAR 818-026-0050 Minimal Sedation Permit

January 22, 2015

Rules Oversight Committee Meeting

Page 7 of 26

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0050 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Mr. Harvey, Dr. Price and Ms. Ironside voting aye.

818-026-0050

Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

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

(a) Is a licensed dentist in Oregon;

(b) ~~Maintains Holds~~ a valid and current ~~Health Care Provider~~ BLS/~~CPR level~~ for Health Care Provider certificate, or its equivalent; and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

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

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

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

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

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

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

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

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

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

(3) Before inducing minimal sedation, a dentist who induces minimal sedation shall:

(a) Evaluate the patient;

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

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

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

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant.

(a) After training, a dental assistant, when directed by a dentist, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist under the direct supervision of a dentist.

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

(7) The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be ~~taken~~ monitored and documented if they can reasonably be obtained. The dentist and/or appropriately trained individual must observe chest excursions continually. The dentist and/or appropriately trained individual must verify respirations continually. Blood pressure and heart rate should be evaluated pre-operatively, postoperatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring). If the information cannot be obtained, the reasons shall be documented in the patient's record. The record must also include documentation of all medications administered with dosages, time intervals and route of administration.

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

(g) A dentist shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of having a current ~~Health Care Provider~~ BLS/CPR-level Health Care Provider certificate, or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ~~Health Care Provider~~ BLS/CPR-level Health Care Provider certification, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

(10) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of an enteral minimal sedative agent would put the patient into a level of sedation deeper than minimal sedation. If the practitioner determines it is possible that providing enteral sedation to such a patient would result in moderate sedation, a moderate sedation permit would be required.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-026-0060 Moderate Sedation Permit

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0060 to a public rulemaking hearing as amended.

The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS Health Care Provider certification, or its equivalent ~~E~~ either holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, both ACLS and PALS may be required, depending upon the patient population. ~~or s~~ Successfully completes ion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

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

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

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

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

January 22, 2015

Rules Oversight Committee Meeting

Page 10 of 26

- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
 - (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
 - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
 - (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
 - (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and
 - (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
- (4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a **Health Care Provider BLS/CPR certificate or its equivalent** for Health Care Provider, or its equivalent shall be present in the operatory, in addition to the dentist performing the dental procedures.
- (5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;
 - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
 - (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- (6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.
- (7) The patient shall be monitored as follows:
- (a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored **and shall not be left alone while under sedation;**
 - (b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.
- (8) A dentist shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.
- (9) The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
- (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
 - (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
 - (c) The patient can talk and respond coherently to verbal questioning;

- (d) The patient can sit up unaided;
 - (e) The patient can ambulate with minimal assistance; and
 - (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
- (10) A discharge entry shall be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (11) After adequate training, an assistant, when directed by a dentist, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.
- (12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of having current [BLS for Health Care Providers certification, or its equivalent and ACLS and/or PALS certification or may substitute for ACLS, but not PALS](#), current certification of successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-026-0065 Deep Sedation

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0065 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-026-0065

Deep Sedation

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

- (1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:
- (a) Is a licensed dentist in Oregon; and
 - (b) [In addition to a current BLS Health Care Provider certification or its equivalent](#) **H** holds a current Advanced Cardiac Life Support (ACLS) [and/or Pediatric Advanced Life Support \(PALS\) certificate, whichever is appropriate for the patient being sedated.](#)
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

January 22, 2015

Rules Oversight Committee Meeting

Page 12 of 26

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
 - (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
 - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
 - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
 - (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
 - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
 - (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
 - (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
 - (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
- (4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a Health Care Provider BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition to the dentist performing the dental procedures.
- (5) Before inducing deep sedation, a dentist who induces deep sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;
 - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
 - (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- (6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.
- (7) The patient shall be monitored as follows:
- (a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;
 - (b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

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

(8) A dentist shall not release a patient who has undergone deep sedation except to the care of a responsible third party.

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(11) After adequate training, an assistant, when directed by a dentist, may administer oral sedative agents calculated by a dentist or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of having current [BLS for Health Care Providers certification or its equivalent and](#) ACLS [and/or](#) PALS certification and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060. [Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist. : OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-026-0070 General Anesthesia Permit

Ms. Ironside moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0070 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-026-0070

General Anesthesia Permit

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

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

(a) Is a licensed dentist in Oregon;

(b) [In addition to a current BLS Health Care Provider certification or its equivalent](#) **H** holds a current Advanced Cardiac Life Support (ACLS) [and/or](#) Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated and

(c) Satisfies one of the following criteria:

January 22, 2015

Rules Oversight Committee Meeting

Page 14 of 26

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

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

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

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

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

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

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

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

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

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

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

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

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a ~~Health-Care-Provider BLS/CPR certificate or its equivalent~~ Health Care Provider certification, or its equivalent shall be present in the operatory in addition to the dentist performing the dental procedures.

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

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

- (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
- (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- (6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.
- (7) The patient shall be monitored as follows:
 - (a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;
 - (b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
 - (c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.
- (8) A dentist shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party.
- (9) The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
 - (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
 - (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
 - (c) The patient can talk and respond coherently to verbal questioning;
 - (d) The patient can sit up unaided;
 - (e) The patient can ambulate with minimal assistance; and
 - (f) The patient does not have nausea or vomiting and has minimal dizziness.
- (10) A discharge entry shall be made in the patient's record by the dentist indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (11) After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist.
- (12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of having [a current BLS Health Care Provider Certification or its equivalent and ACLS and/or PALS certification](#) and complete 14 hours of continuing education in one or more of the following areas every two years: deep sedation and/or general anesthesia, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, pharmacology of drugs and agents used in anesthesia. Training taken to maintain current ACLS or PALS certification may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99;

Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-

January 22, 2015

Rules Oversight Committee Meeting

Page 16 of 26

00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia.

Mr. Harvey moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0080 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

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

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

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

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

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

(6) During the administration of moderate sedation, deep sedation or general anesthesia, and at all times while the patient is under moderate sedation, deep sedation or general anesthesia, three people shall be present in the operatory, the physician anesthesiologist, another dentist holding an anesthesia permit, or a CRNA; one other person holding a BLS Health Care Provider certification, or its equivalent; and the dentist, dental hygienist or EFDA performing the procedures.

~~(4)~~ **(7)** The qualified anesthesia provider who induces anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. The anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

~~(5)~~ **(8)** A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & (10)

January 22, 2015

Rules Oversight Committee Meeting

Page 17 of 26

OAR 818-026-0110 Office Evaluations

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0110 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-026-0110

Office Evaluations

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an Oregon licensed dental hygienist or another dentist to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation ~~shall~~ may include, but is not be limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold current Health Care Provider Basic Life Support level certification, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated,

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

OAR 818-042-0040 Prohibited Acts

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-043-0040 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-042-0040

Prohibited Acts

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

(1) Diagnose or plan treatment.

January 22, 2015

Rules Oversight Committee Meeting

Page 18 of 26

- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (818-042-0070 and 818-042-0090) or Expanded Orthodontic Function duty (818-042-0100) 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 **or dispense** any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0030(6), OAR 818-026-0050(5)(a) OAR 818-026-0060(11), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 and 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.
- (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 prosthetic or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of cord subgingivally. **except as provided by in OAR 818-042-0090.**
- (19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.
- (20) Apply denture relines except as provided in OAR 818-042-0090(2).
- (21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 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.
- (22) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (23) Perform periodontal probing.
- (24) Place or remove healing caps or healing abutments, except under direct supervision.
- (25) Place implant impression copings, except under direct supervision.
- (26) Any act in violation of Board statute or rules.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

OAR 818-042-0050 Taking of X-Rays – Exposing of Radiographs

Mr. Harvey moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0050 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

January 22, 2015

Rules Oversight Committee Meeting

Page 19 of 26

818-042-0050

Taking of X-Rays — Exposing of Radiographs

1) A dentist may authorize the following persons to place films, adjust equipment preparatory to exposing films, and expose the films under general supervision:

- (a) A dental assistant certified by the Board in radiologic proficiency; or
- (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course and submitted a satisfactory full mouth series of radiographs to the OBD.

(2) A dentist or [dental hygienist](#) may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films, adjust equipment preparatory to exposing films, and expose the films under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must successfully complete the clinical examination within six months of the dentist authorizing the assistant to take radiographs.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

OAR 818-042-0070 Expanded Function Dental Assistants (EFDA)

Dr. Price moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0050 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-042-0070

Expanded Function Dental Assistants (EFDA)

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

- (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis. ~~to remove stains if a licensed dentist or dental hygienist has determined the teeth are free of calculus;~~
- (2) Remove temporary crowns for final cementation and clean teeth for final cementation;
- (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;
- (4) Place temporary restorative material (i.e., zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;
- (5) Place and remove matrix retainers for alloy and composite restorations;
- (6) Polish amalgam or composite surfaces with a slow speed handpiece;
- (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
- (8) Fabricate temporary crowns, and temporarily cement the temporary crown. The cemented crown must be examined and approved by the dentist prior to the patient being released;
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary

cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
(10) Perform all aspects of teeth whitening procedures.
Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.020, 679.025 & 679.250

OAR 818-042-0090 Additional Functions of EFDAs.

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0090 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

**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 dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist 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 dentist or dental hygienist.
- (2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (3) Place cord subgingivally.**

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Continuing Education Rules referenced in OAR 818-021-0060 and OAR 818-021-0070. Ms. Ironside moved and Ms. Martinez seconded the Board move to send to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

**818-021-0060
Continuing Education — Dentists**

- (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
- (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
- (3) Continuing education includes:
 - (a) Attendance at lectures, study **clubs groups**, college post-graduate courses, or scientific sessions at conventions.

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

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.

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

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

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

(6) At least 2 hours of continuing education must be related to infection control. (Effective January 1, 2015.)

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(9)

Hist.: DE 3-1987, f. & ef. 10-15-87; DE 4-1987(Temp), f. & ef. 11-25-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0072; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; OBD 9-2000, f. & cert. ef. 7-28-00; OBD 16-2001, f. 12-7-01, cert. ef. 4-1-02; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

818-021-0070

Continuing Education — Dental Hygienists

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

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

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

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination.

January 22, 2015

Rules Oversight Committee Meeting

Page 22 of 26

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

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

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(9) for renewal of the Nitrous Oxide Permit.

(6) At least 2 hours of continuing education must be related to infection control. (Effective January 1, 2015.)

Stat. Auth.: ORS 679

Stats. Implemented: ORS 279.250(9)

Hist.: DE 3-1987, f. & ef. 10-15-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0073; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; OBD 9-2000, f. & cert. ef. 7-28-00; OBD 2-2002, f. 7-31-02, cert. ef. 10-1-02; OBD 2-2004, f. 7-12-04, cert. ef. 7-15-04; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-001-0002 - Definitions

Ms. Ironside moved and Ms. Martinez seconded the Board move to send to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-001-0002

Definitions

As used in OAR Chapter 818:

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

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

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

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

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

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

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

(8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation,

January 22, 2015

Rules Oversight Committee Meeting

Page 23 of 26

the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.

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

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

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

(11) "Specialty." Specialty areas of dentistry are as defined by the American Dental Association, Council on Dental Education. The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.

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

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

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

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

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

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

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

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

(i) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

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

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

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

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.010 & 680.010

Hist.: DE 11-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-001-0001; DE 3-1997, f. & cert. ef. 8-27-97; OBD 7-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert., ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

OAR 818-035-0025 Prohibitions and OAR 818-035-0030

Ms. Ironside moved and Mr. Harvey seconded the Board move to send to public rulemaking hearing as either a Temporary Rule or Permanent Rule as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-035-0025

Prohibitions

A dental hygienist may not:

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

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020(1)

January 22, 2015

Rules Oversight Committee Meeting

Page 25 of 26

Hist.: DE 2-1992, f. & cert. ef. 6-24-92; DE 2-1997, f. & cert. ef. 2-20-97; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

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) Prescribe, Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
 - (f) 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.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.025(2)(j)

Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

Meeting adjourned at 9:25 p.m.

**Communications Committee Meeting
Minutes
January 26, 2015**

MEMBERS PRESENT: Todd Beck, D.M.D., Chair
Yadira Martinez, R.D.H.
Alton Harvey, Sr.
Barry Taylor, D.M.D., ODA Representative
Gail Aamodt, R.D.H., ODHA Representative

STAFF PRESENT: Patrick D. Braatz, Executive Director
Stephen Prisby, Office Manager
Teresa Haynes, Examination and Licensing Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Christina Schwartz, ODA

BOARD PRESENT: Julie Ann Smith, M.D., D.D.S.; Brandon Schwindt, D.M.D.

Call to Order: The meeting was called to order by the Chair at 7:00 p.m. at the Board office; 1500 SW 1st Ave., 7th Floor Conference Room, Portland, Oregon.

MINUTES

Dr. Beck reviewed the March 10, 2014 Communications Committee minutes and asked if there were any changes. Being none the Committee approved the minutes as published.

OREGON BOARD OF DENTISTRY'S FACEBOOK PAGE

Dr. Taylor moved and Mr. Harvey seconded that the Communications Committee recommend to the Board to direct Staff to see if it is possible to remove the interactive features so that no one can comment, or "Like" on the Board's Facebook page, and to direct Dr. Schwindt to work with Stephen and the Board's IT person to see about adding a "Blog" to our website that would allow licensees to share the link but not to comment. The motion passed with Ms. Martinez, Mr. Harvey, Dr. Taylor and Dr. Aamodt voting aye.

Meeting Adjourned at 7:40 p.m.

**Rules Oversight Committee Meeting
Minutes
March 26, 2015**

MEMBERS PRESENT: Todd Beck, D.M.D., Chair
Alton Harvey, Sr. – Via telephone
Yadira Martinez, R.D.H.
Lynn Ironside, R.D.H., OHDA Representative

STAFF PRESENT: Stephen Prisby, Interim Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Teresa Haynes, Exam and Licensing Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Julie Ann Smith, , M.D., D.D.S., Board Member, Brandon Schwindt,
D.M.D., Board Member; R. Owen Combe, D.M.D.; T. Lant Haymore,
D.M.D.; Ryan Allred, D.M.D.; Bruce Burton, D.M.D., ODA,; Eric
Downey, D.D.S.

Call to Order: The meeting was called to order by the Chair at 6:20 p.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES

Ms. Ironside moved and Ms. Martinez seconded that the minutes of the January 22, 2015 Rules Oversight Committee meeting be approved as presented. The motion passed with Dr. Beck, Ms. Martinez, Mr. Harvey and Ms. Ironside voting aye.

OAR 818-026-0010 Definitions

Dr. Beck moved and Ms. Ironside seconded that the Rules Oversight Committee amend its previous recommendation (Rules Oversight Committee Meeting January 22, 2015) and recommend that the Board send OAR 818-026-0010 to a public rulemaking hearing as amended. The motion passed with Dr. Beck, Ms. Martinez, Mr. Harvey and Ms. Ironside voting aye.

**818-026-0010
Definitions**

As used in these rules:

- (1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.
- (2) "Anxiolysis" means the diminution or elimination of anxiety.
- (3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and

positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

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

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

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

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

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

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

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

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

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

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-

March 26, 2015

Rules Oversight Committee Meeting

Page 2 of 6

2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

OAR 818-026-0060 – Moderate Sedation Permit

Dr. Beck moved and Ms. Ironside seconded that the Rules Oversight Committee amend its previous recommendation (Rules Oversight Committee Meeting January 22, 2015) and recommend to the Board to send OAR 818-026-0060(7)(A) to a public rulemaking hearing as amended. The motion passed with Dr. Beck, Ms. Martinez, Mr. Harvey and Ms. Ironside voting aye.

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS Health Care Provider certification, or its equivalent ~~E~~ either holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, both ACLS and PALS may be required, depending upon the patient population. ~~ors~~ Successfully completes ion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

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

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

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

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

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

- (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
 - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
 - (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
 - (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and
 - (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
- (4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a **Health-Care Provider BLS/CPR certificate or its equivalent for Health Care Provider, or its equivalent** shall be present in the operatory, in addition to the dentist performing the dental procedures.
- (5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;
 - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
 - (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- (6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.
- (7) The patient shall be monitored as follows:
- (a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2 monitors. **Patients with cardio vascular disease shall have continuous ECG monitoring.** The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored **and shall not be left alone while under sedation;**
 - (b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.
- (8) A dentist shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.
- (9) The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
- (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
 - (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
 - (c) The patient can talk and respond coherently to verbal questioning;

- (d) The patient can sit up unaided;
 - (e) The patient can ambulate with minimal assistance; and
 - (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
- (10) A discharge entry shall be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (11) After adequate training, an assistant, when directed by a dentist, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.
- (12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of having current [BLS for Health Care Providers certification, or its equivalent and ACLS and/or PALS certification or may substitute for ACLS, but not PALS](#), current certification of successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

Ms. Martinez moved and Ms. Ironside seconded that the Rules Oversight Committee amend its previous recommendation (Rules Oversight Committee Meeting January 22, 2015) and recommend to the Board to send OAR 818-026-0080 to a public rulemaking hearing as amended. The motion passed with Dr. Beck, Ms. Martinez, Mr. Harvey and Ms. Ironside voting aye.

818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

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

March 26, 2015

Rules Oversight Committee Meeting

Page 5 of 6

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

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

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

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

~~(4)~~ **(6)** The qualified anesthesia provider who induces anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. The anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

~~(5)~~ **(7)** A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & (10)

The meeting adjourned at 7:05 p.m.

**Anesthesia Committee Meeting
Minutes
April 2, 2015**

MEMBERS PRESENT: Julie Ann Smith, M.D., D.D.S., Chair
Brandon Schwindt, D.M.D.
Rod Nichols, D.M.D. via Telephone
Daniel Rawley, D.M.D.
Mark Mutschler, D.D.S.
Ryan Allred, D.D.S.
Normund Auzins, D.M.D.
Eric Downey, D.M.D.

STAFF PRESENT: Stephen Prisby, Interim Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Teresa Haynes, Exam and Licensing Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Todd Beck, D.M.D., Board Member; Yadira Martinez, R.D.H.,
E.P.P., Board Member; Alton Harvey, Sr., Board Member; T. Lant
Haymore, D.M.D., Les Sturgis, CRNA; R. Owen Combe, D.M.D.;
Bruce Burton, D.M.D.; Gary Nelson, D.D.S., O.H.S.U.; Jerry
Slaughter, Advantage Dental

Call to Order: The meeting was called to order by the Chair at 7:05 p.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES

Dr. Schwindt moved and Dr. Auzins seconded that the minutes of the Anesthesia Committee meeting be approved as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

The Committee reviewed and discussed the minutes from the January 22, 2015 and March 26, 2015 Rules Oversight Committee.

CORRESPONDENCE

The Committee reviewed and discussed correspondence received from Dr. Normund Auzins.

OAR 818-026-0010 DEFINITIONS

Dr. Schwindt moved and Dr. Downey seconded that the Committee recommend 818-026-0010 to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye, and Dr. Nichols voting nay.

818-026-0010 Definitions

As used in these rules:

- (1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.
- (2) "Anxiolysis" means the diminution or elimination of anxiety.
- (3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- (4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous pharmacological methods, ~~an enteral drug~~, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous pharmacological method ~~enteral drug~~ is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous pharmacological method ~~enteral drug~~ in minimal sedation.
- (7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.
- (8) "Maximum recommended dose" (MRD) means ~~maximum Food and Drug Administration-recommended dose of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored dose~~ maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored home use.
- (9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).
- (10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
- (11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

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

818-026-0020(2)(f) Presumption of Degree of Central Nervous System Depression

Dr. Schwindt moved and Dr. Downey seconded that the Committee recommend 818-026-0020(2)(f) to the Rules Oversight Committee as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

818-026-0020

Presumption of Degree of Central Nervous System Depression

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:

- (a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;
- (b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;
- (c) Neuroleptic agents;
- (d) Dissociative agents — ketamine;
- (e) Etomidate; **and**
- (f) Rapidly acting steroid preparations; and**
- (f) (f) Volatile inhalational agents.**

818-026-0060(8)(a) – Moderate Sedation Permit

Dr. Schwindt moved and Dr. Mutschler seconded that the Committee recommend 818-026-0060(8)(a) to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) **In addition to a current BLS Health Care Provider certification or its equivalent, E** either holds a current Advanced Cardiac Life Support (ACLS) **and/or** Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated. **or S** **Successfully completes ion of** the American Dental Association’s course “Recognition and Management of Complications during Minimal and Moderate Sedation” at least every two years **may be substituted for ACLS, but not for PALS;** and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

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

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

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

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

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

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

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

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

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

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

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

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a **Health-Care Provider BLS/CPR—certificate or its equivalent** [Health Care Provider certification or its equivalent](#), shall be present in the operatory, in addition to the dentist performing the dental procedures.

(5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:

- (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;
- (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
- (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- (6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.
- (7) The patient shall be monitored as follows:
- (a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO₂ monitors. **Patients with cardio vascular disease shall have continuous ECG monitoring.** The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored **and shall not be left alone while under sedation;**
- (b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.
- (8) A dentist shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.
- (a) When a reversal agent is administered, the doctor shall document justification for its use and how the recovery plan was altered.**
- (9) The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
- (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
- (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
- (c) The patient can talk and respond coherently to verbal questioning;
- (d) The patient can sit up unaided;
- (e) The patient can ambulate with minimal assistance; and
- (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
- (10) A discharge entry shall be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (11) After adequate training, an assistant, when directed by a dentist, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.
- (12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of having current **BLS for Health Care Providers certification or its equivalent and ACLS and/or PALS certification** or current certification of successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and

Management of Complications during Minimal and Moderate Sedation” may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

818-026-0065(8)(a) – DEEP SEDATION

Dr. Schwindt moved and Dr. Auzins seconded that the Committee recommend 818-026-0065(8)(a) to the Rules Oversight Committee as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

818-026-0065

Deep Sedation

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

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

(a) Is a licensed dentist in Oregon; and

(b) [In addition to a current BLS Health Care Provider certification or its equivalent](#) **H** holds a current Advanced Cardiac Life Support (ACLS) [and/or](#) Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

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

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

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

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

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

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

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

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

The recovery area can be the operating room;

April 2, 2015

Anesthesia Committee Meeting

Page 6 of 11

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

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

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

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a Health Care Provider BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition to the dentist performing the dental procedures.

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

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

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

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

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

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

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

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

(8) A dentist shall not release a patient who has undergone deep sedation except to the care of a responsible third party.

(a) When a reversal agent is administered, the doctor shall document justification for its use and how the recovery plan was altered.

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(11) After adequate training, an assistant, when directed by a dentist, may administer oral sedative agents calculated by a dentist or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of having current [BLS for Health Care Providers certification or its equivalent and](#) ACLS [and](#)/or PALS certification and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060. [Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist. : OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

818-026-0070(8)(a) & 818-026-0070(12) – General Anesthesia Permit

Dr. Auzins moved and Dr. Allred seconded that the Committee recommend 818-026-0070(8)(a) to the Rules Oversight Committee as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

818-026-0070

General Anesthesia Permit

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

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

(a) Is a licensed dentist in Oregon;

(b) [In addition to a current BLS Health Care Provider certification or its equivalent, H](#) holds a current Advanced Cardiac Life Support (ACLS) [and](#)/or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

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

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

- (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
 - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
 - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
 - (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
 - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
 - (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
 - (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
 - (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.
- (3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.
- (4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a ~~Health Care Provider BLS/CPR certificate or its equivalent~~ Health Care Provider certification or its equivalent, shall be present in the operatory in addition to the dentist performing the dental procedures.
- (5) Before inducing deep sedation or general anesthesia the dentist who induces deep sedation or general anesthesia shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;
 - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
 - (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- (6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.
- (7) The patient shall be monitored as follows:
- (a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The

person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

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

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

(8) A dentist shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party.

(a) When a reversal agent is administered, the doctor shall document justification for its use and how the recovery plan was altered.

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(11) After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of having current **BLS Health Care Provider certification or its equivalent and ACLS and/or PALS certification** and complete 14 hours of continuing education in one or more of the following areas every two years: deep sedation and/or general anesthesia, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, pharmacology of drugs and agents used in anesthesia. Training taken to maintain current ACLS or PALS certification may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99;

Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

Dr. Smith stated that at the next meeting there would be discussion on the email submitted by Dr. Combe (sent to the OBD on March 30) and also how many individuals are needed to be in the operatory when a patient is under sedation. Dr. Smith also stated that if anyone else has any items they would like to discuss at the next Anesthesia Committee Meeting to send that information to Mr. Prisby.

April 2, 2015

Anesthesia Committee Meeting

Page 10 of 11

The meeting adjourned at 8:40 p.m.

DRAFT

**EXECUTIVE
DIRECTORS
REPORT**

EXECUTIVE DIRECTOR'S REPORT

April 17, 2015

OBD Budget Status Report

Attached is the latest budget report for the 2013 - 2015 Biennium. This report, which is from July 1, 2013 through February 28, 2015, shows revenue of \$2,265,353.53 and expenditures of \$2,041,783.20. The Budget is performing as expected. If Board members have questions on this budget report format, please feel free to ask me. **Attachment #1 NO ACTION IS REQUIRED**

SB 5543 was signed by the Governor on March 30th. This reallocated \$50,000.00 to our current budget, to provide funding through June 30th. HB 5014, the OBD's 2015-17 Biennium Budget Bill has not been signed yet.

Customer Service Survey

Attached is a chart which shows the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2014 – Feb 28, 2015.

The results of the survey show that the OBD continues to receive positive comments from the majority of those that return the surveys. The booklet containing the written comments that are on the survey forms, which staff has reviewed, are available on the table for Board members to review. **Attachment #2 NO ACTION IS REQUIRED**

Proposal For Survey

Attached is a proposal to transition to an online survey from the current paper OBD State Legislatively Mandated Customer Service Survey.

Attachment #3

Board and Staff Speaking Engagements

Dr. Paul Kleinstub, Dental Director/Chief Investigator and Mr. Prisby made presentations at the ODC on April 8 & 9, 2015.

2015 Dental License Renewal

The dental license renewal period ended March 31. Teresa Haynes, Exam and Licensing Manager did an outstanding job managing this and working hard to help our licensees complete the process. She sent out postcards, email blasts and also called licensees directly. As of March 31st only 32 dentists with an Oregon address did not renew, and 62 with an out of state address did not, this is a little lower than renewal periods in the past.

Legislative Update

Attached please find a list of the Oregon Legislative Bills that the OBD is currently tracking that will have a direct impact on the Board or impact on the Board as a state agency.

Attachment #4

Board Member Appointments & Staff Update

On March 26, 2015 the Oregon Senate confirmed the governor's appointment of Alicia Riedman, RDH to the open Dental Hygiene seat on the Board for a term starting April 1, 2015 to expire on March 31, 2017. Ms. Riedman attended her new Board member orientation at the OBD on March 27th. The Office Specialist position should be filled, and hopefully she will be introduced at the Board meeting. The recruitment for the next Executive Director for the OBD continues. Everything is on schedule for the Board's Steering Committee to meet May 21st, the Interview Committee to meet on June 6th and the final interviews on June 26th.

CAFR Gold Star Report

The State Controller's Office has issued the OBD a FY 2014 Gold Star Certificate signifying that the OBD has provided accurate and complete fiscal year end information in a timely manner. **Attachment #5 NO ACTON IS REQUIRED**

Affirmative Action Report

Attached the Board would find the most current Affirmative Action Report which has been accepted and approved by the Governor's Affirmative Action Office. **Attachment #6 NO ACTON IS REQUIRED**

Meeting dates for 2016

Attached is a draft of the proposed meeting dates for 2014. The Board needs to adopt the dates. **Attachment #7**

Governor's State Employees Food Drive

Attached is a letter recognizing the OBD for its contributions to the governor's state employees food drive. **Attachment #8 NO ACTON IS REQUIRED**

Newsletter

The board should forward articles or ideas for the next newsletter.



BOARD OF DENTISTRY

Fund 3400 BOARD OF DENTISTRY

For the Month of FEBRUARY 2015

REVENUES

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to Date</u>	<u>Monthly Avg to Spend</u>
0205	OTHER BUSINESS LICENSES	218,591.00	2,104,223.00	2,376,611.00	272,388.00	105,211.15	68,097.00
0210	OTHER NONBUSINESS LICENSES AND FEES	0.00	8,250.00	15,772.00	7,522.00	412.50	1,880.50
0410	CHARGES FOR SERVICES	1,890.00	14,721.00	0.00	-14,721.00	736.05	-3,680.25
0505	FINES AND FORFEITS	13,000.00	98,500.00	136,085.00	37,585.00	4,925.00	9,396.25
0605	INTEREST AND INVESTMENTS	230.22	6,455.40	7,890.00	1,434.60	322.77	358.65
0975	OTHER REVENUE	777.50	33,204.13	24,447.00	-8,757.13	1,660.21	-2,189.28
		234,488.72	2,265,353.53	2,560,805.00	295,451.47	113,267.68	73,862.87

TRANSFER OUT

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to Date</u>	<u>Monthly Avg to Spend</u>
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	18,295.00	127,550.00	215,500.00	87,950.00	6,377.50	21,987.50
		18,295.00	127,550.00	215,500.00	87,950.00	6,377.50	21,987.50

PERSONAL SERVICES

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to Date</u>	<u>Monthly Avg to Spend</u>
3110	CLASS/UNCLASS SALARY & PER DIEM	37,279.64	763,854.52	940,701.00	176,846.48	38,192.73	44,211.62
3160	TEMPORARY APPOINTMENTS	0.00	0.00	15,434.00	15,434.00	0.00	3,858.50
3170	OVERTIME PAYMENTS	751.14	8,453.17	13,384.00	4,930.83	422.66	1,232.71
3180	SHIFT DIFFERENTIAL	0.00	130.50	114.00	-16.50	6.53	-4.13
3190	ALL OTHER DIFFERENTIAL	1,602.00	1,602.00	0.00	-1,602.00	80.10	-400.50
3210	ERB ASSESSMENT	6.60	161.70	212.00	50.30	8.09	12.58
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	5,619.19	110,532.38	133,173.00	22,640.62	5,526.62	5,660.16
3221	PENSION BOND CONTRIBUTION	2,413.40	47,220.44	52,001.00	4,780.56	2,361.02	1,195.14
3230	SOCIAL SECURITY TAX	2,988.17	58,320.61	73,795.00	15,474.39	2,916.03	3,868.60
3250	WORKERS' COMPENSATION ASSESSMENT	14.09	403.21	434.00	30.79	20.16	7.70
3260	MASS TRANSIT	216.11	4,263.09	5,414.00	1,150.91	213.15	287.73
3270	FLEXIBLE BENEFITS	6,275.33	168,478.05	209,350.00	40,871.95	8,423.90	10,217.99
		57,165.67	1,163,419.67	1,444,012.00	280,592.33	58,170.98	70,148.08

SERVICES and SUPPLIES

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to Date</u>	<u>Monthly Avg to Spend</u>
4100	INSTATE TRAVEL	1,471.95	45,017.23	55,994.00	10,976.77	2,250.86	2,744.19
4125	OUT-OF-STATE TRAVEL	0.00	32,289.79	23,487.00	-8,802.79	1,614.49	-2,200.70
4150	EMPLOYEE TRAINING	0.00	6,595.00	8,877.00	2,282.00	329.75	570.50

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to Date</u>	<u>Monthly Avg to Spend</u>
4175	OFFICE EXPENSES	1,707.17	75,479.70	86,657.00	11,177.30	3,773.99	2,794.33
4200	TELECOMM/TECH SVC AND SUPPLIES	1,141.52	22,758.51	26,077.00	3,318.49	1,137.93	829.62
4225	STATE GOVERNMENT SERVICE CHARGES	1,726.96	71,752.21	75,916.00	4,163.79	3,587.61	1,040.95
4250	DATA PROCESSING	239.74	3,969.88	4,702.00	732.12	198.49	183.03
4275	PUBLICITY & PUBLICATIONS	231.03	21,478.92	22,866.00	1,387.08	1,073.95	346.77
4300	PROFESSIONAL SERVICES	14,334.47	144,332.17	104,922.00	-39,410.17	7,216.61	-9,852.54
4315	IT PROFESSIONAL SERVICES	0.00	19,045.00	22,503.00	3,458.00	952.25	864.50
4325	ATTORNEY GENERAL LEGAL FEES	8,088.20	132,680.33	176,916.00	44,235.67	6,634.02	11,058.92
4400	DUES AND SUBSCRIPTIONS	0.00	9,908.80	10,888.00	979.20	495.44	244.80
4425	FACILITIES RENT & TAXES	6,277.92	145,491.72	152,950.00	7,458.28	7,274.59	1,864.57
4475	FACILITIES MAINTENANCE	160.00	5,314.95	877.00	-4,437.95	265.75	-1,109.49
4575	AGENCY PROGRAM RELATED SVCS & SUPP	384.00	88,721.78	104,286.00	15,564.22	4,436.09	3,891.06
4650	OTHER SERVICES AND SUPPLIES	4,554.28	43,766.46	46,577.00	2,810.54	2,188.32	702.64
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	2,980.66	1,782.00	-1,198.66	149.03	-299.67
4715	IT EXPENDABLE PROPERTY	0.00	6,780.42	6,411.00	-369.42	339.02	-92.36
		40,317.24	878,363.53	932,688.00	54,324.47	43,918.18	13,581.12

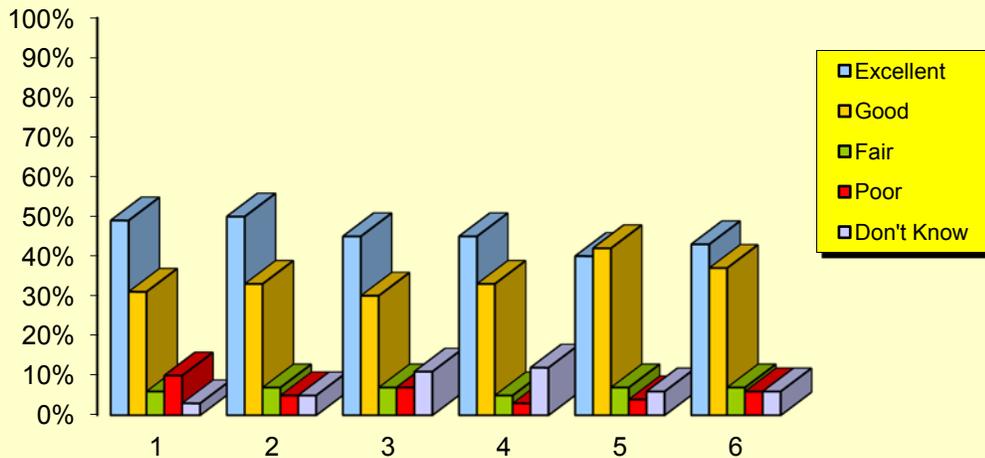
SPECIAL PAYMENTS

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to Date</u>	<u>Monthly Avg to Spend</u>
6443	DIST TO OREGON HEALTH AUTHORITY	0.00	142,651.00	230,216.00	87,565.00	7,132.55	21,891.25
		0.00	142,651.00	230,216.00	87,565.00	7,132.55	21,891.25

SUMMARY TOTALS

		3400	
		BOARD OF DENTISTRY	
		<u>Month Activity</u>	<u>Biennium Activity</u>
REVENUES	REVENUE	234,488.72	2,265,353.53
	Total	234,488.72	2,265,353.53
TRANSFER OUT	TRANSFER OUT	18,295.00	127,550.00
	Total	18,295.00	127,550.00
SPECIAL PAYMENTS	SPECIAL PAYMENTS	0.00	142,651.00
	Total	0.00	142,651.00
EXPENDITURES	PERSONAL SERVICES	57,165.67	1,163,419.67
	SERVICES AND SUPPLIES	40,317.24	878,363.53
	Total	97,482.91	2,041,783.20

Oregon Board of Dentistry Customer Service Survey July 1, 2014 - February 28, 2015



1 How do you rate the timeliness of the services provided by the OBD?

E= 49% G= 31% F= 6% P= 10% DK= 3%

2 How do you rate the ability of the OBD to provide services correctly the first time?

E= 50% G= 33% F= 7% P= 5% DK= 5%

3 How do you rate the helpfulness of the OBD?

E= 45% G= 30% F= 7% P= 7% DK= 11%

4 How do you rate the knowledge and expertise of the OBD?

E= 45% G= 33% F= 5% P= 3% DK= 12%

5 How do you rate the availability of information at the OBD?

E= 40% G= 42% F= 7% P= 4% DK= 6%

6 How do you rate the overall quality of services provided by the OBD?

E= 43% G= 37% F= 7% P= 6% DK= 6%

Memorandum

To: OBD Members

From: Stephen Prisby, Interim Executive Director

Date: April 9, 2015

Re: Survey

I propose the OBD transition from the current paper survey we use for our Legislatively mandated Customer Service Survey, and move to an internet based survey system. I polled the other major health boards: Medical, Pharmacy, Nursing and 10 other smaller boards, all use an online survey. None use a paper survey.

Postage costs alone will be over \$700 this 2013-15 Biennium. Staff time and costs are harder to estimate, but the Office Specialist, Office Manager and the Executive Director all put in time to send, track, tally, and compile the surveys and results. It can be time consuming and tedious to tally the results, which has to be done by hand.

Our current IT Contractor works with other boards and I have attached an example of what we can implement on July 1st. The timing would be ideal with the start of the 2015-17 Biennium. There will be approximately 3 hours of additional IT costs to implement this initially and no additional costs later. We can easily generate reports from the data, and we expect to get better responses than the way we currently survey. We can also screen out duplicates, and utilize a CAPTCHA (the letters and numbers you have to enter so the system knows you are a human).

I will be happy to answer any of your questions at the Board meeting. Thank you for considering this proposal.

**OREGON BOARD OF DENTISTRY
CUSTOMER SATISFACTION SURVEY**

Please answer the following questions regarding your rating of service provided by the Oregon Board of Dentistry.

Please circle your response.

1. How do you rate the timeliness of the services provided by the Oregon Board of Dentistry?

Excellent Good Fair Poor Don't Know

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

Excellent Good Fair Poor Don't Know

3. How do you rate the helpfulness of the Oregon Board of Dentistry?

Excellent Good Fair Poor Don't Know

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

Excellent Good Fair Poor Don't Know

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

Excellent Good Fair Poor Don't Know

6. How do you rate the overall quality of services provided by the Oregon Board of Dentistry?

Excellent Good Fair Poor Don't Know

Please feel free to share additional comments. _____

Thank you for completing and returning this survey.

**Oregon Board of Dentistry**

Please answer the following questions regarding your rating of service provided by the Oregon Board of Dentistry.

(1) TIMELINESS

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

- | | | | |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Don't Know | | | |
| <input checked="" type="radio"/> | | | |

(2) ACCURACY

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

- | | | | |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Don't Know | | | |
| <input checked="" type="radio"/> | | | |

(3) HELPFULNESS

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

- | | | | |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Don't Know | | | |
| <input checked="" type="radio"/> | | | |

(4) EXPERTISE

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

Excellent Good Fair Poor

Don't Know

(5) AVAILABILITY OF INFORMATION

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

Excellent Good Fair Poor

Don't Know

(6) OVERALL SERVICE

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

Excellent Good Fair Poor

Don't Know

Do you have any additional comments?

Submit Survey



Contact Webmaster
help@oregonsurveys.com

Showing Data for: **OTLB**

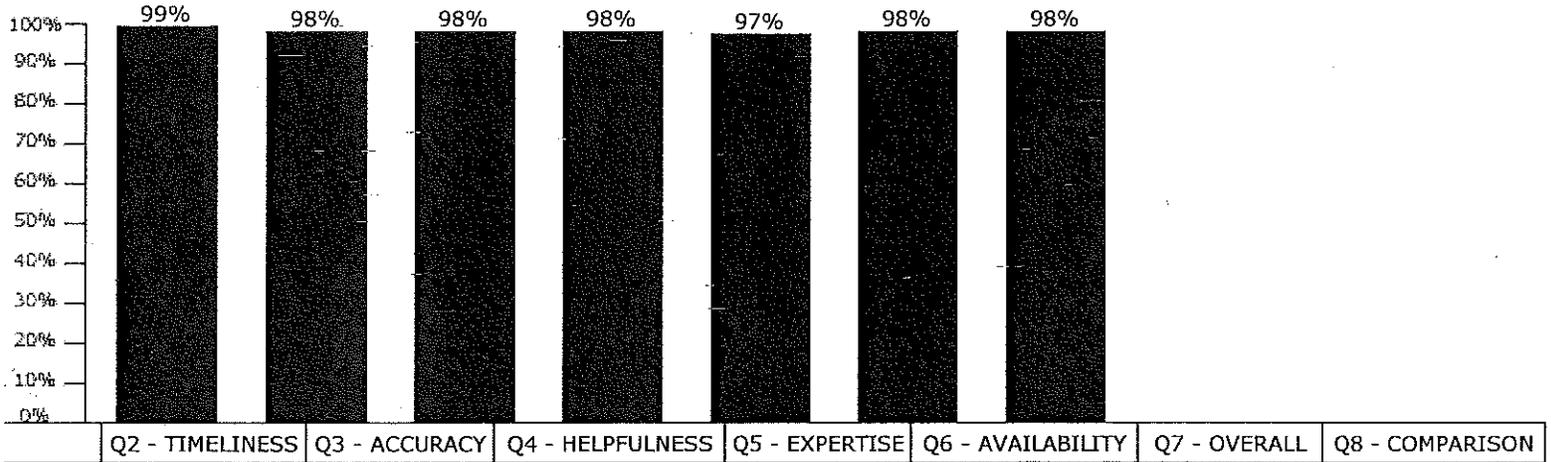
Time Period:

All Surveys

Change View

Number of Responses: 2144

Percent Rating Service Good or Excellent



Rating Totals By Question

Q1 - Service Provided	
Service	Responses
Licensing / Renewals	1862
Consumer Complaints	6
Other Assistance	274

Question	Don't Know	Poor	Fair	Good	Excellent
Q2 - TIMELINESS	80	8	16	344	1696
Q3 - ACCURACY	144	11	20	372	1597
Q4 - HELPFULNESS	155	14	22	305	1648
Q5 - EXPERTISE	277	7	22	349	1489
Q6 - AVAILABILITY OF INFORMATION	198	12	39	568	1327
Q7 - OVERALL SERVICE	117	12	26	376	1613
Q8 - COMPARED TO OTHER STATES	820	7	22	197	1098

Search Bill

State	Session	Bill	Current Version	Date
OR	2015 Regular Session	HB 2024	Introduced	02/17/2015
<p><i>Relating To:</i> Relating to basic preventive dental services; declaring an emergency.</p> <p><i>Summary:</i> Directs Oregon Health Authority, in consultation with Traditional Health Workers Commission and Oregon Board of Dentistry, to certify certain health workers to provide early childhood basic preventive dental services.</p>				
OR	2015 Regular Session	HB 2238	Introduced	01/11/2015
<p><i>Relating To:</i> Relating to the Oregon transparency website.</p> <p><i>Summary:</i> Directs state agencies to make available on Oregon transparency website copies of reports agency is required by law to produce.</p>				
OR	2015 Regular Session	HB 2295	Introduced	01/11/2015
<p><i>Relating To:</i> Relating to anesthesiologist assistants; declaring an emergency.</p> <p><i>Summary:</i> Provides for licensing and regulation of anesthesiologist assistants.</p>				
OR	2015 Regular Session	HB 2476	Introduced	01/11/2015
<p><i>Relating To:</i> Relating to administrative rules; declaring an emergency.</p> <p><i>Summary:</i> Authorizes Oregon Department of Administrative Services to adopt by rule uniform policies or procedures.</p>				
OR	2015 Regular Session	HB 2570	Introduced	01/11/2015
<p><i>Relating To:</i> Relating to ambulatory surgical centers; declaring an emergency.</p> <p><i>Summary:</i> Creates new category of ambulatory surgical centers for licensing purposes.</p>				
OR	2015 Regular Session	HB 2611	Introduced	01/11/2015
<p><i>Relating To:</i> Relating to university shared services; declaring an emergency.</p> <p><i>Summary:</i> Extends by six years period universities with institutional governing boards must participate in mandated shared services under same terms, conditions, funding, model and policy frameworks as existed in 2013.</p>				
OR	2015 Regular Session	HB 2683	Introduced	01/11/2015
<p><i>Relating To:</i> Relating to dentistry; declaring an emergency.</p> <p><i>Summary:</i> Requires Oregon Board of Dentistry, upon request of individual who has been disciplined by board, to remove from its website and other publicly accessible print and electronic publications information related to disciplining individual if individual meets certain criteria.</p>				

State	Session	Bill	Current Version	Date
OR	2015 Regular Session	HB 2754	Introduced	01/11/2015
<i>Relating To:</i> Relating to immunity for persons who seek medical assistance.				
<i>Summary:</i> Exempts person from arrest and prosecution for certain offenses and finding of violation of terms of release or supervision if person contacts emergency medical services or law enforcement agency to obtain necessary medical assistance for other person due to drug-related overdose.				
OR	2015 Regular Session	HB 2972	Introduced	02/10/2015
<i>Relating To:</i> Relating to dental screenings of students; declaring an emergency.				
<i>Summary:</i> Requires public school students seven years of age or younger who are beginning educational program to have dental screening.				
OR	2015 Regular Session	HB 3023	Introduced	02/13/2015
<i>Relating To:</i> Relating to referrals to dental specialists; declaring an emergency.				
<i>Summary:</i> Requires that referrals to dental specialists, of medical assistance recipients who are pregnant, occur within 60 days.				
OR	2015 Regular Session	HB 3139	Introduced	02/24/2015
<i>Relating To:</i> Relating to mobile medical clinics; declaring an emergency.				
<i>Summary:</i> Establishes Task Force on Mobile Medical Clinics.				
OR	2015 Regular Session	HB 3326	Introduced	02/26/2015
<i>Relating To:</i> Relating to in-office sedation services; declaring an emergency.				
<i>Summary:</i> Directs Oregon Board of Dentistry, Oregon Medical Board and Oregon State Board of Nursing to adopt rules regulating use of in-office sedation services.				
OR	2015 Regular Session	HB 5014	Introduced	01/11/2015
<i>Relating To:</i> Relating to the financial administration of the Oregon Board of Dentistry; declaring an emergency.				
<i>Summary:</i> Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.				
OR	2015 Regular Session	SB 230	A-Engrossed	02/16/2015
<i>Relating To:</i> Relating to health care workforce information; declaring an emergency.				
<i>Summary:</i> Makes law requiring certain health care workers to submit demographic, education and other information to health care worker regulatory boards apply to all health care workers.				
OR	2015 Regular Session	SB 279	Introduced	01/11/2015
<i>Relating To:</i> Relating to operations of state agencies that regulate the practice of medicine; declaring an emergency.				
<i>Summary:</i> Designates Oregon Medical Board as semi-independent state agency.				
OR	2015 Regular Session	SB 289	Introduced	01/11/2015

State	Session	Bill	Current Version	Date
OR	2015 Regular Session	SB 294	Introduced	01/11/2015
OR	2015 Regular Session	SB 301	Introduced	01/11/2015
OR	2015 Regular Session	SB 302	Enrolled	03/16/2015
OR	2015 Regular Session	SB 474	Introduced	01/11/2015
OR	2015 Regular Session	SB 606	Introduced	02/09/2015
OR	2015 Regular Session	SB 626	A-Engrossed	03/24/2015
OR	2015 Regular Session	SB 662	Introduced	02/16/2015
OR	2015 Regular Session	SB 672	Introduced	02/18/2015

State	Session	Bill	Current Version	Date
<i>Relating To:</i> Relating to state dental director. <i>Summary:</i> Establishes office of oral health within Oregon Health Authority to study and support oral health of citizens of this state.				
OR	2015 Regular Session	SB 673	Introduced	02/18/2015
<i>Relating To:</i> Relating to administration of immunizations by dentists. <i>Summary:</i> Permits licensed dentists to administer certain immunizations.				
OR	2015 Regular Session	SB 692	Introduced	02/23/2015
<i>Relating To:</i> Relating to dental pilot projects. <i>Summary:</i> Removes sunset on ability of Oregon Health Authority to approve dental pilot projects.				
OR	2015 Regular Session	SB 904	Introduced	03/02/2015
<i>Relating To:</i> Relating to the Joint Legislative Committee on Privacy and Civil Liberties Oversight. <i>Summary:</i> Establishes Joint Legislative Committee on Privacy and Civil Liberties Oversight.				
OR	2015 Regular Session	SB 5543	Enrolled	03/23/2015
<i>Relating To:</i> Relating to state financial administration; and declaring an emergency. <i>Summary:</i> Increases and decreases certain biennial appropriations made from General Fund to specified state agencies and Emergency Board.				

Senate Bill 279

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 Governor John A. Kitzhaber, M.D., for Oregon Medical Board)

SUMMARY

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

Designates Oregon Medical Board as semi-independent state agency.
Becomes operative July 1, 2015.
Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to operations of state agencies that regulate the practice of medicine; creating new provisions; amending ORS 182.454, 182.462, 182.466, 677.235, 677.265, 677.280, 677.290, 677.305 and 677.415 and section 20, chapter 240, Oregon Laws 2013; and declaring an emergency.

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

DESIGNATION OF OREGON MEDICAL BOARD AS A SEMI-INDEPENDENT STATE AGENCY

SECTION 1. ORS 677.235 is amended to read:

677.235. (1) The Oregon Medical Board [*consists*] **is established as a semi-independent state agency subject to ORS 182.456 to 182.472. The board shall consist** of 12 members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state. Of the members of the board:

(a) Seven must have the degree of Doctor of Medicine;

(b) Two must have the degree of Doctor of Osteopathy;

(c) One must have the degree of Doctor of Podiatric Medicine; and

(d) Two must be members of the public [*representing*] **who represent** health consumers and who are not:

(A) Otherwise eligible for appointment to the board; or

(B) A spouse, domestic partner, child, parent or sibling of an individual [*having*] **who has** the degree of Doctor of Medicine, Doctor of Osteopathy or Doctor of Podiatric Medicine.

(2)(a)(A) Board members required to possess the degree of Doctor of Medicine may be selected by the Governor from a list of three to five candidates for each member of the board described in subsection (1)(a) of this section whose term expires in that year, submitted by the Oregon Medical Association not later than February 1.

(B) Board members required to possess the degree of Doctor of Osteopathy may be selected by the Governor from a list of three to five candidates for each [*vacancy*] **member of the board described in subsection (1)(b) of this section whose term expires in that year**, submitted by the Osteopathic Physicians and Surgeons of Oregon, Inc., not later than February 1 [*of each odd-*

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.

1 *numbered year*].

2 (C) The board member required to possess the degree of Doctor of Podiatric Medicine may be
3 selected by the Governor from a list of three to five candidates **for the member of the board de-**
4 **scribed in subsection (1)(c) of this section whose term expires in that year**, submitted by the
5 Oregon Podiatric Medical Association not later than February 1 [*of each fourth year*].

6 (b) [*The physician*] Members **who are physicians** must have been in the active practice of their
7 profession for at least five years immediately preceding their appointment.

8 (c) [*Neither the public members nor any person who is*] **A public member or** a spouse, domestic
9 partner, child, parent or sibling of a public member may **not** be employed as a health professional.

10 (d)(A) In selecting the members of the board, the Governor shall strive to balance the repre-
11 sentation on the board according to geographic areas of this state and [*ethnic group*] **ethnicity**.

12 (B) Of the seven members who hold the degree of Doctor of Medicine, there shall be at least
13 one member appointed from each federal congressional district.

14 (3)(a) The term of office of each board member is three years, but a member serves at the
15 pleasure of the Governor. The terms must be staggered so that no more than four terms end each
16 year. A term begins on March 1 of the year the member is appointed and ends on the last day of
17 February of the third year [*thereafter*] **after the member is appointed**. A member may not serve
18 more than two consecutive terms.

19 (b) If a vacancy occurs on the board, another qualifying member possessing the same profes-
20 sional degree or fulfilling the same public capacity as the person whose position has been vacated
21 shall be appointed [*as provided in this section*] to fill the unexpired term.

22 (c) A board member shall be removed immediately from the board if, during the member's term,
23 the member:

24 (A) Is not a resident of this state;

25 (B) Has been absent from three consecutive board meetings, unless at least one absence is ex-
26 cused; or

27 (C) Is not a current licensee or a retired licensee whose license was in good standing at the time
28 of retirement, if the board member was appointed to serve on the board as a licensee.

29 (4) Members of the board are entitled to compensation and expenses as provided in ORS
30 [292.495. *The board may provide by rule for compensation to board members for the performance of*
31 *official duties at a rate that is greater than the rate provided in ORS 292.495*] **182.466**.

32 **SECTION 2.** ORS 182.454, as amended by section 19, chapter 722, Oregon Laws 2013, and sec-
33 tion 3, chapter 72, Oregon Laws 2014, is amended to read:

34 182.454. The following semi-independent state agencies are subject to ORS 182.456 to 182.472:

35 (1) The Appraiser Certification and Licensure Board.

36 (2) The State Board of Architect Examiners.

37 **(3) The Citizens' Initiative Review Commission.**

38 [(3)] **(4) The State Board of Examiners for Engineering and Land Surveying.**

39 [(4)] **(5) The State Board of Geologist Examiners.**

40 [(5)] **(6) The State Landscape Architect Board.**

41 **(7) The State Landscape Contractors Board.**

42 **(8) The State Board of Massage Therapists.**

43 **(9) The Oregon Medical Board.**

44 [(6)] **(10) The Oregon Board of Optometry.**

45 [(7)] **(11) The Oregon Patient Safety Commission.**

1 **(12) The Physical Therapist Licensing Board.**

2 [(8)] **(13) The Oregon Wine Board.**

3 [(9) *The State Board of Massage Therapists.*]

4 [(10) *The Physical Therapist Licensing Board.*]

5 [(11) *The State Landscape Contractors Board.*]

6 [(12) *The Citizens' Initiative Review Commission.*]

7
8 **SUBMISSION OF BUDGET**

9
10 **SECTION 3.** ORS 182.462 is amended to read:

11 182.462. (1)(a) A board shall adopt budgets on a biennial basis using classifications of expen-
12 ditures and revenues required by ORS 291.206 (1), but the budget is not subject to review and ap-
13 proval by the Legislative Assembly or to future modification by the Emergency Board or the
14 Legislative Assembly.

15 (b) The budget referred to in paragraph (a) of this subsection shall be adopted in accordance
16 with [*applicable provisions of ORS chapter 183*] **ORS 183.335.** [*Except as provided in this paragraph*]
17 **However,** a board shall adopt or modify a budget only after a public hearing [*thereon*] **is held on**
18 **the budget.** A board must give notice of the hearing to all holders of licenses issued by the board.

19 (c) A board shall follow generally accepted accounting principles and keep financial and statis-
20 tical information as necessary to completely and accurately disclose the financial condition and [*fi-*
21 *nancial*] operations of the board as [*may be*] required by the Secretary of State.

22 (d) A board shall prepare an annual financial statement of board revenues and expenses and
23 shall make the statement available for public review. The board shall provide a copy of the state-
24 ment to the Oregon Department of Administrative Services not later than the 90th day after the end
25 of the state fiscal year.

26 (e) A board may, by rule, elect to donate all or part of the revenue derived by the board from
27 civil penalties to the General Fund of the State Treasury.

28 **(2) Notwithstanding subsection (1) of this section:**

29 **(a)** In addition to the reports required by ORS 182.472, the Oregon Board of Optometry, the
30 State Board of Massage Therapists, **the Oregon Medical Board** and the Physical Therapist Li-
31 censing Board shall, on or before February 1 of each odd-numbered year, present the budget adopted
32 by the board under this section to the Governor, the President of the Senate, the Speaker of the
33 House of Representatives and the Legislative Fiscal Officer.

34 **(b) The Legislative Fiscal Officer shall submit the budget adopted by the Oregon Medical**
35 **Board to the Joint Committee on Ways and Means. The committee may require the Oregon**
36 **Medical Board to appear before the committee at a hearing for the purpose of requesting**
37 **amendments to the budget, amendments to a fee increase or amendments to a charge in-**
38 **crease that exceeds the cost of administering the service for which the charge is made.**

39 **SECTION 4.** ORS 182.466 is amended to read:

40 182.466. In addition to other powers granted by ORS 182.456 to 182.472 and by the statutes
41 specifically applicable to a board, a board may:

42 (1) Sue and be sued in its own name.

43 (2) Notwithstanding ORS 279.835 to 279.855 and ORS chapters 279A, 279B and 279C, enter into
44 contracts and acquire, hold, own, encumber, issue, replace, deal in and with and dispose of real and
45 personal property.

1 (3) Notwithstanding ORS 670.300, fix a per diem amount to be paid to board members for each
 2 day or portion thereof during which the member is actually engaged in the performance of official
 3 duties. Board members may also receive actual and necessary travel expenses or other expenses
 4 actually incurred in the performance of their duties. If an advisory council or peer review committee
 5 is established under the law that governs the board, the board may also fix and pay amounts and
 6 expenses for members thereof.

7 (4) Set the amount of any fee required by statute and establish by rule and collect other fees
 8 as determined by the board. Fees shall not exceed amounts necessary for the purpose of carrying
 9 out the functions of the board. Notwithstanding ORS 183.335, and except as provided in this sub-
 10 section, a board shall hold a public hearing prior to adopting or modifying any fee without regard
 11 to the number of requests received to hold a hearing. A board shall give notice to all licensees of
 12 the board [*prior to*] **before** holding a hearing on the adoption or modification of any fee. A board
 13 may adopt fees in conjunction with the budget adoption process described in ORS 182.462, **except**
 14 **that the Oregon Medical Board shall adopt fees pursuant to the budget adoption process de-**
 15 **scribed in ORS 182.462, and both fees and charges adopted by the Oregon Medical Board are**
 16 **subject to ORS 182.462 (2)(b).**

17 (5) Subject to any other statutory provisions, adopt procedures and requirements governing the
 18 manner of making application for issuance, renewal, suspension, revocation, restoration and related
 19 activities concerning licenses that are under the jurisdiction of a board.

20 21 PUBLICATION OF BUDGET AND REPORT

22
23 **SECTION 5. Section 6 of this 2015 Act is added to and made a part of ORS chapter 677.**

24 **SECTION 6. (1) In addition to the requirements of ORS 182.462 (2), the Oregon Medical**
 25 **Board shall post a copy of the budget adopted by the board under ORS 182.462 on the board's**
 26 **website on or before February 1 of each odd-numbered year.**

27 **(2) In addition to the requirements of ORS 182.472, the Oregon Medical Board shall post**
 28 **a copy of the report prepared pursuant to ORS 182.472 on the board's website on or before**
 29 **April 1 of each even-numbered year.**

30 31 ACCOUNTS, FEES AND PENALTIES

32
33 **SECTION 7. The Oregon Medical Board Account is abolished on the operative date spec-**
 34 **ified in section 16 of this 2015 Act. The Oregon Medical Board shall transfer the balance of**
 35 **moneys remaining in the Oregon Medical Board Account to the account established by the**
 36 **Oregon Medical Board under ORS 182.470.**

37 **SECTION 8. ORS 677.290, as amended by section 8, chapter 240, Oregon Laws 2013, is amended**
 38 **to read:**

39 677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid
 40 into [*the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board*
 41 *Account which is established. Such moneys are appropriated continuously and shall be used only for*
 42 *the administration and enforcement of this chapter and ORS 676.850.] **an account established by the***

43 **board under ORS 182.470. All moneys in the account are continuously appropriated to the**
 44 **board for the purpose of carrying out the functions of the board.**

45 (2) Notwithstanding subsection (1) of this section **and ORS 182.470**, the board may maintain a

1 revolving account in a sum *[not to]* **that does not** exceed \$50,000 for the purpose of receiving and
 2 paying *[pass-through]* moneys *[relating]* **related** to peer review pursuant to *[its]* **the board's** duties
 3 under ORS 441.055 (4) and (5) and in administering programs pursuant to *[its]* **the board's** duties
 4 under this chapter relating to the education and rehabilitation of licensees in the areas of chemical
 5 substance abuse, **the inappropriate prescribing of drugs** and medical competence. *[The creation of*
 6 *and disbursement of moneys from the revolving account shall not require an allotment or allocation of*
 7 *moneys pursuant to ORS 291.234 to 291.260.]* All moneys in the account are continuously appropri-
 8 ated **to the board** for *[purposes set forth]* **the purposes described** in this subsection.

9 (3) Each year *[\$10 shall be paid]*, **the board shall pay \$10** to the Oregon Health and Science
 10 University for each in-state physician licensed under this chapter, *[which amount is]*. **Amounts paid**
 11 **to the Oregon Health and Science University under this section are** continuously appropriated
 12 to the Oregon Health and Science University *[to be used in]* **for the purpose of** maintaining a cir-
 13 culating library of medical and surgical books and publications for *[the use of]* **use by** practitioners
 14 of medicine in this state[,] and, when not *[so]* in use **by practitioners of medicine**, to be kept at
 15 the *[library of the]* **university's** School of Medicine *[and accessible to its]* **for use by the**
 16 **university's** students. *[The balance of the money received by the board is appropriated continuously*
 17 *and shall be used only for the administration and enforcement of this chapter, but any part of the*
 18 *balance may, upon the order of the board, be paid into the circulating library fund.]*

19 **SECTION 9.** ORS 677.305 is amended to read:

20 677.305. **Notwithstanding ORS 182.470**, the Oregon Medical Board may maintain a petty cash
 21 fund in compliance with ORS 293.180 in the amount of \$5,000.

22 **SECTION 10.** ORS 677.265 is amended to read:

23 677.265. In addition to any other powers granted by this chapter **and subject to ORS 182.456**
 24 **to 182.472**, the Oregon Medical Board may:

25 (1) Adopt *[necessary and proper rules for]* **rules necessary for the** administration of this
 26 chapter, including *[but not limited to]* **rules:**

27 (a) Establishing fees and charges to carry out *[its]* **the legal responsibilities of the board**,
 28 *subject to prior approval by the Oregon Department of Administrative Services and a report to the*
 29 *Emergency Board prior to adopting the fees and charges. The fees and charges shall be within the*
 30 *budget authorized by the Legislative Assembly as that budget may be modified by the Emergency*
 31 *Board].* The fees and charges established under this section may not exceed the cost of administer-
 32 ing the program or the purpose for which the fee or charge is established, *as authorized by the*
 33 *Legislative Assembly for the Oregon Medical Board's budget, or as modified by the Emergency Board*
 34 *or future sessions of the Legislative Assembly].*

35 (b) Establishing standards and tests to determine the moral, intellectual, educational, scientific,
 36 technical and professional qualifications required *[of applicants for licenses]* **for licensure** under this
 37 chapter.

38 (c) *[Enforcing]* **Providing for the enforcement of** the provisions of this chapter and
 39 *[exercising]* **the exercise of** general supervision over the practice of medicine and podiatry within
 40 this state. In determining whether to discipline a licensee for a standard of care violation, the
 41 *[Oregon Medical]* board shall determine whether the licensee used that degree of care, skill and
 42 diligence that is used by ordinarily careful physicians in the same or similar circumstances in the
 43 community of the physician or a similar community.

44 (2) Issue, deny, suspend and revoke licenses and limited licenses, assess costs of proceedings and
 45 fines and place licensees on probation as provided in this chapter.

1 (3) Use the gratuitous services and facilities of private organizations to receive the assistance
2 and recommendations of the organizations in administering this chapter.

3 (4) Make *[its]* **the** personnel and facilities **of the board** available to other regulatory agencies
4 of this state, or other bodies interested in the development and improvement of the practice of
5 medicine or podiatry in this state, upon terms and conditions for reimbursement as *[are]* agreed to
6 by the *[Oregon Medical]* board and the other agency or body.

7 (5) Appoint examiners¹, *[who need not be members of the Oregon Medical Board,]* and employ or
8 contract with *[the American Public Health Association or the National Board of Medical Examiners*
9 *or]* other organizations, agencies *[and]* **or** persons to prepare examination questions and score ex-
10 amination papers.

11 (6) Determine the schools, colleges, universities, institutions and training *[acceptable in con-*
12 *nection with licensing]* **necessary to prepare an individual for licensure** under this chapter. All
13 residency, internship and other training programs carried on in this state by any hospital, institution
14 or medical facility shall be subject to approval by the *[Oregon Medical]* board. The board shall ac-
15 cept the approval by the American Osteopathic Association or the American Medical Association
16 in lieu of approval by the board.

17 (7) Prescribe the time, place, method, manner, scope and subjects of examinations **required for**
18 **licensure** under this chapter.

19 (8) Prescribe all forms that *[it]* **the board** considers appropriate for *[the]* purposes **related to**
20 **the administration** of this chapter, and require the submission of photographs and relevant per-
21 sonal history data by applicants for licensure under this chapter.

22 (9) For the purpose of requesting a state or nationwide criminal records check under ORS
23 181.534, require the fingerprints of a person who is:

- 24 (a) Applying for a license that is issued by the board;
- 25 (b) Applying for renewal of a license that is issued by the board; or
- 26 (c) Under investigation by the board.

27 (10) Administer oaths, issue notices and subpoenas in the name of the board, enforce subpoenas
28 in the manner authorized by ORS 183.440, hold hearings and perform *[such]* other acts *[as are]* rea-
29 sonably necessary to carry out *[its]* **the duties of the board** under this chapter.

30 **SECTION 11.** ORS 677.415 is amended to read:

31 677.415. (1) As used in this section:

32 (a) "Health care facility" means a facility licensed under ORS 441.015 to 441.087.

33 (b) "Official action" means a restriction, limitation, loss or denial of privileges of a licensee to
34 practice medicine, or any formal action taken against a licensee by a government agency or a health
35 care facility based on a finding of medical incompetence, unprofessional conduct, physical incapacity
36 or impairment.

37 (2) The Oregon Medical Board on the board's own motion may investigate *[any]* evidence that
38 appears to show that *[a licensee]* **an individual** licensed by the board is or may be medically in-
39 competent *[or]*, is or may be guilty of unprofessional or dishonorable conduct or *[is or may be a*
40 *licensee with]* **has or may have** a physical incapacity or *[an]* impairment as defined in ORS 676.303.

41 (3) *[A licensee]* **An individual** licensed by the *[Oregon Medical]* board, the Oregon Medical As-
42 sociation, *[Inc., or]* any component society *[thereof]* **of the Oregon Medical Association**, the
43 Osteopathic Physicians and Surgeons of Oregon², *[Inc.]* or the Oregon Podiatric Medical Association
44 shall report **to the board** within 10 *[working]* **business** days, and any other person may report³,
45 to the board, any information *[such]* **that the** licensee, association, society or person may have that

1 appears to show that [*a licensee*] **an individual licensed by the board** is or may be medically in-
 2 competent [*or*], is or may be guilty of unprofessional or dishonorable conduct or [*is or may be a*
 3 *licensee with*] **has or may have** a physical incapacity.

4 (4) [*A licensee shall self-report within 10 working days*] **An individual licensed by the board**
 5 **shall report to the board** any official action taken against the licensee **within 10 business days**
 6 **of the date of the official action.**

7 (5) A health care facility shall report to the [*Oregon Medical*] board any official action taken
 8 against [*a licensee*] **an individual licensed by the board** within 10 business days of the date of the
 9 official action.

10 (6) A licensee's voluntary withdrawal from the practice of medicine or podiatry, voluntary res-
 11 ignation from the staff of a health care facility or voluntary limitation of the licensee's staff privi-
 12 leges at [*such*] a health care facility shall be promptly reported to the [*Oregon Medical*] board by
 13 the health care facility and the licensee if the licensee's voluntary action occurs while the licensee
 14 is under investigation by the health care facility or a committee [*thereof*] **of the health care facility**
 15 for any reason related to possible medical incompetence, unprofessional conduct or physical inca-
 16 pacity or impairment as defined in ORS 676.303.

17 (7)(a) A report made in accordance with subsection (3) of this section [*shall*] **must** contain:

18 (A) The name, title, address and telephone number of the person making the report; and

19 (B) **The** information that appears to show that [*a*] **the** licensee is or may be medically incom-
 20 petent, is or may be guilty of unprofessional or dishonorable conduct or [*is or may be a licensee*
 21 *with*] **has or may have** a physical incapacity.

22 **(b) The board may not require a report made in accordance with subsection (4) of this**
 23 **section to contain more than:**

24 **(A) The name, title, address and telephone number of the licensee making the report; and**

25 **(B) The specific restriction, limitation, suspension, loss or denial of the licensee's staff**
 26 **privileges and the effective date or term of the restriction, limitation, suspension, loss or**
 27 **denial.**

28 [*(b)*] **(c)** The [*Oregon Medical*] board may not require [*in*] a report made in accordance with
 29 subsection (5) or (6) of this section **to contain** more than:

30 (A) The name, title, address and telephone number of the licensee making the report or the
 31 name, address and telephone number of the health care facility making the report;

32 (B) The date of an official action taken against the licensee or the licensee's voluntary [*action*
 33 *under subsection (6) of this section*] **withdrawal, resignation or limitation;** and

34 (C) A description of the official action or [*the licensee's*] voluntary [*action, as appropriate to the*
 35 *report,*] **withdrawal, resignation or limitation,** including:

36 (i) The specific restriction, limitation, suspension, loss or denial of the licensee's [*medical*] staff
 37 privileges and the effective date or term of the restriction, limitation, suspension, loss or denial; or

38 (ii) The fact that the licensee has voluntarily withdrawn from the practice of medicine or
 39 podiatry, voluntarily resigned from the staff of a health care facility or voluntarily limited the
 40 licensee's **staff** privileges at a health care facility and the effective date of the withdrawal, resig-
 41 nation or limitation.

42 [*(c) The Oregon Medical board may not require in a report made in accordance with subsection (4)*
 43 *of this section more than:]*

44 [*(A) The name, title, address and telephone number of the licensee making the report; and]*

45 [*(B) The specific restriction, limitation, suspension, loss or denial of the licensee's staff privileges*

1 *and the effective date or term of the restriction, limitation, suspension, loss or denial.]*

2 [(8)] (d) A report made in accordance with this section may not include any data that is privi-
3 leged under ORS 41.675.

4 [(9)] (8) If, in the opinion of the [*Oregon Medical*] board, it appears that information provided to
5 [*it*] **the board** under this section is or may be true, the board may order an informal interview with
6 the licensee subject to the notice requirement of ORS 677.320.

7 [(10)(a)] (9)(a) A health care facility's failure to report an official action as required under sub-
8 section (5) of this section constitutes a violation of this section. The health care facility is subject
9 to a penalty of not more than \$10,000 for each violation. **If the board imposes a penalty under**
10 **this subsection**, the [*Oregon Medical*] board [*may*] **shall** impose the penalty in accordance with ORS
11 183.745 and, in addition to the penalty, may assess reasonable costs the board [*incurs in enforcing*
12 *the requirements of this section against the health care facility if the enforcement results*] **incurred** in
13 the imposition of [*a*] **the** civil penalty.

14 (b) The Attorney General may bring an action in the name of the State of Oregon in a court
15 of appropriate jurisdiction to recover a civil penalty and costs assessed under this subsection.

16 [(c) A civil penalty assessed or recovered in accordance with this subsection shall be paid to the
17 State Treasury and the State Treasurer shall credit the amount of the payment to the Primary Care
18 Services Fund established under ORS 442.570.]

19 (c) **Notwithstanding ORS 677.290 (1), moneys recovered under this subsection must be**
20 **deposited in the Primary Care Services Fund established under ORS 442.570.**

21 [(11)] (10) A person who [*reports*] **makes a report** in good faith to the [*Oregon Medical*] board
22 as required by this section is immune from civil liability by reason of making the report.

23 PERSONNEL

24
25
26 **SECTION 12.** ORS 677.280 is amended to read:

27 677.280. [*Subject to any applicable provisions of the State Personnel Relations Law,*] The Oregon
28 Medical Board may employ consultants, investigators and staff for the [*purpose*] **purposes** of en-
29 forcing [*the laws relating to*] this chapter **and rules adopted under this chapter** and securing evi-
30 dence of violations [*thereof, and*] **of this chapter and rules adopted under this chapter. The**
31 **board** may fix the compensation [*therefor*] **of the board's employees** and incur **other** necessary
32 [*other*] expenses.

33 TECHNICAL AMENDMENTS

34
35
36 **SECTION 13.** Section 20, chapter 240, Oregon Laws 2013, is amended to read:

37 **Sec. 20.** (1) [*Sections 1 and 18 of this 2013 Act*] **ORS 676.850 and 676.855** and the amendments
38 to statutes by sections 3 to **7 and 9 to 17, chapter 240, Oregon Laws 2013,** [*of this 2013 Act*] be-
39 come operative on January 1, 2017.

40 (2) A board, as defined in [*section 1 of this 2013 Act*] **ORS 676.850,** may take any action neces-
41 sary before the operative date specified in subsection (1) of this section to enable the board to ex-
42 ercise, on and after the operative date specified in subsection (1) of this section, all the duties,
43 functions and powers conferred on the board by [*sections 1 and 18 of this 2013 Act*] **ORS 676.850**
44 **and 676.855** and the amendments to statutes by sections 3 to **7 and 9 to 17, chapter 240, Oregon**
45 **Laws 2013** [*of this 2013 Act*].

TRANSITIONAL PROVISIONS

SECTION 14. Section 7 of this 2015 Act and the amendments to ORS 182.454, 182.462, 182.466, 677.235, 677.265, 677.280, 677.290, 677.305 and 677.415 by sections 1 to 4 and 8 to 12 of this 2015 Act do not affect:

(1) An action, proceeding or prosecution involving a duty, function or power of the Oregon Medical Board that is pending on the operative date specified in section 16 of this 2015 Act.

(2) A duty, liability or obligation owed by a person to the board that accrued before the operative date specified in section 16 of this 2015 Act.

(3) The rights and obligations of the board incurred under contracts, leases and business transactions that were entered into or executed before the operative date specified in section 16 of this 2015 Act.

SECTION 15. Notwithstanding section 7 of this 2015 Act and the amendments to ORS 182.454, 677.235 and 677.290 by sections 1, 2 and 8 of this 2015 Act:

(1) The unexpended balances of amounts authorized to be expended by the Oregon Medical Board for the biennium beginning July 1, 2015, for the purpose of administering and enforcing the duties, functions and powers of the board remain in effect until the board adopts a budget under ORS 182.462; and

(2) The expenditure classifications, if any, authorizing or limiting expenditures by the board for the biennium beginning July 1, 2015, remain in effect until the board adopts a budget under ORS 182.462.

OPERATIVE DATE

SECTION 16. (1) Sections 5 to 7 of this 2015 Act and the amendments to ORS 182.454, 182.462, 182.466, 677.235, 677.265, 677.280, 677.290, 677.305 and 677.415 by sections 1 to 4 and 8 to 12 of this 2015 Act become operative on July 1, 2015.

(2) The Oregon Medical Board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all the duties, functions and powers conferred on the board by sections 5 to 7 of this 2015 Act and the amendments to ORS 182.454, 182.462, 182.466, 677.235, 677.265, 677.280, 677.290, 677.305 and 677.415 by sections 1 to 4 and 8 to 12 of this 2015 Act.

UNIT CAPTIONS

SECTION 17. The unit captions used in this 2015 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2015 Act.

EMERGENCY CLAUSE

SECTION 18. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect

1 **on its passage.**

2

House Bill 3326

Sponsored by Representative HAYDEN

SUMMARY

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

Directs Oregon Board of Dentistry, Oregon Medical Board and Oregon State Board of Nursing to adopt rules regulating use of in-office sedation services.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to in-office sedation services; and declaring an emergency.

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

4 **SECTION 1. (1) The Oregon Board of Dentistry, the Oregon Medical Board and the**
5 **Oregon State Board of Nursing shall, in consultation with each other, adopt rules regarding**
6 **the use of in-office sedation services by licensed professionals regulated by the boards for**
7 **dental and surgical procedures.**

8 **(2) The rules adopted by the boards must permit licensed professionals regulated by the**
9 **boards to administer in-office sedation services only to patients classified as physical status**
10 **1 and physical status 2 by the American Society of Anesthesiologists.**

11 **(3) The rules adopted by the Oregon Board of Dentistry and the Oregon Medical Board**
12 **must permit only a dentist as defined in ORS 679.010 or a physician as defined in ORS 677.010**
13 **who has admitting privileges at a health care facility in this state to administer in-office**
14 **sedation services to patients classified as physical status 3 by the American Society of**
15 **Anesthesiologists.**

16 **SECTION 2. (1) Section 1 of this 2015 Act becomes operative on January 1, 2016.**

17 **(2) The Oregon Board of Dentistry, the Oregon Medical Board and the Oregon State**
18 **Board of Nursing may take any action before the operative date specified in subsection (1)**
19 **of this section that is necessary to enable the boards to exercise, on or after the operative**
20 **date specified in subsection (1) of this section, all of the duties, functions and powers con-**
21 **ferred on the boards by section 1 of this 2015 Act.**

22 **SECTION 3. This 2015 Act being necessary for the immediate preservation of the public**
23 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**
24 **on its passage.**

25

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.

House Bill 2683

Sponsored by Representative GILLIAM; Representative CLEM (Pre-session filed.)

SUMMARY

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

Requires Oregon Board of Dentistry, upon request of individual who has been disciplined by board, to remove from its website and other publicly accessible print and electronic publications information related to disciplining individual if individual meets certain criteria.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to dentistry; and declaring an emergency.

3 Whereas the Oregon Board of Dentistry is responsible for the licensure and discipline of dental
4 professionals in this state; and

5 Whereas collaboration between the Oregon Board of Dentistry and other medical professional
6 boards in this state fosters productive and equitable discipline procedures among all medical pro-
7 fessions; and

8 Whereas communication between the Oregon Board of Dentistry and the Legislative Assembly
9 should be encouraged; now, therefore,

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

11 **SECTION 1.** Section 2 of this 2015 Act is added to and made a part of ORS chapter 679.

12 **SECTION 2.** (1) Upon the request of an individual who has been disciplined by the Oregon
13 Board of Dentistry, the board shall remove from its website and other publicly accessible
14 print and electronic publications under the board's control all information related to disci-
15 plining the individual under ORS 679.140 and any findings and conclusions made by the board
16 during the disciplinary proceeding, if:

17 (a) The request is made 10 years or more after the date on which any disciplinary sanc-
18 tion ended;

19 (b) The individual was not disciplined for financially or physically harming a patient;

20 (c) The individual informed the board of the matter for which the individual was disci-
21 plined before the board received information about the matter or otherwise had knowledge
22 of the matter;

23 (d) The individual making the request, if the individual is or was a licensee, otherwise
24 remained in good standing with the board following the imposition of the disciplinary sanc-
25 tion; and

26 (e) The individual fully complied with all disciplinary sanctions imposed by the board.

27 (2) The board shall adopt by rule a process for making a request under this section.

28 **SECTION 3.** As soon as practicable after the effective date of this 2015 Act, the Oregon
29 Board of Dentistry shall:

30 (1) Provide notice to each individual licensed by the board under ORS chapter 679 of the

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.

1 **process for making a request described in section 2 of this 2015 Act; and**

2 **(2) Provide public notice of the process for making a request under section 2 of this 2015**
3 **Act.**

4 **SECTION 4. This 2015 Act being necessary for the immediate preservation of the public**
5 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**
6 **on its passage.**

7

HB 2683-4
(LC 2016)
3/19/15 (SCT/ps)

**PROPOSED AMENDMENTS TO
HOUSE BILL 2683**

1 On page 1 of the printed bill, line 12, delete “who has been disciplined”
2 and insert “licensed as a dentist under ORS chapter 679 who has been dis-
3 ciplined at any time”.

4 Delete lines 23 through 25 and insert:

5 “(d) The individual making the request is in good standing with the board;
6 and”.

7

HB 2683-3
(LC 2016)
3/19/15 (SCT/ps)

**PROPOSED AMENDMENTS TO
HOUSE BILL 2683**

- 1 On page 1 of the printed bill, delete lines 20 through 22.
- 2 In line 23, delete “(d)” and insert “(c)”.
- 3 In line 26, delete “(e)” and insert “(d)”.
- 4 _____

HB 2683-2
(LC 2016)
3/19/15 (SCT/ps)

**PROPOSED AMENDMENTS TO
HOUSE BILL 2683**

1 On page 1 of the printed bill, line 19, delete “financially or physically
2 harming” and insert “causing significant harm to”.

3

HB 2683-1
(LC 2016)
3/19/15 (SCT/ps)

**PROPOSED AMENDMENTS TO
HOUSE BILL 2683**

1. On page 1 of the printed bill, line 17, delete "10" and insert "five".

2

Rep. Mitch Greenlick, Chair
House Committee on Health Care
Oregon State Capitol
900 Court St. NE, Room 453
Salem, OR 97301

Re: Consistency in Website Publication of Discipline

Dear Chair Greenlick:

Thank you for the opportunity to evaluate the consistency of the publication of discipline on board websites. It is our understanding that this is the primary goal of the Committee.

The 18 health licensing boards will work together during the interim to determine existing requirements for publication and to survey current practices of the boards. If the boards are found to be inconsistent and if a consistent approach is possible, we will work with our boards, your Committee, and the Governor's office to determine whether a new approach should be implemented.

The boards are committed to looking at this issue and to continuing to work in the interest of patient safety and public protection.

Sincerely,

Board of Examiners for Speech-Language
Pathology and Audiology
Board of Chiropractic Examiners
Board of Dentistry
Board of Licensed Social Workers
Board of Licensed Professional Counselors
and Therapists
Board of Massage Therapists
Board of Medical Imaging
Board of Naturopathic Medicine

Board of Nursing
Board of Optometry
Board of Pharmacy
Board of Psychologist Examiners
Health Licensing Office
Medical Board
Mortuary and Cemetery Board
Occupational Therapy Licensing Board
Physical Therapist Licensing Board
Veterinary Medical Examining Board

cc: Rep. Cedric Hayden, Vice-Chair
Rep. Rob Nosse, Vice-Chair
Sandy Thiele-Cirka, Administrator



Oregon

John A. Kitzhaber, MD, Governor

Department of Administrative Services

Chief Financial Office
155 Cottage St NE U10
Salem, OR 97301-3963

Date: January 30, 2015

To: Patrick Braatz, Executive Director
Oregon Board of Dentistry
1500 SW 1st Ave, #770
Portland, OR 97201

Re: **FY 2014 GOLD STAR CERTIFICATE**

It is a great pleasure to inform you that your agency has earned the Chief Financial Office's Gold Star Certificate for fiscal year 2014.

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 Comprehensive Annual Financial Report (CAFR) 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 CAFR accountant, **Jenny Carson-Phillips**. Congratulations to your agency and your fiscal team for this outstanding work!

Sincerely,

George Naughton, Chief Financial Officer
Chief Financial Office

Robert W. Hamilton, Manager
Statewide Accounting and Reporting Services



JOHN A. KITZHABER, MD
GOVERNOR



RECEIVED

FEB 23 2015

Oregon Board
of Dentistry

February 12, 2015

Stephen Prisby, Interim Director
Oregon Board of Dentistry
1600 SW 4th Ave., Suite 770
Portland, OR 97201

RE: 2015-2017 Affirmative Action Plan

Dear Mr. Prisby,

The Governor's Office of Diversity and Inclusion/Affirmative Action has thoroughly reviewed your agency's Affirmative Action Plan and is pleased to inform you that it has been accepted. Congratulations!

Diversity and Inclusion is an important discipline that we have adopted as a strategic organizational and business model for our state. The Affirmative Action Plan has many elements that are required by state and federal law. Through its requirements, it helps state agencies address diversity, inclusion and equity into their service delivery and workforce parity. We hope that your agency will have an ongoing and active role with us as we begin to embrace and utilize our Diversity and Inclusion discipline.

We appreciate your continued support and hope to see someone from your agency attend our regularly scheduled DI/AA/EEO meetings. The benefits of regular attendance are valuable learning opportunities, idea sharing and takeaways. Thanks again for your work in getting your agency's 2015-2017 Affirmative Action Plan successfully submitted.

Best regards,

Frank Garcia, Jr., M.A.
Governor's Office - Senior Policy Advisor
Director, Diversity & Inclusion/Affirmative Action

cc: Sean Kolmer, Governor's Policy Advisor
Stephen Prisby, Affirmative Action Representative

Oregon Board of Dentistry



Patrick D. Braatz, Executive Director
1500 SW 1st Ave, Suite 770
Portland OR, 97201
(971)-673-3200

Affirmative Action Plan **2015 – 2017 Biennium**

This page is blank



Oregon

John A. Kitzhaber, MD, Governor

Oregon Board of Dentistry

1500 SW 1st Ave. Suite 770

Portland, OR 97201

Phone: 971 / 673-3200

Fax: 971 / 673-3202

E-mail: www.Oregon.gov/dentistry

August 1, 2014

The Honorable John A. Kitzhaber
Office of the Governor
255 Capitol Street NE, Suite 126
Salem, OR 97301

Dear Governor Kitzhaber:

I am pleased to submit to your office the Affirmative Action Plan for the Oregon Board of Dentistry.

If you have any questions, please feel free to contact me.

Sincerely yours,

Patrick D. Braatz
Executive Director

This page is blank

**BOARD OF DENTISTRY
AFFIRMATIVE ACTION PLAN
2015-2017 BIENNIUM**

I. DESCRIPTION OF AGENCY	1
A. Mission and Objectives.....	1
B. Name of Agency Director/Administrator	1
C. The Governor’s Policy Advisor.....	1
D. The Affirmative Action Representative.....	1
E. Name of Diversity & Inclusion Representative.....	1
F. Organization Chart.....	3
II. AFFIRMATIVE ACTION PLAN.....	4
A. Agency Affirmative Action Policy Statement	4
B. Agency Diversity & Inclusion Statement	5
C. Training, Education and Development Plan (TEDP):	6
1. Employees	6
2. Board Members	6
3. Providers and Volunteers	6
4. Contractors/Vendors	6
D. Programs	6
1. Community Outreach.....	7
E. Update: Executive Order 08-18.....	7
1. Cultural Competency Assessment and Implementation Services.....	7
2. Statewide Exit Interview Survey.....	8
3. Performance Evaluations of all Management Personnel	8
F. Status of contracts to Minority Businesses (ORS 659A.015).....	8
III. ROLES FOR IMPLEMENTATION OF AFFIRMATIVE ACTION PLAN	8
A. Responsibilities and Accountabilities.....	8
1. Director/Administrators	8
2. Managers and Supervisors	9
3. Affirmative Action Representative	9
IV. JULY 1, 2012-JUNE 30, 2014	10
A. Accomplishments	
V. JULY 1, 2015-JUNE 30, 2017	13
A. Goals for Affirmative Action.....	13
B. Strategies and time lines for achieving our goals	13
VI. APPENDIX A	
A. Agency’s Policy Documentation	
1. ADA and Reasonable Accommodation in Employment (No.50.020.10).....	A-1
2. Discrimination and Harassment Free Workplace (No. 50.010.01).....	A-5
3. Agency Employee and Training Policy	A-10
4. Veterans Preference in Employment (105-040-0015)	A-11
5. Maintaining a Professional Workplace (No.50.010.03).....	A-13
6. Other agency documentation in support of its affirmative action plan	A-16

VII. APPENDIX B

1. Age Discrimination in Employment Act of 1967 (ADEA)B-1

2. Disability Discrimination Title I of the Americans with Disability Act of 1990B-3

3. Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964B-9

4. Genetic Information Discrimination Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA).....B-11

5. National Origin Discrimination Title VII of the Civil Rights Act of 1964.....B-13

6. Pregnancy Discrimination Title VII of the Civil Rights Act of 1964.....B-15

7. Race/Color Discrimination Title VII of the Civil Rights Act of 1964.....B-17

8. Religious Discrimination Title VII of the Civil Rights Act of 1964B-21

9. Retaliation Title VII of the Civil Agency Affirmative Action PolicyB-23

10. Sex-Based Discrimination Title VII of the Civil Rights Act of 1964B-25

11. Sexual Harassment Title VII of the Civil Rights Act of 1964B-26

I. DESCRIPTION OF AGENCY

A. Mission and Objectives

The mission: The Mission of the Oregon Board of Dentistry is to protect the public by assuring that the citizens of Oregon receive the highest possible quality oral health care.

Statutory Authority:

The first Act regulating the practice of dentistry was adopted by the Oregon Legislature on February 23, 1887. The Oregon Dental Practice Act is comprised of Oregon Revised Statutes, Chapters 679, 680.010 to 680.210 and 680.990. These statutes, enacted by the Oregon Legislature authorize the Board to regulate the practice of dentistry and dental hygiene. Administrative Rules of the Board are found in OAR 818-001-0000 through 818-042-0130

B. Name of Agency Director/Administrator

The current Executive Director of the Oregon Board of Dentistry is:

Mr. Patrick D. Braatz
1500 SW 1st Ave. Suite 770
Portland, OR 97201
Phone number 971-673-3200

C. The Governor's Policy Advisor

The Governor's Policy Advisor for the Oregon Board of Dentistry is:
Mr. Sean Kolmer Phone number 503-378-1558

D. The Affirmative Action Representative

The Affirmative Action Representative for the Oregon Board of Dentistry is:
Patrick D. Braatz
Phone number 971-673-3200

E. Name of Diversity & Inclusion Representative

None

Agency Staffing:

The Oregon Board of Dentistry was created in 1887 and administers the Dental Practice Act and rules of the board, establishes standards for licensure, and examines and licenses dentists and dental hygienists. The board regulates the use of anesthesia in the dental office and certifies dental assistants in radiologic proficiency and expanded functions. The board investigates alleged violations of the Dental Practice Act and may discipline licensees. Members of the Board of Dentistry are appointed by the governor and confirmed by the senate. There are ten board members: six dentists, one of whom must be a specialist, two dental hygienists and two public members. Members serve for four years.

The board is supported solely by revenues received from licensees, including application, license, permit and certification fees. The 2015 -2017 biennial budget is \$3.17 million dollars.

The Executive Director directly supervises the Dental Director/Chief Investigator and the Office manager and answers to the members of the Board. The Dental Director supervises the Investigators and all of their activities. The Office Manager directly supervises the Licensing Manager and Office Specialist.

A current organizational chart for the Oregon Board of Dentistry follows this page.

Board of Dentistry

10 Members

Executive Director
Principal Executive/Manager
Patrick D. Braatz
Z7008 Pos 521 1.0 FTE

INVESTIGATION AND COMPLIANCE MONITORING

Dental Director/Chief Investigator - Principle
Executive/Manager
Paul Kleinstub, D.D.S., M.S.

Investigator 2- C5232 Pos 528 1.0FTE
Daryll Ross

Investigator 2- C5232 Pos 530 1.0 FTE
Harvey Wayson

Investigator/Consultant
Michelle Lawrence, D.M.D.

Investigator/Consultant
William Herzog, D.M.D.

Office Manager - 2 X806 Pos 524 1.0 FTE
Stephen Prisby

Licensing & Examination Manager Pos 525 1.0 FTE
Teresa Haynes

Office Specialist -2 C0104 Pos 529 1.0 FTE
Lisa Warwick

II. AFFIRMATIVE ACTION PLAN

A. Agency Affirmative Action Policy Statement

Introduction

The purpose of this plan is to update and maintain the previously initiated affirmative action program for the Oregon Board of Dentistry, in keeping with the directive of the Governor, state and federal laws and regulations, executive orders of the President of the United States of America concerning affirmative action, discrimination/non-discrimination guidelines appropriate under the Civil Rights Acts, equal employment opportunity (EEO) policies, and the Americans with Disabilities Act by which our good faith efforts must be directed.

Policy Statement

The Oregon Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled.

The Oregon Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, sexual orientation, or any reason prohibited by state or federal statute.

The Oregon Board of Dentistry has charged the Executive Director with the enforcement of the Affirmative Action Policy as well as the investigation of any violations of the Affirmative Action Policy in accordance with all laws, rules and regulations established by the State of Oregon.

The Affirmative Action Statement is posted on the Employee Bulletin Board located in the Oregon Board of Dentistry's Work Room.

The Affirmative Action Statement and the Affirmative Action Plan is given to each employee and Board Members and is on file in the Oregon Board of Dentistry Office and is made available to anyone who requests a copy via electronic or paper copy.

The Oregon Board of Dentistry expects all supervisors, managers and employees to follow the Affirmative Action Statement and the Affirmative Action Policy and requires management to note compliance during annual employee performance reviews.

The Oregon Board of Dentistry and its management further adopts and affirms the Governor's beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Oregon Board of Dentistry will not tolerate discrimination or harassment on the basis of age, color, marital status, mental or physical disability, national origin, race, religion, sex, sexual orientation, or any reason prohibited by state or federal statute. Nor shall the Board do business with any vendor/provider for the state of Oregon who discriminates or harasses in the above-described manner. All personnel actions of the Oregon Board of Dentistry, and all licensing actions and disciplinary actions concerning licensees, shall be administered according to this policy.

All staff of the Oregon Board of Dentistry shall adhere to the Affirmative Action Policy and Plan. Supervisory and management staff, in particular, shall assure that the intent as well as the stated requirements are implemented in all employee relationships and personnel practices. In addition, it is the duty of every employee of the Oregon Board of Dentistry to create a job environment atmosphere which is conducive to non-discrimination policies and free of any form of discrimination or harassment. The application of this policy is the individual responsibility of all administrative and supervisory staff, and each shall be evaluated on his/her performance in achieving this affirmative action policy as well as in other job performance criteria. The Affirmative Action Plan is posted on the Board's website; a hard copy is placed in the reception area, and in the Executive Director's and Office Manager's offices. The Affirmative Action Policy Statement is posted on the bulletin board where all other required posters are located. Failure to meet our Affirmative Action standards will be subject to disciplinary actions.

All employees shall be advised of the procedure for lodging a discrimination/ harassment complaint, and all employees with concerns of any kind related to affirmative action shall be encouraged to bring them to the attention of the Executive Director or the Office Manager. Our internal procedure supports the statewide policy and is located on A-13 of this plan.

It is further the policy of the Oregon Board of Dentistry to establish and maintain this program of affirmative action to provide for a method of eliminating any effects of past or present discrimination, intended or unintended, which may be indicated by analysis of present employment patterns, practices, or policies.

B. Agency Diversity & Inclusion Statement

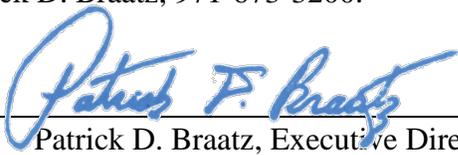
The Executive and Management Staff of the Oregon Board of Dentistry ensure that the agency has created, maintains and embeds a diverse and inclusive environment and organizational culture throughout the state delivery system. Our office also ensures that all Oregonians, regardless of gender, age, race, national origin, color, ethnicity, religion, people with disabilities, sexual orientation, veterans (etc.), have a fair and equal chance for available job opportunities at the agency.

We work both inside and outside of state government with everyone from state agency heads, human resources and on-the-ground staff to community-based organizations and the general public. This not only identifies systemic barriers and weaknesses that stand in the way of a diverse and inclusive workforce, but also finds and implements effective solutions that will fix the problems and improve the performance and service delivery of state organizations.

While the Governor's Diversity & Inclusion and Affirmative Action Office was created by federal and state laws, we are working to build an organization that uses the concepts of Diversity & Inclusion, e.g. problem-solving, innovation, organizational development, to create workplaces that are stronger, better functioning, and more dynamic – and can deliver the best possible service to the people of Oregon.

Duration of Plan

This revision of the Board's Affirmative Action Plan is effective July 1, 2015 and shall be evaluated annually or as needed when statewide changes occur. The Board's Affirmative Action Representative is Patrick D. Braatz, 971-673-3200.



Patrick D. Braatz, Executive Director

August 1, 2014
Date

C. Training, Education and Development Plan (TEDP):

1. Staff

The Oregon Board of Dentistry is a very small agency of only seven employees. All employees are made aware of any Affirmative Action and Diversity training via state e-mail, the posting of training information on the employee bulletin board and announcement at weekly staff meetings.

Employees are encouraged to attend Affirmative Action and Diversity training.

2. Board Members

- a. Provide new Board Members with a copy of the Affirmative Action Plan or direct them to the Board's website where the Plan is available for public viewing.
- b. Invite them to participate in the Board's cultural diversity training sessions.

3. Providers and Volunteers

The Oregon Board of Dentistry does not have any Providers or Volunteers.

4. Contractors/Vendors

When contracts are established or renewed, the Oregon Board of Dentistry provides vendors with a copy of the Affirmative Action Plan or directs them to the Board's website where the Plan is available for public viewing.

D. Programs

The Oregon Board of Dentistry uses a number of approaches in executing its diversity and inclusion program and bringing new people into the work force, creating opportunities for existing employees, and promoting an environment that is welcoming, tolerant and supportive. Some of the initiatives and activities include:

- Communicating to all staff in a variety of mediums the importance of diversity and inclusion;
- Drawing upon different sources to advertise our recruitments such as the new state recruiting system E-Recruit, and increase awareness of our openings by contacting minority and community organizations.
- Promoting a respectful workplace by offering training on diversity awareness, improving communications, conflict management, and an open atmosphere to talk about problems and ideas;
- Creating a welcoming environment by fostering an acceptance of people's differences and treating everyone with respect and professionalism whether they are staff or customer;
- Posting notices and forwarding e-mails that talk about cultural activities and other information that supports diversity and tolerance; and
- Displaying the agency's commitment to the Affirmative Action Plan by publicizing it on their website and having hard copies available in strategic locations for everyone to read.

1. Outreach- The Oregon Board of Dentistry is committed to open communication with the licenses and citizens of the state. The Executive Director and staff give approximately 24 presentations throughout the year to associations and students regarding licensing steps, new rules, and feedback on how to stay out of trouble and practice within the scope of the law. The OBD coordinates education and rule making with the major dental groups in the state. The OBD maintains a robust web site, and also utilizes email lists and mailings to communicate important Board information to all licensees.

E. Update: Executive Order 08-18

1. Cultural Competency Assessment and Implementation Services

As part of the Oregon Board of Dentistry's 2015-2017 Affirmative Action Plan, the agency will increase multicultural training through staff meetings and strive to seek diversity and cultural competency within our staff and Board Members.

The Board will work towards implementing a Cultural Competency Assessment within existing budget limitation. We anticipate that this assessment will help determine where OBD's culture lies in the spectrum from culturally unaware to culturally competent. A culturally competent organization is able to use the policies, people and resources it has to systematically anticipate, recognize and respond to varying expectations of customers and employees. A culturally competent organization values individuals for their differences instead of expecting individuals to adapt to the organizations culture. The OBD, its employees and customers will immediately benefit from their movement along the spectrum towards cultural competence.

The Oregon Board of Dentistry will develop a plan to enhance its cultural competence over the 2015-2017 Biennium. Implementation of the plan will result in:

- People of diverse backgrounds and experience effectively working together;
- People understanding and appreciating one another's differences;
- People effectively communicating with and being respectful of those differences;
- and

The plan will focus on:

- Licensees understanding and appreciating the value of the Board's requirements.
- Greater awareness among the members of OBD's workforce;
- Possible changes to policies and procedures that will enhance effective communication and utilize differing strengths;
- Identifying training events that all employees will enjoy and participate in; and
- An increased respect for and understanding of diverse cultures within the workforce.

The Oregon Board of Dentistry will benefit from this plan by:

- Utilizing unique strengths and perspectives to solve problems and enrich the work environment;
- Creating a climate of cultural awareness and a welcoming environment that honors diversity;
- Making a stronger and more cohesive workforce rallied together by a common goal of success;

- Having a greater understanding of the world in which we work and the customers we serve; and
- Preventing and overcoming misunderstandings, lost opportunities and conflict.

2. **Statewide Exit Interview Survey**

The Oregon Board of Dentistry offers exit interviews to all departing staff. Discuss and follow-up with the Executive Director on any concerns or trends. Ensure each departing employee is sent the link to the State’s exit interview survey monkey as required by the Governor’s Affirmative Action Office.

3. **Performance Evaluations of all Management Personnel**

The Oregon Board of Dentistry remains committed to compliance with the Governor’s executive orders requiring the inclusion of diversity and affirmative action requirements in position descriptions and annual performance evaluations. Performance accountability in the areas of Affirmation Action and Diversity will be reviewed during annual evaluations.

F. Status of contracts to Minority Businesses (ORS 659A.015)

The Oregon Board of Dentistry issues a small number of contracts which are very specific individual personal contracts. All contracts are prepared internally and the type of individuals that the Oregon Board of Dentistry needs are not found on the OMWESB Certified Firms List. The OBD has a Consultant/Investigator Contract with Dr. Michelle Lawrence.

III. ROLES FOR IMPLEMENTATION OF AFFIRMATIVE ACTION PLAN

A. Responsibilities and Accountabilities

1. **Executive Director**

- Foster and promote to employees the importance of a diverse and discrimination and harassment free workplace. Participate in cultural diversity trainings, orientations, and be an example of cultural sensitivity.
- Meet as needed, with the Board’s Office Manager to review equal employment opportunities, evaluate affirmative action and diverse work environment progress, and identify problems. Approve strategies and timetables for meeting goals.
- Annual performance reviews will include ratings on the Director’s support and effectiveness of the agency’s Affirmative Action Plan.
- Hold managers accountable for participating in and promoting affirmative action activities and for communicating this same responsibility to their subordinate supervisors and employees. The effectiveness of managers and supervisors in promoting the affirmative action activities, goals and objectives for OBD will be included in their annual performance appraisals. ORS 659.025(1) states:

“To achieve the public policy of the State of Oregon for persons in the state to attain employment and advancement without discrimination because of race, religion, color, sex, marital status, national origin, handicap or age, every state agency shall be required

to include in the evaluation of all management personnel the manager's or supervisor's effectiveness in achieving affirmative action objectives as a key consideration of the manager's or supervisor's performance.

2. **Managers and Supervisors**

- a. Foster and promote to employees the importance of a diverse and discrimination and harassment free workplace.
- b. Managers and supervisors will receive an orientation on the Board's affirmative action goals, understand their own responsibilities, and evaluate how well they are achieving the Board's affirmative action goals and objectives. They will attend cultural competency training, attend orientations, and promote cultural awareness.
- c. Subordinate supervisors will be evaluated on their effectiveness in carrying out the responsibilities they have for participating in and promoting affirmative action activities.
- d. In undertaking these evaluations, managers will consider how well the supervisor fosters and promotes a diverse workforce, how well s/he promotes the affirmative action goals and objectives, and that his/her staff are knowledgeable about OBD policies and procedures that encourage a welcoming environment.
- e. Inform applicants for vacant positions that the Board is an equal employment employer committed to workforce diversity. Have a copy of the Board's Affirmative Action Plan available for applicants to review on request.
- f. Work with the Human Resources Section to utilize State of Oregon procedures and rules in filling vacancies.
- g. Attend equal opportunity, affirmative action and other diversity and inclusion-related training in order to be informed of current issues.
- h. Display the Board's Affirmative Action Policy Statement and have available a hard copy of the Affirmative Action Plan in the office. An electronic copy of the Board's Affirmative Action Policy Statement will also be maintained on the OBD website.
- i. Act in a timely manner if they become aware of any Board employee engaging in any type of harassment.
- j. Periodically report to employees on the Board's progress in attaining its' affirmative action goals and on other affirmative action matters.
- k. Be held accountable for promoting affirmative action on their annual performance evaluations.

3. **Affirmative Action Officer and/or Designee**

- a. Work with the Executive Director, managers and supervisors to promote a diverse workforce environment and help attain the AA goals of the Board. Encourage the retention of existing employees and create new learning opportunities for them.
- b. Report AA activities to the Executive Director in one-on-one meetings as well as staff meetings. Obtain support for proposed changes to the AA Plan to reach goals and objectives. Respond to AA issues and attend AA meetings on behalf of the Director.
- c. Emphasize the Board's support of equal employment opportunity, affirmative action and the benefits of a diverse workforce.
- d. Train managers to have diverse interview panels including, when possible, one member who works outside the hiring section/division and one member from a protected class.

- e. Research training opportunities and topics for presentation to all staff. Actively participate in those trainings.
- f. Have hard copies and/or electronic copies of the Board's Affirmative Action Policy Statement and Plan available for review by all managers, supervisors and employees. Make hard or electronic copies available to applicants for employment on request. Recommend changes to the Plan and update it as required. Compile statistics and keep management informed of the Board's AA status during management meetings. Solicit comments from managers requesting how Human Resources can assist them in promoting affirmative action activities and how best to create a more diverse workforce.
- g. Discuss the State of Oregon/Board Affirmative Action Plan and Policy in New Employee Orientation. Make the orientation as welcoming as possible. Include in the discussion:
 - Our expectations surrounding a respectful workplace and talk about what that means to the agency as well as the employee.
 - Our commitment to supporting the personal and professional growth of our employees.
 - Our encouragement to contribute and participate in agency activities that will assist the agency in meeting its objectives.
 - And our doors are always open for questions and concerns.
- i. Train and inform managers, supervisors and employees at New Employee Orientation as to their rights and responsibilities under the Board's affirmative action policy and other Board policies to eliminate any harassment based on race, sex, age, religion, sexual orientation, or disability.
- j. Respond to and investigate complaints. Enforce policies and procedures.
- k. Offer the Statewide Exit Interview Survey to all terminated employees. Analyze for trends. If it appears that discrimination or harassment was a factor in employee separation, conduct an investigation and take appropriate action. Inform the Executive Director of the results.
- l. Evaluate revised and new policies for possible adverse impact on the Board's commitment to affirmative action and equal employment opportunities.
- m. Serve as a liaison between the Board, the state and federal agencies that protect civil rights.

IV. JULY 1, 2012-JUNE 30, 2014

A. Affirmative Action Report

Affirmative Action Report

Agency Affirmative Action Policy: The Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled. The Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, or any reason prohibited by state or federal statute.

The Board and its management further adopts and affirms the Governor's beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Board of Dentistry has seven positions budgeted at 7.0 FTE.

Status of 7.0 staff positions at June 30, 2014:

Official/Administrator	1.0 White/Male/over 40
Professional/Technical	3.0 White/Male/over 40
Administrative/Support	1.0 White/Male/over 40
	1.0 White/Female/under 40
	1.0 White/Female/over 40

The nine members of the Board are appointed by the Governor and confirmed by the Senate to four-year terms. By statute, six members are licensed dentists, two are licensed hygienists and one is a public member.

V. SB 786 – Diversity Report

Senate Bill 786 (ORS Chapter 973), passed by the 2001 Legislature, requires that the health professional regulatory boards listed in ORS 676.160 collect and maintains information regarding racial, ethnic and bilingual status of licensees and applicants and report to the 2003 Legislature. Provision of the information by licensees is voluntary.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities, is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various

In 2002, the Board participated in the Oregon Health Workforce Project conducted by OHSU, Area Health Education Centers Program, to determine the workforce and demographic makeup of several health care professions. Results of that survey are shown in the following tables:

VI. Race	Dentists	Hygienists
American Indian/Alaska Native	.3%	.4%
Asian	5.7%	2.7%
Black or African American	.2%	0%
Native Hawaiian or other Pacific Islander	.2%	.4%
Multi-ethnic	.5%	.5%
White (not Hispanic)	93.3%	96%
Other	1%	1%
VII. Gender		
Female	23%	97%
Male	76%	3%

Languages Spoken	Dentists	Hygienists
Spanish	6%	11%
Chinese	3%	1.2%
Vietnamese	1.5%	1%
Russian	1%	1%
Korean	.4%	.1%
Cambodian	.1%	0%
Laotian	0%	0%
English	95.6%	87.5%

To comply with the requirements of SB 786, a survey instrument was developed in collaboration with other health licensing boards in late 2001. The Board of Dentistry decided that the most economical way to gather this information would be to include the survey with renewal applications. Approximately one-half of all licensees renew their licenses each year. (Dentists renew their licenses every two years by March 30 based on even or odd-numbered year of issue and Dental Hygiene licenses are renewed by September 30 in the same manner.) For the purposes of compliance with the requirements of SB 786, it will take two years to complete the survey of all licensees.

Starting in January 2002, the survey was included in the renewal mailings for all licensees during the 2 year renewal cycle which ended September 30, 2003, a total of 3,478 licensees responded. Also effective January 2002, the survey form was included in application packets for new licenses.

Results of OBD surveys returned as of July1, 2014:

Race	Total	% of those Responding	Speak a language other than English
American Indian/Alaska Native	34	.004%	8
Asian/Pacific Islander	327	4.1%	207
Black (not Hispanic)	15	.001%	2
Hispanic	112	1.4 %	72
Other (Multi-ethnic)	33	.004%	11
White (not Hispanic)	3341	42%	430
Not specific	4062	51%	10
Total	7924		740

In addition to implementation of the survey, the Board has met with the Oregon Dental Association and the Dean of the OHSU School of Dentistry to discuss ways in which these three organizations can partner to advance the purposes of SB 786 in attracting people of ethnic and racial background to the professions of dentistry and dental hygiene. Several meetings have also been held with representatives of the affected licensing boards, the Office of Multicultural Health, Department of Administrative Services Diversity Outreach and Executive Recruitment section. Representatives from the Commission

on Black Affairs, Commission on Asian Affairs and Commission on Indian Services were also invited to attend. Discussions were conducted to develop strategies for collaborative outreach efforts to recruit Board members from ethnic and racially diverse populations and to educate these populations about opportunities in health professional.

**OREGON BOARD OF DENTISTRY GOALS,
STRATEGIES AND ACCOMPLISHMENTS
AFFIRMATIVE ACTION PLAN July 1, 2012 – June 30, 2014**

The Affirmative Action goals of the Oregon Board of Dentistry for the 2013-2015 biennium were to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.
No employee vacancies occurred during the 2013-2015 biennium.
2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.
No employee vacancies occurred during the 2013-2015 biennium.
3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.
The OBD provides a good work environment which is why there has been no turnover in staff and employees remain for many years.
4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.
Employees are informed of all development and training opportunities.
5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.
No employee vacancy occurred during the 2013-2015 biennium.
6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.
Employees are made aware of all vacancies outside of the OBD.
7. Attend or sponsor outreach events targeting people of color, disabled individuals and women.
Employees are made aware of programs that target people of color, disabled individuals and women that occurred during 2013 -2015 biennium.

OREGON BOARD OF DENTISTRY
AFFIRMATIVE ACTION PLAN
July 1, 2015 – June 30, 2017

Mission Statement: The mission of the Oregon Board of Dentistry is to assure that all citizens of Oregon receive the highest possible quality oral health care.

**ORGANIZATIONAL STRUCTURE
AND RESPONSIBILITIES FOR PLAN IMPLEMENTATION**

The Affirmative Action goals of the Oregon Board of Dentistry for the 2015-2017 biennium are to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.
2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.
3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.
4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.
5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.
6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.
7. Attend or sponsor outreach events targeting people of color, disabled individuals and women.

OREGON BOARD OF DENTISTRY
STRATEGIES FOR IMPLEMENTATION OF
2015-2017 AFFIRMATIVE ACTION PLAN

The Affirmative Action goals of the Oregon Board of Dentistry for the 2013-2015 biennium are to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.

OBD will comply with all OBD and DAS HRSD Hiring Policies and Rules once a vacancy exists.
2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.

OBD will use the services of DAS HRSD to advertise according to DAS HRSD Policies and Rules once a vacancy exists.
3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.

The OBD continues to provide a good work environment for all employees.

4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.

Employees are informed of all employment opportunities within state government. Current OBD Position Descriptions do not provide for specific position advancement with the OBD.

5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.

OBD will confer with DAS HRSD to put into place statewide recruitment opportunities for all vacancies.

6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.

Employees are made aware of all vacancies outside of the OBD.

7. Attend or sponsor outreach events targeting people of color, disabled individuals and women.

Employees are made aware and encouraged to attend programs.

**OREGON BOARD OF DENTISTRY
POLICY 834-413-016
AMERICAN WITH DISABILITIES ACT
&
REASONABLE ACCOMMODATIONS**

Purpose: To define Agency policy regarding The American with Disabilities Act & Reasonable Accommodations. References - The American with Disabilities Act.

The Oregon Board of Dentistry supports the employment and advancement of qualified individuals with disabilities. The Board shall make reasonable accommodations to the known physical or mental limitations of a participating member of the public, a consumer of agency services, or an agency job applicant or employee, unless to do so would create an undue hardship on the agency, as provided under the Americans with Disabilities Act (ADA).

The Board will make every effort to furnish appropriate and necessary auxiliary aids to ensure that individuals with disabilities will have equal opportunities to participate in activities and to receive program services.

Reasonable Accommodation: is "any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to perform essential job functions. Reasonable accommodations also includes adjustments to assure that a qualified individual with a disability has the same rights and privileges in employment as non-disabled employees."

Person With a Disability: a person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment.

Undue Hardship: significant difficulty, expense, or impact on the agency when considered in light of a number of factors that include the nature and cost of the accommodation in relation to the size, resources, and structure of the agency.

ADA Coordinator: the Executive Director is designated as the ADA Coordinator pursuant to part 35.107 of the Americans with Disabilities Act.

In compliance with ADA guidelines, the Board will provide special materials, services or assistance to individuals with a disability upon sufficient notice to the Board office. The Oregon Relay Service - 711 - is available to assist individuals with speech or hearing disabilities. In addition, the Speech to Speech Relay Service supplies Oregon with a toll-free number (1-877-735-7525) to assist individuals whose speech may be difficult to understand. If an individual does not request an accommodation, the Board is not obligated to provide one.

No employee of the Board nor any entity contracting with it may coerce, intimidate, threaten, or interfere with any individual who has opposed any act or practice prohibited by the ADA; participated in any investigation; or aided or encouraged others to assert rights granted under the ADA.

Policy: 834-413-016

1 of 2

04/07

An individual who believes they have been discriminated due to their disability should contact the ADA Coordinator, Board President, or other board member(s). If the issue is not resolved to the individual's satisfaction, they may file a grievance with the:

- U.S. Dept of Justice Civil Rights Division - PO Box 6618, Washington, D.C., 20530
- Equal Employment Opportunity Commission - 1801 L. St. NW #9024, Washington, D.C. 20507

VIII. APPENDIX A

A. Agency's Policy Documentation

1. **ADA and Reasonable Accommodation in Employment (No.50.020.10)**
2. **Discrimination and Harassment Free Workplace (No. 50.010.01)**
3. **Agency Employee and Training Policy**
4. **Veterans Preference in Employment (105-040-0015)**
5. **Other agency documentation in support of its affirmative action plan**

IX. APPENDIX B

1. **Age Discrimination in Employment Act of 1967 (ADEA)**
2. **Disability Discrimination Title I of the Americans with Disability Act of 1990**
3. **Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964**
4. **Genetic Information Discrimination Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)**
5. **National Origin Discrimination Title VII of the Civil Rights Act of 1964**
6. **Pregnancy Discrimination Title VII of the Civil Rights Act of 1964**
7. **Race/Color Discrimination Title VII of the Civil Rights Act of 1964**
8. **Religious Discrimination Title VII of the Civil Rights Act of 1964**
9. **Retaliation Title VII of the Civil Agency Affirmative Action Policy**
10. **Sex-Based Discrimination Title VII of the Civil Rights Act of 1964**
11. **Sexual Harassment Title VII of the Civil Rights Act of 1964**

3. Employee and Training Policy

PURPOSE/POLICY:

Provide resources and learning opportunities for Oregon Board of Dentistry employees to perform the duties of their current position and to encourage their career development in state service. In accordance with the Oregon Benchmarks and State Policy, it is the goal of the Oregon Board of Dentistry provide all employees with at least 20 hours of training related to work skills and knowledge each fiscal year.

DEFINITIONS:

Training related to work skills – includes formal instruction that relates to an employee’s competence to perform their specific job, an employee’s work environment, or an employee’s state government career.

Job required training – provides knowledge or skills specific to an employee’s current job. It is needed for the successful performance of that job. Examples include technical knowledge, use of equipment, software applications, organizational skills and interpersonal skills.

Job related training – provides knowledge or skills an employee needs to meet agency or state performance expectations. Examples include understanding the agency or state mission and values, policies and procedures, customer service standards, safe work practices, valuing diversity and preventing harassment.

RESPONSIBILITIES:

Manager

1. Asses the training needs of their employees on an on-going basis.
2. Develop and implement individual employee development plans that enable employees to successfully perform their jobs and contribute to the achievement of the Board’s mission and goals.
3. Job required and job related training shall be conducted without loss of pay to the employee and the employee shall be paid for the time as time worked.
4. Encourage employees to research training opportunities for consideration.

HR Manager

1. Schedule and provide agency-wide training programs that meet common needs.
2. Provide communication about internal and external training programs, services, resources and opportunities.
3. Track in-agency training completed by employees.
4. Support managers and employees in the goal of participation in at least 20 hours of training each year.

Employees

1. Identify and research training opportunities that are job required or job related. Share information with manager.

4. Veterans Preference in Employment

105-040-0015

Veteran's Preference in Employment

Applicability: Recruitment and selection processes for all State of Oregon positions in agencies subject to ORS 240, State Personnel Relations Law, including but not limited to promotional opportunities.

(1) Definitions: (See also HRSD Rule 105-010-0000 Definitions Applicable Generally to Personnel Rules and Policies.)

(a) Initial Application Screening: An agency's process of determining whether an applicant meets the minimum and special qualifications for a position. An Initial Application Screening may also include an evaluation of skills or grading of supplemental test questions if required on the recruiting announcement.

(b) Application Examination: The selection process utilized by an agency after Initial Application Screening. This selection process includes, but is not limited to, formal testing or other assessments resulting in a score as well as un-scored examinations such as interviews and reference checks.

(c) Veteran and Disabled Veteran: As defined by ORS 408.225 and 408.235.

(2) Application of preference points upon Initial Application Screening: Qualifying Veterans and Disabled Veterans receive preference points as follows;

(a) Five Veteran's Preference points are added upon Initial Application Screening when an applicant submits as verification of eligibility a copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215), or a letter from the US Department of Veteran's Affairs indicating the applicant receives a non-service connected pension with the State of Oregon Application; or

(b) Ten Disabled Veteran's points are added upon Initial Application Screening when an applicant submits as verification of eligibility a copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215) with the State of Oregon Application. Disabled Veterans must also submit a copy of their Veteran's disability preference letter from the US Department of Veteran Affairs, unless the information is included in the DD Form 214 or 215.

(c) Veteran's and Disabled Veteran's preference points are not added when a Veteran or Disabled Veteran fails to meet the minimum or the special qualifications for a position.

(3) Following an Initial Application Screening the agency generates a list of qualified applicants to consider for Appointment. An Appointing Authority or designee may then:

(a) Determine whether or not to interview all applicants who meet the minimum and special qualifications of the position (including all Veterans and Disabled Veterans); or

(b) Select a group of Veteran and Disabled Veteran applicants who most closely match the agency's purposes in filling the position. This group of applicants may be considered along with non-veteran applicants who closely match the purposes of the agency in filling the position as determined by:

(A) Scored Application Examinations (including scored interviews): If an agency utilizes, after an Initial Application Screening, a scored Application Examination to determine whom to consider further for Appointment, the agency will add (based on a 100-point scale) five points to a Veteran's score or 10 points to a Disabled Veteran's score or;

(B) Un-scored Application Examinations: Un-scored Application Examinations done by sorting into levels (such as "unsatisfactory," "satisfactory," "excellent") based on desired attributes or other criteria for further consideration will be accomplished by:

(i) Advancing the application of a Veteran one level;

(ii) Advancing an application of a Disabled Veteran two levels.

(4) Preference in un-scored interviews: A Veteran or Disabled Veteran who, in the judgment of the Appointing Authority or designee, meets all or substantially all of the agency's purposes in filling the position will continue to be considered for Appointment.

(5) If a Veteran or Disabled Veteran has been determined to be equal to the top applicant or applicants for a position by the Appointing Authority or designee then the Veteran or Disabled Veteran is ranked more highly than non-veteran applicants and, a Disabled Veteran is ranked more highly than non-veteran and Veteran applicants.

(6) Preference described in Sections 2 through 5 of this rule is not a requirement to appoint a Veteran or Disabled Veteran to a position. An agency may base a decision not to appoint the Veteran or Disabled Veteran solely on the Veteran's or Disabled Veteran's merits or qualifications.

(7) A Veteran or a Disabled Veteran applicant not appointed to a position may request an explanation from the agency. The request must be in writing and be sent within 30 calendar days of the date the Veteran or Disabled Veteran was notified that they were not selected. The agency will respond in writing with the reasons for not appointing the Veteran or Disabled Veteran.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth: ORS 240.145(3) & 240.250

Stats. Implemented: ORS 408.225, 408.230 & 408.235

Hist.: HRSD 3-2007(Temp), f. & cert ef. 9-5-07 thru 3-3-08; HRSD 1-2008, f. 2-27-08, cert. ef. 3-1-08; HRSD 3-2009, f. 12-30-09, cert. ef. 1-1-10

SUBJECT: Maintaining a Professional Workplace	NUMBER:	50.010.03
DIVISION: Human Resource Services Division	EFFECTIVE DATE:	08/27/07
APPROVED: Signature on file with the Human Resource Services Division		

POLICY STATEMENT: It is the policy of the State of Oregon to create and maintain a work environment that is respectful, professional and free from inappropriate workplace behavior.

AUTHORITY: ORS 240.145 and ORS 240.250

APPLICABILITY: All employees, including state temporary employees

ATTACHMENTS: N/A

DEFINITIONS:

See also HRSD State Policy 10.000.01, Definitions; and OAR 105-010-0000

Agency: Refers to state agencies, boards and commissions

Professional Workplace Behavior: Supporting the values and mission of the State of Oregon and the agency, building positive relationships with others, communicating in a respectful manner, holding oneself accountable and pursuing change within the system.

Inappropriate Workplace Behavior: Unwelcome or unwanted conduct or behavior that causes a negative impact or disruption to the workplace or the business of the state, or results in the erosion of employee morale and is not associated with an employee's protected class status.

Examples of inappropriate workplace behavior include but are not limited to, comments or behaviors of an individual or group that disparage, demean or show disrespect for another employee, a manager, a subordinate, a customer, a contractor or a visitor in the workplace.

Inappropriate workplace behavior does not include actions of performance management such as supervisor instructions, expectations or feedback, administering of disciplinary actions, or investigatory meetings.

Inappropriate workplace behavior does not include assigned, requested or unsolicited constructive peer feedback on projects or work.

Protected Class Under Federal Law: Race; color; national origin; sex (includes pregnancy-related conditions); religion; age (40 and older); disability; a person who uses leave covered by the Federal Family and Medical Leave Act; a person who uses

Military Leave; a person who associates with a protected class; a person who opposes unlawful employment practices, files a complaint or testifies about violations or possible violations; and any other protected class as defined by federal law.

Protected Class Under Oregon State Law: All Federally protected classes, plus: age (18 and older); physical or mental disability; injured worker; a person who uses leave covered by the Oregon Family Leave Act; marital status; family relationship; sexual orientation; whistleblower; expunged juvenile record; and any other protected class as defined by state law.

POLICY

- (1) It is the policy of the State of Oregon to create and maintain a work environment that is respectful, professional and free from inappropriate workplace behavior.
 - (a) **Conduct** Employees at every level of the agency should foster an environment that encourages professionalism and discourages disrespectful behavior. All employees are expected to behave respectfully and professionally and refrain from engaging in inappropriate workplace behavior.
 - (b) **Addressing Inappropriate Workplace Behavior**
 - (A) Supervisors must address inappropriate behavior that they observe or experience and should do so as close to the time of the occurrence as possible and appropriate.
 - (B) If an employee observes or experiences inappropriate workplace behavior and the employee feels comfortable in doing so, they should:
 - (i) redirect inappropriate conversations or behavior to workplace business; and/or
 - (ii) tell an offending employee his/her behavior is offensive and ask him/her to stop.
 - (c) **Reporting Inappropriate Workplace Behavior**
 - (A) An employee should report inappropriate workplace behavior he/she experiences or observes to his/her immediate supervisor as soon as practicable. If the employee's immediate supervisor is the one engaging in the inappropriate behavior, the employee should report the behavior to upper management, the agency head or Human Resource section, as soon as practicable. The report may be made orally or in writing.
 - (B) If past practice exists in the agency, an employee who is represented by a labor union may have a union representative present during regular work hours, when reporting inappropriate workplace behavior and through the process set forth in this policy. The union representative must not be a witness or party to the investigation.
 - (C) Reporting behavior or conduct directed toward an employee because of his/her protected class status is addressed in DAS Statewide Policy 50.010.01, Discrimination and Harassment Free Workplace.
 - (d) **Responding to a Report of Inappropriate Workplace Behavior** Inappropriate workplace behavior must be addressed and corrected before it becomes pervasive, causes further workplace disruption or lowers employee morale. Unless the agency decides otherwise, the supervisor of the employee allegedly engaging in the inappropriate workplace behavior must investigate the report as soon as possible.

(e) Consequences

(A) Any employee found to have engaged in inappropriate workplace behavior, will be counseled, or, depending on the severity of the behavior, may be subject to discipline, up to and including dismissal.

(B) A supervisor who fails to address inappropriate behavior, will be counseled, or, depending on the severity of the behavior, may be subject to disciplinary action, up to and including dismissal.

(f) Retaliation Retaliating against someone for reporting or addressing inappropriate workplace behavior is prohibited. The agency will investigate reports of retaliation. Any employee found to have engaged in retaliation may be subject to discipline, up to and including dismissal.

5. Other agency documentation in support of its affirmative action plan

Persons with Disabilities Policy and Complaint Procedure:

It is the policy of the Board to employ and advance in employment qualified individuals with disabilities. The Board shall make reasonable accommodations to the known physical or mental limitations of a participating member of the public, a consumer of agency services, or an agency job applicant or employee, unless to do so would create an undue hardship on the agency, as provided under the Americans with Disabilities Act (ADA).

The Board will make every effort to furnish appropriate and necessary auxiliary aids to ensure that individuals with disabilities will have equal opportunities to participate in activities and to receive the services of the department.

Definition of Person with a disability: A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. The Agency Administrative Director is designated as the ADA Coordinator pursuant to part 35.107 of the American's with Disabilities Act.

In compliance with ADA guidelines, the Board will provide special materials, services or assistance to individuals with a disability upon sufficient notice to the Board office. For the hearing impaired, the Board may be contacted through Oregon Relay at 1-800-735-1232.

- An employee, volunteer, provider, or vendor who believes he/she has been discriminated due to their disability should contact the Administrative Director or Executive Director. If the issue is not resolved to the employee's satisfaction, they should file a complaint regarding employment with the Equal Employment Opportunity Commission; or a complaint regarding services with the U.S. Department of Justice, Civil Rights Division.

Harassment In The Workplace Policy And Complaint Procedure

(1) Discrimination prohibited. It is the policy of the Board of Dentistry to provide a work environment free from unlawful discrimination on the basis of race, color, religion, gender, sexual orientation, marital status, national origin, disability, age (18 or older), or because of the race, color, religion, gender, sexual orientation, marital status, national origin, disability or age of any other person with whom the individual associates, or any other factor that an employer is prohibited by law from considering when making employment decisions (protected class status). This policy applies to all matters relating to hiring, firing, transfer, promotion, benefits, compensation, and other terms and conditions of employment.

(2) Workplace harassment prohibited. It is also the policy of the Board of Dentistry that all employees should enjoy a work environment that is free from unlawful harassment (harassment based on the employee's protected class status). All employees are expected to refrain from sexual and other unlawful harassment.

(3) Retaliation prohibited. This policy prohibits retaliation against employees who report violations or potential violations of this policy or assist the Board in investigating matters raised under this policy. It also prohibits retaliation for testifying, assisting or participating in an investigation, proceeding or

hearing conducted by the Oregon Bureau of Labor and Industries (BOLI) or the Equal Employment Opportunity Commission (EEOC).

(4) Penalties. Conduct in violation of this policy will not be tolerated, and may result in disciplinary action up to and including dismissal. Also, managers and supervisors who know or should have known of conduct in violation of this policy and who fail to promptly report such behavior are subject to disciplinary action up to and including dismissal.

(5) Harassment definition and examples: Harassment is conduct or a display (verbal, physical or visual) that demeans or shows hostility or aversion toward an individual or group because of the person's or group's race, color, religion, gender, sexual orientation, marital status, national origin, disability, age, or other protected class status and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive working environment; (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities.

(a) Examples of prohibited harassment may include (these examples are not meant to be all-inclusive): epithets, jokes, slurs, negative stereotyping, demeaning comments or labels, or threatening, intimidating or hostile acts that relate to race, color, religion, gender, sexual orientation, marital status, national origin, disability, age, or other protected class status; written or graphic material that puts down or shows hostility or dislike toward an individual or group because of race, color, religion, gender, sexual orientation, marital status, national origin, disability, age, or other protected class status and is placed on walls, bulletin boards, computers or elsewhere on the employer's premises, or accessed or circulated in the workplace, electronically or otherwise.

(b) Sexual harassment is a form of unlawful workplace harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical behavior of a sexual nature when:

(1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or used as a basis for any employment decision (e.g., granting a leave request, promotion, favorable performance appraisal); or

(2) Such conduct is unwelcome and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

(3) Examples of prohibited sexual harassment may include (these examples are not intended to be all-inclusive): unwelcome touching or closeness of a personal nature, including sexual contact, leaning over, cornering, pinching, sexual innuendoes, teasing and other sexual talk such as jokes, intimate inquiries, persistent unwanted courting, sexist put-downs or insults, sexually suggestive comments, inappropriate use of state communication systems including email, internet and telephone, and written or graphic material of a sexual or sexist nature. See also the examples under part (a) above.

(6) Complaint Procedure:

(a) Complaint. An employee who is subject to or is aware of conduct which violates or might violate this policy should report that information immediately to his/her immediate supervisor, the Executive Director, the Human Resources Manager, or the Board Chair (if the complaint is against the Executive Director). If at all possible, the report should be made before the behavior becomes severe. The complaint should be reported verbally or in writing within 30 calendar days of the alleged act,

preferably earlier. However, complaints filed late will still be investigated pursuant to this policy to the extent possible. All supervisors and managers shall promptly report complaints and incidents in violation of or potential violation of this policy, or reported to the supervisor/manager as being or potentially being in violation of this policy, to the Executive Director, the Human Resources Manager, or the Board Chair (if the complaint is against the Executive Director).

Complaints should include the name of the complainant, the name(s) of the person(s) alleged to have been discriminated against or harassed (if different from the person bringing the complaint), the name(s) of the person(s) alleged to have engaged in the prohibited conduct, a specific and detailed description of the conduct that the employee believes is discrimination or harassment, and a description of the remedy the employee desires.

(b) Investigation. The recipient of a discrimination or harassment complaint shall promptly forward it to the Executive Director (or to the Board Chair in the event the complaint is about the Executive Director), who will coordinate in consultation with Human Resources, or delegate responsibility for coordinating, the Board of Pharmacy's investigation. The complaint will be given prompt and thorough attention including an initial inquiry into whether discrimination or harassment has occurred, steps to prevent any ongoing discrimination or harassment, and an impartial investigation. If the complaint is substantiated, prompt and appropriate corrective action will be taken. The affected parties will be informed that the investigation has concluded and, if the complaint is sustained, that appropriate corrective action will be or has been taken. All personnel can be assured that complaints will be taken seriously, will be investigated as necessary, and will to the extent possible consistent with applicable laws, rules, policies and investigatory needs, be dealt with in a confidential manner.

(c) Other complaints and grievances. Nothing in this policy precludes any person from filing a grievance in accordance with the SEIU Collective Bargaining Agreement, or a complaint with BOLI and/or the EEOC, or a lawsuit. Timelines for filing grievances, lawsuits, and/or complaints with BOLI/EEOC are different from those established in this policy. Employees should contact SEIU, private counsel, or BOLI/EEOC directly for specific guidance on filing deadlines and procedures.

The Age Discrimination in Employment Act of 1967

[The Age Discrimination in Employment Act of 1967 \(ADEA\)](#) protects individuals who are 40 years of age or older from employment discrimination based on age. The ADEA's protections apply to both employees and job applicants. Under the ADEA, it is unlawful to discriminate against a person because of his/her age with respect to any term, condition, or privilege of employment, including hiring, firing, promotion, layoff, compensation, benefits, job assignments, and training. The ADEA permits employers to favor older workers based on age even when doing so adversely affects a younger worker who is 40 or older.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on age or for filing an age discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under the ADEA.

The ADEA applies to employers with 20 or more employees, including state and local governments. It also applies to employment agencies and labor organizations, as well as to the federal government. ADEA protections include:

- **Apprenticeship Programs**

It is generally unlawful for apprenticeship programs, including joint labor-management apprenticeship programs, to discriminate on the basis of an individual's age. Age limitations in apprenticeship programs are valid only if they fall within certain specific exceptions under the ADEA or if the EEOC grants a specific exemption.

- **Job Notices and Advertisements**

The ADEA generally makes it unlawful to include age preferences, limitations, or specifications in job notices or advertisements. A job notice or advertisement may specify an age limit only in the rare circumstances where age is shown to be a "bona fide occupational qualification" (BFOQ) reasonably necessary to the normal operation of the business.

- **Pre-Employment Inquiries**

The ADEA does not specifically prohibit an employer from asking an applicant's age or date of birth. However, because such inquiries may deter older workers from applying for employment or may otherwise indicate possible intent to discriminate based on age, requests for age information will be closely scrutinized to make sure that the inquiry was made for a lawful purpose, rather than for a purpose prohibited by the ADEA. If the information is needed for a lawful purpose, it can be obtained after the employee is hired.

- **Benefits**

The Older Workers Benefit Protection Act of 1990 (OWBPA) amended the ADEA to specifically prohibit employers from denying benefits to older employees. Congress recognized that the cost of providing certain benefits to older workers is greater than the cost of providing those same benefits to younger workers, and that those greater costs might create a disincentive to hire older workers. Therefore, in limited circumstances, an employer may be permitted to reduce benefits based on age, as long as the cost of providing the reduced benefits to older workers is no less than the cost of providing benefits to younger workers.

Employers are permitted to coordinate retiree health benefit plans with eligibility for Medicare or a comparable state-sponsored health benefit.

- **Waivers of ADEA Rights**

An employer may ask an employee to waive his/her rights or claims under the ADEA. Such waivers are common in settling ADEA discrimination claims or in connection with exit incentive or other employment termination programs. However, the ADEA, as amended by OWBPA, sets out specific minimum standards that must be met in order for a waiver to be considered knowing and voluntary and, therefore, valid. Among other requirements, a valid ADEA waiver must:

- be in writing and be understandable;
- specifically refer to ADEA rights or claims;
- not waive rights or claims that may arise in the future;
- be in exchange for valuable consideration in addition to anything of value to which the individual already is entitled;
- advise the individual in writing to consult an attorney before signing the waiver; and
- provide the individual at least 21 days to consider the agreement and at least seven days to revoke the agreement after signing it.

If an employer requests an ADEA waiver in connection with an exit incentive or other employment termination program, the minimum requirements for a valid waiver are more extensive. *See* "Understanding Waivers of Discrimination Claims in Employee Severance Agreements" at http://www.eeoc.gov/policy/docs/qanda_severance-agreements.html

Title I of the Americans with Disabilities Act of 1990 (ADA)

[Title I of the Americans with Disabilities Act of 1990](#) prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The ADA covers employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations. The ADA's nondiscrimination standards also apply to federal sector employees under section 501 of the Rehabilitation Act, as amended, and its implementing rules.

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
 - Has a record of such an impairment; or
 - Is regarded as having such an impairment.
- A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Reasonable accommodation may include, but is not limited to:
- Making existing facilities used by employees readily accessible to and usable by persons with disabilities.
 - Job restructuring, modifying work schedules, reassignment to a vacant position;
 - Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the employer's business. Reasonable accommodations are adjustments or modifications provided by an employer to enable people with disabilities to enjoy equal employment opportunities. Accommodations vary depending upon the needs of the individual applicant or employee. Not all people with disabilities (or even all people with the same disability) will require the same accommodation. For example:

- A deaf applicant may need a sign language interpreter during the job interview.
- An employee with diabetes may need regularly scheduled breaks during the workday to eat properly and monitor blood sugar and insulin levels.
- A blind employee may need someone to read information posted on a bulletin board.
- An employee with cancer may need leave to have radiation or chemotherapy treatments.

An employer does not have to provide a reasonable accommodation if it imposes an "undue hardship." Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation.

An employer is not required to lower quality or production standards to make an accommodation; nor is an employer obligated to provide personal use items such as glasses or hearing aids.

An employer generally does not have to provide a reasonable accommodation unless an individual with a disability has asked for one. If an employer believes that a medical condition is causing a performance or conduct problem, it may ask the employee how to solve the problem and if the employee needs a reasonable accommodation. Once a reasonable accommodation is requested, the employer and the individual should discuss the individual's needs and identify the appropriate

reasonable accommodation. Where more than one accommodation would work, the employer may choose the one that is less costly or that is easier to provide.

Title I of the ADA also covers:

- **Medical Examinations and Inquiries**
Employers may not ask job applicants about the existence, nature, or severity of a disability. Applicants may be asked about their ability to perform specific job functions. A job offer may be conditioned on the results of a medical examination, but only if the examination is required for all entering employees in similar jobs. Medical examinations of employees must be job related and consistent with the employer's business needs.

Medical records are confidential. The basic rule is that with limited exceptions, employers must keep confidential any medical information they learn about an applicant or employee. Information can be confidential even if it contains no medical diagnosis or treatment course and even if it is not generated by a health care professional. For example, an employee's request for a reasonable accommodation would be considered medical information subject to the ADA's confidentiality requirements.

- **Drug and Alcohol Abuse**
Employees and applicants currently engaging in the illegal use of drugs are not covered by the ADA when an employer acts on the basis of such use. Tests for illegal drugs are not subject to the ADA's restrictions on medical examinations. Employers may hold illegal drug users and alcoholics to the same performance standards as other employees.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on disability or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under the ADA.

Federal Tax Incentives to Encourage the Employment of People with Disabilities and to Promote the Accessibility of Public Accommodations

The Internal Revenue Code includes several provisions aimed at making businesses more accessible to people with disabilities. The following provides general – non-legal – information about three of the most significant tax incentives. (Employers should check with their accountants or tax advisors to determine eligibility for these incentives or visit the Internal Revenue Service's website, www.irs.gov, for more information. Similar state and local tax incentives may be available.)

- **Small Business Tax Credit (Internal Revenue Code Section 44: Disabled Access Credit)**
Small businesses with either \$1,000,000 or less in revenue or 30 or fewer full-time employees may take a tax credit of up to \$5,000 annually for the cost of providing reasonable accommodations such as sign language interpreters, readers, materials in alternative format (such as Braille or large print), the purchase of adaptive equipment, the modification of existing equipment, or the removal of architectural barriers.
- **Work Opportunity Tax Credit (Internal Revenue Code Section 51)**
Employers who hire certain targeted low-income groups, including individuals referred from vocational rehabilitation agencies and individuals receiving Supplemental Security Income (SSI) may be eligible for an annual tax credit of up to \$2,400 for each qualifying employee who

works at least 400 hours during the tax year. Additionally, a maximum credit of \$1,200 may be available for each qualifying summer youth employee.

- Architectural/Transportation Tax Deduction (Internal Revenue Code Section 190 Barrier Removal):
This annual deduction of up to \$15,000 is available to businesses of any size for the costs of removing barriers for people with disabilities, including the following: providing accessible parking spaces, ramps, and curb cuts; providing wheelchair-accessible telephones, water fountains, and restrooms; making walkways at least 48 inches wide; and making entrances accessible.

Disability Discrimination

Disability discrimination occurs when an employer or other entity covered by the Americans with Disabilities Act, as amended, or the Rehabilitation Act, as amended, treats a qualified individual with a disability who is an employee or applicant unfavorably because she has a disability.

Disability discrimination also occurs when a [covered employer or other entity](#) treats an applicant or employee less favorably because she has a history of a disability (such as cancer that is controlled or in remission) or because she is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if she does not have such an impairment).

The law requires an employer to provide reasonable accommodation to an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense for the employer ("undue hardship").

The law also protects people from discrimination based on their relationship with a person with a disability (even if they do not themselves have a disability). For example, it is illegal to discriminate against an employee because her husband has a disability.

Note: Federal employees and applicants are covered by the Rehabilitation Act of 1973, instead of the Americans with Disabilities Act. The protections are mostly the same.

Disability Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

Disability Discrimination & Harassment

It is illegal to harass an applicant or employee because he has a disability, had a disability in the past, or is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment). Harassment can include, for example, offensive remarks about a person's disability. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that aren't very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

Disability Discrimination & Reasonable Accommodation

The law requires an employer to provide reasonable accommodation to an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense for the employer.

A reasonable accommodation is any change in the work environment (or in the way things are usually done) to help a person with a disability apply for a job, perform the duties of a job, or enjoy the benefits and privileges of employment.

Reasonable accommodation might include, for example, making the workplace accessible for wheelchair users or providing a reader or interpreter for someone who is blind or hearing impaired.

While the federal anti-discrimination laws don't require an employer to accommodate an employee who must care for a disabled family member, the Family and Medical Leave Act (FMLA) may require an employer to take such steps. The Department of Labor enforces the FMLA. For more information, call: 1-866-487-9243.

Disability Discrimination & Reasonable Accommodation & Undue Hardship

An employer doesn't have to provide an accommodation if doing so would cause undue hardship to the employer.

Undue hardship means that the accommodation would be too difficult or too expensive to provide, in light of the employer's size, financial resources, and the needs of the business. An employer may not refuse to provide an accommodation just because it involves some cost. An employer does not have to provide the exact accommodation the employee or job applicant wants. If more than one accommodation works, the employer may choose which one to provide.

Definition Of Disability

Not everyone with a medical condition is protected by the law. In order to be protected, a person must be qualified for the job and have a disability as defined by the law.

A person can show that he or she has a disability in one of three ways:

- A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
- A person may be disabled if he or she has a history of a disability (such as cancer that is in remission).
- A person may be disabled if he is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment).

Disability & Medical Exams During Employment Application & Interview Stage

The law places strict limits on employers when it comes to asking job applicants to answer medical questions, take a medical exam, or identify a disability.

For example, an employer may not ask a job applicant to answer medical questions or take a medical exam before extending a job offer. An employer also may not ask job applicants if they have a disability (or about the nature of an obvious disability). An employer may ask job applicants whether they can perform the job and how they would perform the job, with or without a reasonable accommodation.

Disability & Medical Exams After A Job Offer For Employment

After a job is offered to an applicant, the law allows an employer to condition the job offer on the applicant answering certain medical questions or successfully passing a medical exam, but only if all new employees in the same type of job have to answer the questions or take the exam.

Disability & Medical Exams For Persons Who Have Started Working As Employees

Once a person is hired and has started work, an employer generally can only ask medical questions or require a medical exam if the employer needs medical documentation to support an employee's request for an accommodation or if the employer believes that an employee is not able to perform a job successfully or safely because of a medical condition.

The law also requires that employers keep all medical records and information confidential and in separate medical files.

Available Resources

In addition to a variety of [formal guidance documents](#), EEOC has developed a wide range of fact sheets, question & answer documents, and other publications to help employees and employers understand the complex issues surrounding disability discrimination.

- [Your Employment Rights as an Individual With a Disability](#)
 - [Job Applicants and the ADA](#)
 - [Understanding Your Employment Rights Under the ADA: A Guide for Veterans](#)
 - [Questions and Answers: Promoting Employment of Individuals with Disabilities in the Federal Workforce](#)
 - [The Family and Medical Leave Act, the ADA, and Title VII of the Civil Rights Act of 1964](#)
 - [The ADA: A Primer for Small Business](#)
 - [Your Responsibilities as an Employer](#)
 - [Small Employers and Reasonable Accommodation](#)
 - [Work At Home/Telework as a Reasonable Accommodation](#)
 - [Applying Performance And Conduct Standards To Employees With Disabilities](#)
 - [Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures](#)
 - [Veterans and the ADA: A Guide for Employers](#)
 - [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](#)
 - [Employer Best Practices for Workers with Caregiving Responsibilities](#)
 - [Reasonable Accommodations for Attorneys with Disabilities](#)
 - [How to Comply with the Americans with Disabilities Act: A Guide for Restaurants and Other Food Service Employers](#)
 - [Final Report on Best Practices For the Employment of People with Disabilities In State Government](#)
 - [ABCs of Schedule A Documents](#)
- The ADA Amendments Act
- [Final Regulations Implementing the ADA](#)
 - [Questions and Answers on the Final Rule Implementing the ADA Amendments Act of 2008](#)
 - [Questions and Answers for Small Businesses: The Final Rule Implementing the ADA Amendments Act of 2008](#)
 - [Fact Sheet on the EEOC's Final Regulations Implementing the ADA](#)
- The Questions and Answers Series

- [Health Care Workers and the Americans with Disabilities Act](#)
- [Deafness and Hearing Impairments in the Workplace and the Americans with Disabilities Act](#)
- [Blindness and Vision Impairments in the Workplace and the ADA](#)
- [The Americans with Disabilities Act's Association Provision](#)
- [Diabetes in the Workplace and the ADA](#)
- [Epilepsy in the Workplace and the ADA](#)

- [Persons with Intellectual Disabilities in the Workplace and the ADA](#)
- [Cancer in the Workplace and the ADA](#)

Mediation and the ADA

- [Questions and Answers for Mediation Providers: Mediation and the Americans with Disabilities Act \(ADA\)](#)
- [Questions and Answers for Parties to Mediation: Mediation and the Americans with Disabilities Act \(ADA\)](#)

Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964

The right of employees to be free from discrimination in their compensation is protected under several federal laws, including the following enforced by the U.S. Equal Employment Opportunity Commission: the [Equal Pay Act of 1963](#), [Title VII of the Civil Rights Act of 1964](#), the [Age Discrimination in Employment Act of 1967](#), and [Title I of the Americans with Disabilities Act of 1990](#).

The law against compensation discrimination includes all payments made to or on behalf employees as remuneration for employment. All forms of compensation are covered, including salary, overtime pay, bonuses, stock options, profit sharing and bonus plans, life insurance, vacation and holiday pay, cleaning or gasoline allowances, hotel accommodations, reimbursement for travel expenses, and benefits.

Equal Pay Act

The Equal Pay Act requires that men and women be given equal pay for equal work in the same establishment. The jobs need not be identical, but they must be substantially equal. It is job content, not job titles, that determines whether jobs are substantially equal. Specifically, the EPA provides that employers may not pay unequal wages to men and women who perform jobs that require substantially equal skill, effort and responsibility, and that are performed under similar working conditions within the same establishment. Each of these factors is summarized below:

Skill

- Measured by factors such as the experience, ability, education, and training required to perform the job. The issue is what skills are required for the job, not what skills the individual employees may have. For example, two bookkeeping jobs could be considered equal under the EPA even if one of the job holders has a master's degree in physics, since that degree would not be required for the job.

Effort

- The amount of physical or mental exertion needed to perform the job. For example, suppose that men and women work side by side on a line assembling machine parts. The person at the end of the line must also lift the assembled product as he or she completes the work and place it on a board. That job requires more effort than the other assembly line jobs if the extra effort of lifting the assembled product off the line is substantial and is a regular part of the job. As a result, it would not be a violation to pay that person more, regardless of whether the job is held by a man or a woman.

Responsibility

- The degree of accountability required in performing the job. For example, a salesperson who is delegated the duty of determining whether to accept customers' personal checks has more responsibility than other salespeople. On the other hand, a minor difference in responsibility, such as turning out the lights at the end of the day, would not justify a pay differential.

Working Conditions

- This encompasses two factors: (1) physical surroundings like temperature, fumes, and ventilation; and (2) hazards.

Establishment

- The prohibition against compensation discrimination under the EPA applies only to jobs within an establishment. An establishment is a distinct physical place of business rather than an entire business or enterprise consisting of several places of business. In some circumstances, physically

separate places of business may be treated as one establishment. For example, if a central administrative unit hires employees, sets their compensation, and assigns them to separate work locations, the separate work sites can be considered part of one establishment.

Pay differentials are permitted when they are based on seniority, merit, quantity or quality of production, or a factor other than sex. These are known as “affirmative defenses” and it is the employer’s burden to prove that they apply.

In correcting a pay differential, no employee’s pay may be reduced. Instead, the pay of the lower paid employee(s) must be increased.

Title VII, ADEA, and ADA

Title VII, the ADEA, and the ADA prohibit compensation discrimination on the basis of race, color, religion, sex, national origin, age, or disability. Unlike the EPA, there is no requirement that the claimant’s job be substantially equal to that of a higher paid person outside the claimant’s protected class, nor do these statutes require the claimant to work in the same establishment as a comparator. Compensation discrimination under Title VII, the ADEA, or the ADA can occur in a variety of forms. For example:

- An employer pays an employee with a disability less than similarly situated employees without disabilities and the employer’s explanation (if any) does not satisfactorily account for the differential.
- An employer sets the compensation for jobs predominately held by, for example, women or African-Americans below that suggested by the employer’s job evaluation study, while the pay for jobs predominately held by men or whites is consistent with the level suggested by the job evaluation study.
- An employer maintains a neutral compensation policy or practice that has an adverse impact on employees in a protected class and cannot be justified as job-related and consistent with business necessity. For example, if an employer provides extra compensation to employees who are the “head of household,” i.e., married with dependents and the primary financial contributor to the household, the practice may have an unlawful disparate impact on women.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on compensation or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII, ADEA, ADA or the Equal Pay Act.

Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)

Title II of the [Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#), which prohibits genetic information discrimination in employment, took effect on November 21, 2009.

Under Title II of GINA, it is illegal to discriminate against employees or applicants because of genetic information. Title II of GINA prohibits the use of genetic information in making employment decisions, restricts employers and other entities covered by Title II (employment agencies, labor organizations and joint labor-management training and apprenticeship programs - referred to as "covered entities") from requesting, requiring or purchasing genetic information, and strictly limits the disclosure of genetic information.

The EEOC enforces Title II of GINA (dealing with genetic discrimination in employment). The Departments of Labor, Health and Human Services and the Treasury have responsibility for issuing regulations for Title I of GINA, which addresses the use of genetic information in health insurance.

Definition of "Genetic Information"

Genetic information includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about the manifestation of a disease or disorder in an individual's family members (i.e. family medical history). Family medical history is included in the definition of genetic information because it is often used to determine whether someone has an increased risk of getting a disease, disorder, or condition in the future. Genetic information also includes an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual, and the genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Discrimination Because of Genetic Information

The law forbids discrimination on the basis of genetic information when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training, fringe benefits, or any other term or condition of employment. *An employer may never use genetic information to make an employment decision because genetic information is not relevant to an individual's current ability to work.*

Harassment Because of Genetic Information

Under GINA, it is also illegal to harass a person because of his or her genetic information. Harassment can include, for example, making offensive or derogatory remarks about an applicant or employee's genetic information, or about the genetic information of a relative of the applicant or employee. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so severe or pervasive that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted). The harasser can be the victim's supervisor, a supervisor in another area of the workplace, a co-worker, or someone who is not an employee, such as a client or customer.

Retaliation

Under GINA, it is illegal to fire, demote, harass, or otherwise "retaliate" against an applicant or employee for filing a charge of discrimination, participating in a discrimination proceeding (such as a discrimination investigation or lawsuit), or otherwise opposing discrimination.

Rules Against Acquiring Genetic Information

- It will usually be unlawful for a covered entity to get genetic information. There are six narrow exceptions to this prohibition:
- Inadvertent acquisitions of genetic information do not violate GINA, such as in situations where a manager or supervisor overhears someone talking about a family member's illness.
- Genetic information (such as family medical history) may be obtained as part of health or genetic services, including wellness programs, offered by the employer on a voluntary basis, if certain specific requirements are met.
- Family medical history may be acquired as part of the certification process for FMLA leave (or leave under similar state or local laws or pursuant to an employer policy), where an employee is asking for leave to care for a family member with a serious health condition.
- Genetic information may be acquired through commercially and publicly available documents like newspapers, as long as the employer is not searching those sources with the intent of finding genetic information or accessing sources from which they are likely to acquire genetic information (such as websites and on-line discussion groups that focus on issues such as genetic testing of individuals and genetic discrimination).
- Genetic information may be acquired through a genetic monitoring program that monitors the biological effects of toxic substances in the workplace where the monitoring is required by law or, under carefully defined conditions, where the program is voluntary.
- Acquisition of genetic information of employees by employers who engage in DNA testing for law enforcement purposes as a forensic lab or for purposes of human remains identification is permitted, but the genetic information may only be used for analysis of DNA markers for quality control to detect sample contamination.

Confidentiality of Genetic Information

It is also unlawful for a covered entity to disclose genetic information about applicants, employees or members. Covered entities must keep genetic information confidential and in a separate medical file. (Genetic information may be kept in the same file as other medical information in compliance with the Americans with Disabilities Act.) There are limited exceptions to this non-disclosure rule, such as exceptions that provide for the disclosure of relevant genetic information to government officials investigating compliance with Title II of GINA and for disclosures made pursuant to a court order.

National Origin Discrimination

National origin discrimination involves treating people (applicants or employees) unfavorably because they are from a particular country or part of the world, because of ethnicity or accent, or because they appear to be of a certain ethnic background (even if they are not).

National origin discrimination also can involve treating people unfavorably because they are married to (or associated with) a person of a certain national origin or because of their connection with an ethnic organization or group.

Discrimination can occur when the victim and the person who inflicted the discrimination are the same national origin.

National Origin Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

National Origin & Harassment

It is unlawful to harass a person because of his or her national origin. Harassment can include, for example, offensive or derogatory remarks about a person's national origin, accent or ethnicity.

Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

National Origin & Employment Policies/Practices

The law makes it illegal for an [employer or other covered entity](#) to use an employment policy or practice that applies to everyone, regardless of national origin, if it has a negative impact on people of a certain national origin and is not job-related or necessary to the operation of the business.

An employer can only require an employee to speak fluent English if fluency in English is necessary to perform the job effectively. An "English-only rule", which requires employees to speak only English on the job, is only allowed if it is needed to ensure the safe or efficient operation of the employer's business and is put in place for nondiscriminatory reasons.

An employer may not base an employment decision on an employee's foreign accent, unless the accent seriously interferes with the employee's job performance.

Citizenship Discrimination & Workplace Laws

The Immigration Reform and Control Act of 1986 (IRCA) makes it illegal for an employer to discriminate with respect to hiring, firing, or recruitment or referral for a fee, based upon an individual's citizenship or immigration status. The law prohibits employers from hiring only U.S. citizens or lawful permanent residents unless required to do so by law, regulation or government contract. Employers may not refuse to accept lawful documentation that establishes the employment eligibility of an employee, or demand additional documentation beyond what is legally required, when verifying employment eligibility (i.e., completing the Department of Homeland Security (DHS) Form I-9), based on the employee's national origin or citizenship status. It is the employee's choice which of the acceptable Form I-9 documents to show to verify employment eligibility.

IRCA also prohibits retaliation against individuals for asserting their rights under the Act, or for filing a charge or assisting in an investigation or proceeding under IRCA.

IRCA's nondiscrimination requirements are enforced by the Department of Justice's Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division. OSC may be reached at:

1-800-255-7688 (voice for employees/applicants),

1-800-237-2515 (TTY for employees/applicants),

1-800-255-8155 (voice for employers), or

1-800-362-2735 (TTY for employers), or

<http://www.usdoj.gov/crt/osc>.

Pregnancy Discrimination

Pregnancy Discrimination

Pregnancy discrimination involves treating a woman (an applicant or employee) unfavorably because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth.

Pregnancy Discrimination & Work Situations

The Pregnancy Discrimination Act (PDA) forbids discrimination based on pregnancy when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, such as leave and health insurance, and any other term or condition of employment.

Pregnancy Discrimination & Temporary Disability

If a woman is temporarily unable to perform her job due to a medical condition related to pregnancy or childbirth, the employer or other covered entity must treat her in the same way as it treats any other temporarily disabled employee. For example, the employer may have to provide light duty, alternative assignments, disability leave, or unpaid leave to pregnant employees if it does so for other temporarily disabled employees.

Additionally, impairments resulting from pregnancy (for example, gestational diabetes or preeclampsia, a condition characterized by pregnancy-induced hypertension and protein in the urine) may be disabilities under the Americans with Disabilities Act (ADA). An employer may have to provide a reasonable accommodation (such as leave or modifications that enable an employee to perform her job) for a disability related to pregnancy, absent undue hardship (significant difficulty or expense). The ADA Amendments Act of 2008 makes it much easier to show that a medical condition is a covered disability.

For more information about the ADA, see <http://www.eeoc.gov/laws/types/disability.cfm>.

For information about the ADA Amendments Act, see http://www.eeoc.gov/laws/types/disability_regulations.cfm.

Pregnancy Discrimination & Harassment

It is unlawful to harass a woman because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth. Harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted). The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

Pregnancy, Maternity & Parental Leave

Under the PDA, an employer that allows temporarily disabled employees to take disability leave or leave without pay, must allow an employee who is temporarily disabled due to pregnancy to do the same.

An employer may not single out pregnancy-related conditions for special procedures to determine an employee's ability to work. However, if an employer requires its employees to submit a doctor's statement concerning their ability to work before granting leave or paying sick benefits, the employer may require employees affected by pregnancy-related conditions to submit such statements. Further, under the Family and Medical Leave Act (FMLA) of 1993, a new parent (including foster and adoptive parents) may be eligible for 12 weeks of leave (unpaid or paid if the employee has earned or accrued it) that may be used for care of the new child. To be eligible, the employee must have worked for the employer for 12 months prior to taking the leave and the employer must have a specified number of employees. See <http://www.dol.gov/whd/regs/compliance/whdfs28.htm>.

Pregnancy & Workplace Laws

Pregnant employees may have additional rights under the Family and Medical Leave Act (FMLA), which is enforced by the U.S. Department of Labor. Nursing mothers may also have the right to express milk in the workplace under a provision of the Fair Labor Standards Act enforced by the U.S. Department of Labor's Wage and Hour Division.

See <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>.

For more information about the Family Medical Leave Act or break time for nursing mothers, go to <http://www.dol.gov/whd>, or call 202-693-0051 or 1-866-487-9243 (voice), 202-693-7755 (TTY).

Race/Color Discrimination

Race discrimination involves treating someone (an applicant or employee) unfavorably because he/she is of a certain race or because of personal characteristics associated with race (such as hair texture, skin color, or certain facial features). Color discrimination involves treating someone unfavorably because of skin color complexion.

Race/color discrimination also can involve treating someone unfavorably because the person is married to (or associated with) a person of a certain race or color or because of a person's connection with a race-based organization or group, or an organization or group that is generally associated with people of a certain color.

Discrimination can occur when the victim and the person who inflicted the discrimination are the same race or color.

Race/Color Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

Race/Color Discrimination & Harassment

It is unlawful to harass a person because of that person's race or color.

Harassment can include, for example, racial slurs, offensive or derogatory remarks about a person's race or color, or the display of racially-offensive symbols. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

Race/Color Discrimination & Employment Policies/Practices

An employment policy or practice that applies to everyone, regardless of race or color, can be illegal if it has a negative impact on the employment of people of a particular race or color and is not job-related and necessary to the operation of the business. For example, a "no-beard" employment policy that applies to all workers without regard to race may still be unlawful if it is not job-related and has a negative impact on the employment of African-American men (who have a predisposition to a skin condition that causes severe shaving bumps).

Facts About Race/Color Discrimination

[Title VII of the Civil Rights Act of 1964](#) protects individuals against employment discrimination on the basis of race and color as well as national origin, sex, or religion.

It is unlawful to discriminate against any employee or applicant for employment because of race or color in regard to hiring, termination, promotion, compensation, job training, or any other term, condition, or privilege of employment. Title VII also prohibits employment decisions based on stereotypes and assumptions about abilities, traits, or the performance of individuals of certain racial groups.

Title VII prohibits both intentional discrimination and neutral job policies that disproportionately exclude minorities and that are not job related.

Equal employment opportunity cannot be denied because of marriage to or association with an individual of a different race; membership in or association with ethnic based organizations or groups; attendance or participation in schools or places of worship generally associated with certain minority groups; or other cultural practices or characteristics often linked to race or ethnicity, such as cultural dress or manner of speech, as long as the cultural practice or characteristic does not materially interfere with the ability to perform job duties.

Race-Related Characteristics and Conditions

Discrimination on the basis of an immutable characteristic associated with race, such as skin color, hair texture, or certain facial features violates Title VII, even though not all members of the race share the same characteristic.

Title VII also prohibits discrimination on the basis of a condition which predominantly affects one race unless the practice is job related and consistent with business necessity. For example, since sickle cell anemia predominantly occurs in African-Americans, a policy which excludes individuals with sickle cell anemia is discriminatory unless the policy is job related and consistent with business necessity. Similarly, a “no-beard” employment policy may discriminate against African-American men who have a predisposition to pseudofolliculitis barbae (severe shaving bumps) unless the policy is job-related and consistent with business necessity.

Color Discrimination

Even though race and color clearly overlap, they are not synonymous. Thus, color discrimination can occur between persons of different races or ethnicities, or between persons of the same race or ethnicity. Although Title VII does not define “color,” the courts and the Commission read “color” to have its commonly understood meaning – pigmentation, complexion, or skin shade or tone. Thus, color discrimination occurs when a person is discriminated against based on the lightness, darkness, or other color characteristic of the person. Title VII prohibits race/color discrimination against all persons, including Caucasians.

Although a plaintiff may prove a claim of discrimination through direct or circumstantial evidence, some courts take the position that if a white person relies on circumstantial evidence to establish a reverse discrimination claim, he or she must meet a heightened standard of proof. The Commission, in contrast, applies the same standard of proof to all race discrimination claims, regardless of the victim’s race or the type of evidence used. In either case, the ultimate burden of persuasion remains always on the plaintiff.

Employers should adopt "best practices" to reduce the likelihood of discrimination and to address impediments to equal employment opportunity.

Title VII's protections include:

- **Recruiting, Hiring, and Advancement**

Job requirements must be uniformly and consistently applied to persons of all races and colors. Even if a job requirement is applied consistently, if it is not important for job performance or business needs, the requirement may be found unlawful if it excludes persons of a certain racial group or color significantly more than others. Examples of potentially unlawful practices include: (1) soliciting applications only from sources in which all or most potential workers are of the same race or color; (2) requiring applicants to have a certain educational background that is not important

for job performance or business needs; (3) testing applicants for knowledge, skills or abilities that are not important for job performance or business needs.

Employers may legitimately need information about their employees or applicants race for affirmative action purposes and/or to track applicant flow. One way to obtain racial information and simultaneously guard against discriminatory selection is for employers to use separate forms or otherwise keep the information about an applicant's race separate from the application. In that way, the employer can capture the information it needs but ensure that it is not used in the selection decision.

Unless the information is for such a legitimate purpose, pre-employment questions about race can suggest that race will be used as a basis for making selection decisions. If the information is used in the selection decision and members of particular racial groups are excluded from employment, the inquiries can constitute evidence of discrimination.

- **Compensation and Other Employment Terms, Conditions, and Privileges**

Title VII prohibits discrimination in compensation and other terms, conditions, and privileges of employment. Thus, race or color discrimination may not be the basis for differences in pay or benefits, work assignments, performance evaluations, training, discipline or discharge, or any other area of employment.

- **Harassment**

Harassment on the basis of race and/or color violates Title VII. Ethnic slurs, racial "jokes," offensive or derogatory comments, or other verbal or physical conduct based on an individual's race/color constitutes unlawful harassment if the conduct creates an intimidating, hostile, or offensive working environment, or interferes with the individual's work performance.

- **Retaliation**

Employees have a right to be free from retaliation for their opposition to discrimination or their participation in an EEOC proceeding by filing a charge, testifying, assisting, or otherwise participating in an agency proceeding.

- **Segregation and Classification of Employees**

Title VII is violated where minority employees are segregated by physically isolating them from other employees or from customer contact. Title VII also prohibits assigning primarily minorities to predominantly minority establishments or geographic areas. It is also illegal to exclude minorities from certain positions or to group or categorize employees or jobs so that certain jobs are generally held by minorities. Title VII also does not permit racially motivated decisions driven by business concerns – for example, concerns about the effect on employee relations, or the negative reaction of clients or customers. Nor may race or color ever be a bona fide occupational qualification under Title VII.

Coding applications/resumes to designate an applicant's race, by either an employer or employment agency, constitutes evidence of discrimination where minorities are excluded from employment or from certain positions. Such discriminatory coding includes the use of facially benign code terms that implicate race, for example, by area codes where many racial minorities may or are presumed to live.

- **Pre-Employment Inquiries and Requirements**

Requesting pre-employment information which discloses or tends to disclose an applicant's race suggests that race will be unlawfully used as a basis for hiring. Solicitation of such pre-employment information is presumed to be used as a basis for making selection decisions. Therefore, if members of minority groups are excluded from employment, the request for such pre-employment information would likely constitute evidence of discrimination.

However, employers may legitimately need information about their employees' or applicants' race for affirmative action purposes and/or to track applicant flow. One way to obtain racial information and simultaneously guard against discriminatory selection is for employers to use "tear-off sheets" for the identification of an applicant's race. After the applicant completes the application and the tear-off portion, the employer separates the tear-off sheet from the application and does not use it in the selection process.

Other pre-employment information requests which disclose or tend to disclose an applicant's race are personal background checks, such as criminal history checks. Title VII does not categorically prohibit employers' use of criminal records as a basis for making employment decisions. Using criminal records as an employment screen may be lawful, legitimate, and even mandated in certain circumstances. However, employers that use criminal records to screen for employment must comply with Title VII's nondiscrimination requirements.

Religious Discrimination

Religious discrimination involves treating a person (an applicant or employee) unfavorably because of his or her religious beliefs. The law protects not only people who belong to traditional, organized religions, such as Buddhism, Christianity, Hinduism, Islam, and Judaism, but also others who have sincerely held religious, ethical or moral beliefs.

Religious discrimination can also involve treating someone differently because that person is married to (or associated with) an individual of a particular religion or because of his or her connection with a religious organization or group.

Religious Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

Religious Discrimination & Harassment

It is illegal to harass a person because of his or her religion.

Harassment can include, for example, offensive remarks about a person's religious beliefs or practices. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that aren't very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

Religious Discrimination and Segregation

Title VII also prohibits workplace or job segregation based on religion (including religious garb and grooming practices), such as assigning an employee to a non-customer contact position because of actual or feared customer preference.

Religious Discrimination & Reasonable Accommodation

The law requires an [employer or other covered entity](#) to reasonably accommodate an employee's religious beliefs or practices, unless doing so would cause more than a minimal burden on the operations of the employer's business. This means an employer may be required to make reasonable adjustments to the work environment that will allow an employee to practice his or her religion.

Examples of some common religious accommodations include flexible scheduling, voluntary shift substitutions or swaps, job reassignments, and modifications to workplace policies or practices.

Religious Accommodation/Dress & Grooming Policies

Unless it would be an undue hardship on the employer's operation of its business, an employer must reasonably accommodate an employee's religious beliefs or practices. This applies not only to schedule changes or leave for religious observances, but also to such things as dress or grooming practices that an employee has for religious reasons. These might include, for example, wearing particular head coverings or other religious dress (such as a Jewish yarmulke or a Muslim headscarf), or wearing certain hairstyles or facial hair (such as Rastafarian dreadlocks or Sikh

uncut hair and beard). It also includes an employee's observance of a religious prohibition against wearing certain garments (such as pants or miniskirts).

When an employee or applicant needs a dress or grooming accommodation for religious reasons, he should notify the employer that he needs such an accommodation for religious reasons. If the employer reasonably needs more information, the employer and the employee should engage in an interactive process to discuss the request. If it would not pose an undue hardship, the employer must grant the accommodation.

Religious Discrimination & Reasonable Accommodation & Undue Hardship

An employer does not have to accommodate an employee's religious beliefs or practices if doing so would cause undue hardship to the employer. An accommodation may cause undue hardship if it is costly, compromises workplace safety, decreases workplace efficiency, infringes on the rights of other employees, or requires other employees to do more than their share of potentially hazardous or burdensome work.

Religious Discrimination And Employment Policies/Practices

An employee cannot be forced to participate (or not participate) in a religious activity as a condition of employment.

Retaliation

All of the laws we enforce make it illegal to fire, demote, harass, or otherwise “retaliate” against people (applicants or employees) because they filed a charge of discrimination, because they complained to their [employer or other covered entity](#) about discrimination on the job, or because they participated in an employment discrimination proceeding (such as an investigation or lawsuit).

For example, it is illegal for an employer to refuse to promote an employee because she filed a charge of discrimination with the EEOC, even if EEOC later determined no discrimination occurred.

Retaliation & Work Situations

The law forbids retaliation when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

Facts About Retaliation

An employer may not fire, demote, harass or otherwise "retaliate" against an individual for filing a charge of discrimination, participating in a discrimination proceeding, or otherwise opposing discrimination. The same laws that prohibit discrimination based on race, color, sex, religion, national origin, age, and disability, as well as wage differences between men and women performing substantially equal work, also prohibit retaliation against individuals who oppose unlawful discrimination or participate in an employment discrimination proceeding.

In addition to the protections against retaliation that are included in all of the laws enforced by EEOC, the Americans with Disabilities Act (ADA) also protects individuals from coercion, intimidation, threat, harassment, or interference in their exercise of their own rights or their encouragement of someone else's exercise of rights granted by the ADA.

There are three main terms that are used to describe retaliation. Retaliation occurs when an employer, employment agency, or labor organization takes an **adverse action** against a **covered individual** because he or she engaged in a **protected activity**. These three terms are described below.

Adverse Action

An adverse action is an action taken to try to keep someone from opposing a discriminatory practice, or from participating in an employment discrimination proceeding. Examples of adverse actions include:

- employment actions such as termination, refusal to hire, and denial of promotion,
- other actions affecting employment such as threats, unjustified negative evaluations, unjustified negative references, or increased surveillance, and
- any other action such as an assault or unfounded civil or criminal charges that are likely to deter reasonable people from pursuing their rights.

Adverse actions do not include petty slights and annoyances, such as stray negative comments in an otherwise positive or neutral evaluation, "snubbing" a colleague, or negative comments that are justified by an employee's poor work performance or history.

Even if the prior protected activity alleged wrongdoing by a different employer, retaliatory adverse actions are unlawful. For example, it is unlawful for a worker's current employer to retaliate against him for pursuing an EEO charge against a former employer.

Of course, employees are not excused from continuing to perform their jobs or follow their company's legitimate workplace rules just because they have filed a complaint with the EEOC or opposed discrimination. For more information about adverse actions, see [EEOC's Compliance Manual Section 8, Chapter II, Part D](#).

Covered Individuals

Covered individuals are people who have opposed unlawful practices, participated in proceedings, or requested accommodations related to employment discrimination based on race, color, sex, religion, national origin, age, or disability. Individuals who have a close association with someone who has engaged in such protected activity also are covered individuals. For example, it is illegal to terminate an employee because his spouse participated in employment discrimination litigation.

Individuals who have brought attention to violations of law other than employment discrimination are NOT covered individuals for purposes of anti-discrimination retaliation laws. For example, "whistleblowers" who raise ethical, financial, or other concerns unrelated to employment discrimination are not protected by the EEOC enforced laws.

Protected Activity

Protected activity includes:

Opposition to a practice believed to be unlawful discrimination

Opposition is informing an employer that you believe that he/she is engaging in prohibited discrimination. Opposition is protected from retaliation as long as it is based on a reasonable, good-faith belief that the complained of practice violates anti-discrimination law; and the manner of the opposition is reasonable.

Examples of protected opposition include:

- Complaining to anyone about alleged discrimination against oneself or others;
- Threatening to file a charge of discrimination;
- Picketing in opposition to discrimination; or
- Refusing to obey an order reasonably believed to be discriminatory.

Examples of activities that are NOT protected opposition include:

- Actions that interfere with job performance so as to render the employee ineffective; or
- Unlawful activities such as acts or threats of violence.

Participation in an employment discrimination proceeding.

Participation means taking part in an employment discrimination proceeding. Participation is protected activity even if the proceeding involved claims that ultimately were found to be invalid.

Examples of participation include:

- Filing a charge of employment discrimination;
- Cooperating with an internal investigation of alleged discriminatory practices; or
- Serving as a witness in an EEO investigation or litigation.

A protected activity can also include requesting a reasonable accommodation based on religion or disability.

For more information about Protected Activities, see EEOC's Compliance Manual, Section 8, [Chapter II, Part B - Opposition](#) and [Part C - Participation](#).

Sex-Based Discrimination

Sex discrimination involves treating someone (an applicant or employee) unfavorably because of that person's sex.

Sex discrimination also can involve treating someone less favorably because of his or her connection with an organization or group that is generally associated with people of a certain sex.

Sex Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

Sex Discrimination Harassment

It is unlawful to harass a person because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general.

Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.

Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

Sex Discrimination & Employment Policies/Practices

An employment policy or practice that applies to everyone, regardless of sex, can be illegal if it has a negative impact on the employment of people of a certain sex and is not job-related or necessary to the operation of the business.

Sexual Harassment

It is unlawful to harass a person (an applicant or employee) because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general.

Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.

Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

Facts About Sexual Harassment

Sexual harassment is a form of sex discrimination that violates [Title VII of the Civil Rights Act of 1964](#). Title VII applies to employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations, as well as to the federal government. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome.

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

Prevention is the best tool to eliminate sexual harassment in the workplace. Employers are encouraged to take steps necessary to prevent sexual harassment from occurring. They should clearly communicate to employees that sexual harassment will not be tolerated. They can do so by providing sexual harassment training to their employees and by establishing an effective complaint or grievance process and taking immediate and appropriate action when an employee complains.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on sex or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII

2016 Calendar

January

SU	MO	TU	WE	TH	FR	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

SU	MO	TU	WE	TH	FR	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

March

SU	MO	TU	WE	TH	FR	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April

SU	MO	TU	WE	TH	FR	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May

SU	MO	TU	WE	TH	FR	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June

SU	MO	TU	WE	TH	FR	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July

SU	MO	TU	WE	TH	FR	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August

SU	MO	TU	WE	TH	FR	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September

SU	MO	TU	WE	TH	FR	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

SU	MO	TU	WE	TH	FR	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

SU	MO	TU	WE	TH	FR	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

SU	MO	TU	WE	TH	FR	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

HOLIDAYS

Jan 1 New Year's Day
Jan 18 Martin Luther King Day
Feb 15 Presidents' Day
Mar 27 Easter Sunday
May 30 Memorial Day
Jul 4 Independence Day
Sep 05 Labor Day
Oct 3-4 Rosh Hashana
Oct 12 Yom Kippur
Oct 10 Columbus Day
Nov 11 Veterans Day
Nov 24 Thanksgiving Day
Nov 25 OBD Staff Holiday
Dec 24 ~Jan 1 Chanukah
Dec 25 Christmas Day
Dec 26 Staff Holiday

OTHER SIGNIFICANT EVENTS

tbd ODA House of Delegates
 tbd Mission of Mercy

IMPORTANT OBD DATES

○ Evaluator's Meeting

□ Board Meeting

tbd CDCA Annual Conference
 April 7 -9 ODC Conference
 tbd AADB Conference
 tbd AADA & AADB Conference

From: Bennett, Melanie [mailto:Melanie_Bennett@ous.edu]

Sent: Monday, March 23, 2015 3:46 PM

To: judfit@worldstar.com; jason.weyand@state.or.us; felicia.m.holgate@state.or.us; lynn.buchanan@state.or.us; chad.w.dresselhaus@state.or.us; Stephen Prisby; debra.l.zwicker@doc.state.or.us; shawna.m.harnden@doc.state.or.us; laura.elvers@state.or.us; nohemi.ramos@aviation.state.or.us; nathan@oregonfilm.org; lbleakney@nwcouncil.org; david.r.hunter@oregon.gov; gloriav@osbeels.org; nola.borland@psrb.org; shelley.banfe@psrb.org; Elizabeth.KELLER@oregon.gov; sandy.braden@state.or.us

Subject: Food Drive awards ceremony!

The awards ceremony for the Governor's State Employees Food Drive will be on Monday, March 30th starting at 2pm and running about an hour. *We are very pleased to announce that Governor Kate Brown will be on hand to present the awards!* Please arrive a few minutes early, as we will start promptly at 2pm to accommodate her schedule. The ceremony will be held in the state building at 700 Summer Street NE in Salem. Veterans Administration is in that building, and the ceremony will be in the Veterans Auditorium.

For Team One, the following awards will be given:

- 1st place pounds per employee: Mortuary and Cemetery Board, led by Chad Dresselhaus (yay!)
- 2nd place pounds per employee: Legislative Fiscal Office, led by Lynn Buchanan (wow!)
- 3rd place pounds per employee: Employment Relations Board, led by Jason Weyand (yowza!)
- Biggest increase over last year: Board of Pharmacy, led by Laura Elvers (whoo hoo!)

On the topic of biggest increases, while there aren't official awards past 1st place for biggest increases over last year, I'd like to note the significant increases made by the Board of Dentistry (led by Stephen Prisby), the Power and Conservation Council (led by Leann Bleakney), the Board of Accountancy (led by David Hunter), the Board of Parole (led by Debra Zwicker and Shawna Harnden), the Oregon Film and Video Office (led by Nathan Cherrington), and the Board of Examiners for Engineering and Land Surveying (led by Veronica Gloria). Keep up the good work! Everybody did a great job, and it was wonderful to work with such a dedicated group!

On a side note, my agency is sunsetting on June 30, 2015, and I'm not sure where my next job will be. So, while I hope to work with all of you again on next year's Food Drive, if I end up at a non-state agency, I know you'll be in good hands with a new Team One coordinator ☺

I hope to see some of you at the Awards Ceremony...let me know if you have any questions. And again—thank you for a fantastic Food Drive!!! We've made a real impact for our fellow Oregonians with our efforts!

Melanie Bennett

Office Manager and Assistant Board Secretary
Oregon University System
Phone: 503-725-5706

PLEASE NOTE:

The Oregon University System (OUS) Chancellor's Office and the Oregon State Board of Higher Education (OSBHE) will be **closing** their doors after 83 years effective **June 30, 2015**.

After said date inquiries should be posed directly to the institution of question.

Individual institutional boards and the Higher Education Coordinating Commission will assume some of the functions historically governed by the OSBHE.

Melanie Bennett

Administrative Projects Coordinator

Oregon University System

phone: 503-725-5706

fax: 503-725-5709

UNFINISHED
BUSINESS
&
RULES

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
Generated on March 24, 2015 10:47AM
DRAFT

Oregon Board of Dentistry	818
Agency and Division	Administrative Rules Chapter Number
Stephen Prisby	stephen.prisby@state.or.us
Rules Coordinator	Email Address
1500 SW 1st Ave., Suite 770, Portland, OR 97201	971-673-3200
Address	Telephone
Upon filing.	
Adopted on	
03/31/2015 thru 09/01/2015	
Effective dates	

RULE CAPTION

Temporary Rules to implement an approved fee increase and amend Hygiene Rules on prescriptive authority.

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 818-000-0087, 818-035-0025, 818-035-0030

SUSPEND:

Stat. Auth.: ORS 679 and 680

Other Auth.:

Stats. Implemented: ORS 293.445, ORS 679.020(1), 679.025(2)(j), 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200 and 680.205

RULE SUMMARY

Amends OAR 818-001-0087 to add fee increase approved in FY 2015-17 budget.
Amends OAR 818-035-0025 to add prescriptive authority for dental hygienists for certain drugs related to dentistry.

Amends OAR 818-035-0030 to add prescriptive authority for dental hygienists for certain drugs related to dentistry.

STATEMENT OF NEED AND JUSTIFICATION

OAR 818-001-0087
OAR 818-035-0025
OAR 818-035-0030

In the Matter of

Need for the Temporary Rule(s):

The amendment to the OAR 818-001-0087 is necessary so that the fees specified in the OARs are consistent with the passage of House Bill 5014, which outlines the new fees that the Oregon Board of Dentistry may establish effective July 1, 2015.

The amendments to OAR 818-035-0025 and OAR 818-035-0030 are to be consistent with the passage of Senate Bill 302, which outlines the type of prescriptive authority dental hygienists will have effective with the implementation of this rule.

These temporary rules are needed until the Board can schedule a public rulemaking hearing and promulgate permanent rules on this and future rules changes. The Oregon Legislature has information regarding all legislation on their website. The OBD will post the amended rules also on our website.
www.oregon.gov/dentistry

Documents Relied Upon, and where they are available

These temporary rules are needed until the Board can schedule a public rulemaking hearing and promulgate permanent rules on this and future rules changes. The Oregon Legislature has information regarding all legislation on their website. The OBD will post the Temporary rules also on our website.
www.oregon.gov/dentistry

Need for the Temporary Rule(s)

Without this temporary rule regarding fees, the Oregon Board of Dentistry would not have sufficient revenue to operate its budget during the 2015 - 2017 Biennium and would be unable to carry out the primary mission of the Oregon Board of Dentistry, which is to protect the public by assuring the citizens of Oregon receive the highest possible quality oral health care.

Without these temporary rules regarding dental hygiene prescriptive authority, the current OARs would not be consistent with SB 302 which clarifies that dental hygienists have specific prescriptive authority and would cause licensees and the public confusion regarding the rules.

Justification of Temporary Rules

1 **DIVISION 1**

2 **Procedures**

3 **818-001-0087**

4 **Fees**

5 (1) The Board adopts the following fees:

6 (a) Biennial License Fees:

7 (A) Dental — ~~\$315~~ **390**;

8 (B) Dental — retired — \$0;

9 (C) Dental Faculty — ~~\$260~~ **335**;

10 (D) Volunteer Dentist — \$0;

11 (E) Dental Hygiene — ~~\$155~~ **230**;

12 (F) Dental Hygiene — retired — \$0;

13 (G) Volunteer Dental Hygienist — \$0.

14 (b) Biennial Permits, Endorsements or Certificates:

15 (A) Nitrous Oxide Permit — \$40;

16 (B) Minimal Sedation Permit — \$75;

17 (C) Moderate Sedation Permit — \$75;

18 (D) Deep Sedation Permit — \$75;

19 (E) General Anesthesia Permit — \$140;

20 (F) Radiology — \$75;

21 (G) Expanded Function Dental Assistant — \$50;

22 (H) Expanded Function Orthodontic Assistant — \$50;

23 (I) Instructor Permits — \$40;

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

25 (K) Restorative Functions Dental Assistant — \$50;

26 (L) Anesthesia Dental Assistant — \$50;

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

28 (N) Non-Resident Dental Permit - \$100.00;

29 (c) Applications for Licensure:

30 (A) Dental — General and Specialty — \$345;

31 (B) Dental Faculty — \$305;

32 (C) Dental Hygiene — \$180;

33 (D) Licensure Without Further Examination — Dental and Dental Hygiene — \$790.

34 (d) Examinations:

- 35 (A) Jurisprudence — \$0;
- 36 (B) Dental Specialty:
 - 37 (i) If only one candidate applies for the exam, a fee of \$2,000.00 will be required at the time of
 - 38 application;
 - 39 and
 - 40 (ii) If two candidates apply for the exam, a fee of \$1,000.00 will be required at the time of
 - 41 application; and
 - 42 (iii) If three or more candidates apply for the exam, a fee of \$750.00 will be required at the time
 - 43 of application.
- 44 (e) Duplicate Wall Certificates — \$50.
- 45 (2) Fees must be paid at the time of application and are not refundable.
- 46 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to
- 47 which the Board has no legal interest unless the person who made the payment or the person's
- 48 legal representative request s a refund in writing within one year of payment to the Board.

49

50 Stat. Auth.: ORS 679 & 680

51 Stats. Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075,

52 680.200 & 680.205

53 Hist.: DE 6-1985(Temp), f. & ef. 9-20-85; DE 3-1986, f. & ef. 3-31-86; DE 1-1987, f. & ef. 10-7-

54 87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, corrected by DE 1-1989, f. 1-27-89, cert. ef. 2-1-89;

55 Renumbered from 818-001-0085; DE 2-1989(Temp), f. & cert. ef. 11-30-89; DE 1-1990, f. 3-19-

56 90, cert. ef. 4-2-90; DE 1-1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-

57 31-91; DE 1-1992(Temp), f. & cert. ef. 6-24-92; DE 2-1993, f. & cert. ef. 7-13-93; OBD 1-1998, f.

58 & cert. ef. 6-8-98; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction, 8-2-99;

59 OBD 5-2000, f. 6-22-00, cert. ef. 7-1-00; OBD 8-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-

60 05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 3-2007, f. & cert. ef. 11-30-07;

61 OBD 1-2009(Temp), f. 6-11-09, cert. e. 7-1-09 thru 11-1-09; OBD 2-2009, f. 10-21-09, cert. ef.

62 11-1-09; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-

63 11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2012, f. & cert. ef. 1-27-12; OBD

64 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

1 **DIVISION 35**

2 **818-035-0025**

3 **Prohibitions**

4 A dental hygienist may not:

- 5 (1) Diagnose and treatment plan other than for dental hygiene services;
- 6 (2) Cut hard or soft tissue with the exception of root planing;
- 7 (3) Extract any tooth;
- 8 (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-
- 9 0030(1)(h);
- 10 (5) **Prescribe, Administer** or dispense any drugs except as provided by OAR 818-035-0030,
- 11 818-035-0040, 818-026-0060(11) and 818-026-0070(11);
- 12 (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-
- 13 035-0072, or operatively prepare teeth;
- 14 (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
- 15 (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth
- 16 Airway Restriction (HOMAR) on any patient.
- 17 (9) Place or remove healing caps or healing abutments, except under direct supervision.
- 18 (10) Place implant impression copings, except under direct supervision.

19 Stat. Auth.: ORS 679 & 680

20 Stats. Implemented: ORS 679.020(1)

21

22 Hist.: DE 2-1992, f. & cert. ef. 6-24-92; DE 2-1997, f. & cert. ef. 2-20-97; OBD 7-1999, f. 6-25-

23 99, cert. ef. 7-1-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-

24 2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 2-2005, f. 1-31-05,

25 cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-

26 08; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

1 **DIVISION 35**

2 **818-035-0030**

3 **Additional Functions of Dental Hygienists**

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

- 6 (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- 7 (b) Place periodontal dressings;
- 8 (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- 9 (d) Perform all functions delegable to dental assistants and expanded function dental assistants
10 providing that the dental hygienist is appropriately trained;
- 11 (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the
12 performance of dental hygiene functions.
- 13 (f) **Prescribe, Administer** and dispense fluoride, fluoride varnish, antimicrobial solutions for
14 mouth rinsing or other non-systemic antimicrobial agents.
- 15 (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive
16 material.
- 17 (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- 18 (i) Perform all aspects of teeth whitening procedures.

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

- 21 (a) Determine the need for and appropriateness of sealants or fluoride; and
- 22 (b) Apply sealants or fluoride.

23

24 Stat. Auth.: ORS 679 & 680

25 Stats. Implemented: ORS 679.025(2)(j)

26 Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92;

27 OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-

28 7-01, cert. ef. 1-1-02; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 2-2005, f. 1-31-05, cert. ef.

29 2-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-

30 2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

House Bill 5014

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (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 **as introduced**.

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

Declares emergency, effective July 1, 2015.

A BILL FOR AN ACT

1
2 Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emer-
3 gency.

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

5 **SECTION 1. Notwithstanding any other law limiting expenditures, the amount of**
6 **\$3,052,614 is established for the biennium beginning July 1, 2015, as the maximum limit for**
7 **payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts,**
8 **but excluding lottery funds and federal funds, collected or received by the Oregon Board of**
9 **Dentistry.**

10 **SECTION 2. This 2015 Act being necessary for the immediate preservation of the public**
11 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**
12 **July 1, 2015.**

13

Note: For budget, see 2015-2017 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.

Enrolled
Senate Bill 302

Sponsored by Senator GIROD (Presession filed.)

CHAPTER

AN ACT

Relating to prescription drugs used for purposes related to dentistry; amending ORS 679.010; and declaring an emergency.

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

SECTION 1. ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:

(1) "Dental assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental technician or another dental assistant or **who, under the supervision of a dental hygienist**, renders assistance [*under the supervision of*] to a dental hygienist providing dental hygiene.

(2) "Dental hygiene" [*means*] **is** that portion of dentistry that includes, **but is not limited to:**

(a) The rendering of educational, preventive and therapeutic dental services and diagnosis and treatment planning for such services[. "*Dental hygiene*" includes, but is not limited to,];

(b) Scaling, root planing, curettage, the application of sealants and fluoride and any related intraoral or extraoral procedure required in the performance of such services; **and**

(c) **Prescribing, dispensing and administering prescription drugs for the services described in paragraphs (a) and (b) of this subsection.**

(3) "Dental hygienist" means a person who, under the supervision of a dentist, practices dental hygiene.

(4) "Dental technician" means [*that*] **a** person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices [*which*] **that** are returned to a dentist and inserted into the human oral cavity or [*which*] **that** come in contact with its adjacent structures and tissues.

(5) "Dentist" means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

(6) "Dentist of record" means a dentist that either authorizes treatment for, supervises treatment of or provides treatment for a patient in a dental office or clinic owned or operated by an institution as described in ORS 679.020 (3).

(7)(a) "Dentistry" means the healing art [*which is*] concerned with:

(A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region, and **of** conditions of adjacent or related tissues and structures[.]; **and**

(B) **The prescribing, dispensing and administering of prescription drugs for purposes related to the activities described in subparagraph (A) of this paragraph.**

(b) [The practice of dentistry] “Dentistry” includes, but is not limited to, the cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of:

(A) Dental schools accredited by the Commission on Dental Accreditation of the American Dental Association[,];

(B) Post-graduate training programs; or

(C) Continuing education courses.

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

(9) “Expanded practice dental hygienist” means a dental hygienist who performs dental hygiene services in accordance with ORS 680.205 as authorized by an expanded practice dental hygienist permit issued by the board under ORS 680.200.

(10) “General supervision” means supervision requiring that a dentist authorize the procedures by standing orders, practice agreements or collaboration agreements, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

(11) “Indirect supervision” means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

SECTION 2. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Passed by Senate February 10, 2015

.....
Lori L. Brocker, Secretary of Senate

.....
Peter Courtney, President of Senate

Passed by House March 16, 2015

.....
Tina Kotek, Speaker of House

Received by Governor:

.....M.,....., 2015

Approved:

.....M.,....., 2015

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2015

.....
Jeanne P. Atkins, Secretary of State

This Page

Left Blank

Board needs to act on these rules- refer to rulemaking hearing.

OAR 818-012-0030 Unprofessional Conduct

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-012-0030 to a public rulemaking hearing as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

OAR 818-026-0010 Definitions (March 26, 2015 - Rules Oversight Committee Meeting)

Dr. Beck moved and Ms. Ironside seconded that the Rules Oversight Committee amend its previous recommendation (Rules Oversight Committee Meeting January 22, 2015) and recommend that the Board send OAR 818-026-0010 to a public rulemaking hearing as amended. The motion passed with Dr. Beck, Ms. Martinez, Mr. Harvey and Ms. Ironside voting aye.

OAR 818-026-0010 Definitions (April 2, 2015 – Anesthesia Committee Meeting)

Dr. Schwindt moved and Dr. Downey seconded that the Committee recommend 818-026-0010 to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye, and Dr. Nichols voting nay.

818-026-0020(2)(f) Presumption of Degree of Central Nervous System Depression (April 2, 2015 – Anesthesia Committee Meeting)

Dr. Schwindt moved and Dr. Downey seconded that the Committee recommend 818-026-0020(2)(f) to the Rules Oversight Committee as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

OAR 818-026-0030 Requirements for Anesthesia Permits, Standards and Qualification of an Anesthesia Monitor.

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0030 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

OAR 818-026-0040 Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permits

Dr. Price moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0040 to a public rulemaking hearing as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

OAR 818-026-0050 Minimal Sedation Permit

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0050 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Mr. Harvey, Dr. Price and Ms. Ironside voting aye.

OAR 818-026-0060 – Moderate Sedation Permit (March 26, 2015 – Rules Oversight Committee Meeting)

Dr. Beck moved and Ms. Ironside seconded that the Rules Oversight Committee amend its previous recommendation (Rules Oversight Committee Meeting January 22, 2015) and recommend to the Board to send OAR 818-026-0060(7)(A) to a public rulemaking hearing as amended. The motion passed with Dr. Beck, Ms. Martinez, Mr. Harvey and Ms. Ironside voting aye.

818-026-0060(8)(a) – Moderate Sedation Permit (April 2, 2015 – Anesthesia Committee Meeting)

Dr. Schwindt moved and Dr. Mutschler seconded that the Committee recommend 818-026-0060(8)(a) to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

OAR 818-026-0065 Deep Sedation (January 22, 2015 – Rules Oversight Committee Meeting)

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0065 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-026-0065(8)(a) – Deep Sedation (April 2, 2015 – Anesthesia Committee Meeting)

Dr. Schwindt moved and Dr. Auzins seconded that the Committee recommend 818-026-0065(8)(a) to the Rules Oversight Committee as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

OAR 818-026-0070 General Anesthesia Permit

Ms. Ironside moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0070 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

818-026-0070(8)(a) & 818-026-0070(12) – General Anesthesia Permit (April 2, 2015 – Anesthesia Committee Meeting)

Dr. Auzins moved and Dr. Allred seconded that the Committee recommend 818-026-0070(8)(a) to the Rules Oversight Committee as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Allred, Dr. Auzins and Dr. Downey voting aye.

OAR 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

Ms. Martinez moved and Ms. Ironside seconded that the Rules Oversight Committee amend its previous recommendation (Rules Oversight Committee Meeting January 22, 2015) and recommend to the Board to send OAR 818-026-0080 to a public rulemaking hearing as amended. The motion passed with Dr. Beck, Ms. Martinez, Mr. Harvey and Ms. Ironside voting aye.

OAR 818-026-0110 Office Evaluations

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0110 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

OAR 818-042-0040 Prohibited Acts

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-043-0040 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

OAR 818-042-0050 Taking of X-Rays – Exposing of Radiographs

Mr. Harvey moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0050 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

OAR 818-042-0070 Expanded Function Dental Assistants (EFDA)

Dr. Price moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0070 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

OAR 818-042-0090 Additional Functions of EFDAs.

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0090 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

Continuing Education Rules referenced in OAR 818-021-0060 and OAR 818-021-0070. Ms. Ironside moved and Ms. Martinez seconded the Board move to send to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

OAR 818-001-0002 - Definitions

Ms. Ironside moved and Ms. Martinez seconded the Board move to send to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

CORRESPONDENCE

RECEIVED

MAR 16 2015

Oregon Board
of Dentistry

Oregon Board of Dentistry

March 5th, 2015

To Dr. Brandon Schwindt,

I am writing this letter to inform you about a few concerns I have regarding path to licensure in the state of Oregon.

Dentists holding any U.S license are required to have completed 3500 hours of clinical practice within the past 5 years in the state of current licensure in order to get an Oregon dental license. Given that not every practitioner has fulfilled 3500 hours, I would like the board to consider the following pathways for meeting this requirement:

- A) Clinical teaching hours spent on the clinic floor at OHSU School of Dentistry, while supervising the students should count towards the 3500 hour requirement.
- B) The clinical hours spent in a CODA accredited postdoctoral program such as GPR and AGD should be counted as clinical practice time.

I appreciate your attention to this matter and looking forward to hearing back from you.

Sincerely,

Laleh Hedayat, DDS
Assistant Professor, Restorative Department
OHSU School of Dentistry
2730 SW Moody Ave, SD-REDE
Portland, Oregon 97201

Lant Haymore D.M.D., Dentist Anesthesiologist
Owen Combe D.M.D.
Sleep Dentistry of Portland
19265 S.E. Stark Street
Portland, OR 97233

March 30th, 2015

Anesthesia Committee, Oregon Board of Dentistry
1500 SW 1st Ave., Ste. # 770
Portland, OR 97201

Re: Anesthesia Committee Meeting, April 2nd, 2015

It is requested that this letter be made part of the official record. Proposed language is in blue, concerns are in black.

818-026-0050

Minimal Sedation Permit

(10) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of an enteral minimal sedative agent would put the patient into a level of sedation deeper than minimal sedation. If the practitioner determines it is possible that providing enteral sedation to such a patient would result in moderate sedation, a moderate sedation permit would be required.

818-026-0040

Nitrous Oxide Sedation.

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

818-026-0040

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

Response/Concerns:

With regards to levels of sedation, it is not possible to accurately predict the effect of an administered single drug much less the effect of a combination of drugs. For example, just 3 months ago in our office an ASA 1 patient with an unremarkable health Hx. taking no medications or supplements presented for Tx. with minimal sedation. After .25mg Triazolam PO, the patient eventually became unresponsive to verbal and moderate tactile stimulation; the patient was reversed with an antagonist and monitored for signs of rebound sedation.

Hyper responsive patients to benzodiazepines exist on the bell curve of patient populations all over the world and this proposed language would technically preclude ALL patients taking medications with sedative side effects from having minimal sedation, as it is "possible" that providing enteral minimal sedation to such a patient could result in moderate or even more profound sedation.

It is the licensee's responsibility to monitor and recognize the level of sedation a patient is under and respond appropriately with regards to the sedation permit they have. Given enough cases performed, every dentist administering minimal sedation will eventually be faced with a patient that is inadvertently sedated more than desired regardless of concomitant chronic medications with sedative side effects. This is simply unavoidable.

It is unreasonable to make undesired inadvertent over sedation (which can always be interpreted as "possible") a violation of the Dental Practices Act. The board already has unfettered latitude in determining the level of sedation and assessing violations per **OAR 818-026-0020 Presumption of Degree of Central Nervous System Depression**, as such the board is encouraged to consider removing the proposed language regarding concomitant chronic medications with sedative side effects.

The board should also be aware that using the term chronic is ambiguous and will likely bring about more questions from licensees. How long does a patient need to be on a medication for it to be considered chronic? A week? A month? Six months? Due to tolerance, a patient taking chronic opiate medication for a year has a much lower chance of sedative side effects from a concomitant benzodiazepine than a patient taking the same opiate medication for a week.

If this logic is taken a bit further, and it is expected a licensee to be able to predict the level of sedation with a chronic medication that has sedative side effects concomitantly with a benzodiazepine shouldn't the board require licensees to also predict the level of sedation between benzodiazepines and the large family of CYP3A4 inhibitors? Generally speaking this family of drugs does not have sedative side effects alone, however they pose a much greater risk of over sedation with concomitant benzodiazepines than a patient on chronic opiates for a year because of tolerance. The same can be said of grapefruit juice, in fact DOCS Education used to teach the administration of grapefruit juice to increase the efficacy of benzodiazepine minimal sedation due to inhibition of hepatic CYP3A4 activity. This was a "work-around" for dentists in other states that were limited by dosage rules. Studies show drinking 1 glass of grapefruit juice a day for a couple days prior to Triazolam administration results in a 40% increase in clinical sedation and

increase in half-life of up to 53%. These numbers increase when drinking grapefruit juice the day of Triazolam administration.

At the rules committee meeting on January 22nd, 2015, Dr. Smith reported the reason for these proposed changes were due to questions licensees/students had about patients taking medications with sedative side effects and how to interpret such circumstances within the scope of an N₂O permit or minimal sedation permit. The proposed language creates a threshold of required clinical expertise that is not attainable and will eventually place all N₂O and minimal sedation permit holders in violation of the dental practices act at some point unless they turn away all patients that drink grapefruit juice, take CYP3A inhibitors or medications with sedative side effects. If the anesthesia committee does not see fit to drop this suggested language it is encouraged to find more appropriate language to address the concerns of inadvertent over sedation, patients taking concomitant medications with sedative side effects and what to do in such cases. It is respectfully requested that the anesthesia committee move to vote on removing this proposed language.

818-026-0010

Definitions

(8) “Maximum recommended dose” (MRD) means ~~maximum Food and Drug Administration recommended dose of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored dose~~ of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored dose maximum FDA recommended dose of a drug, as printed in Food and Drug Administration approved labeling for unmonitored home use.

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

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

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

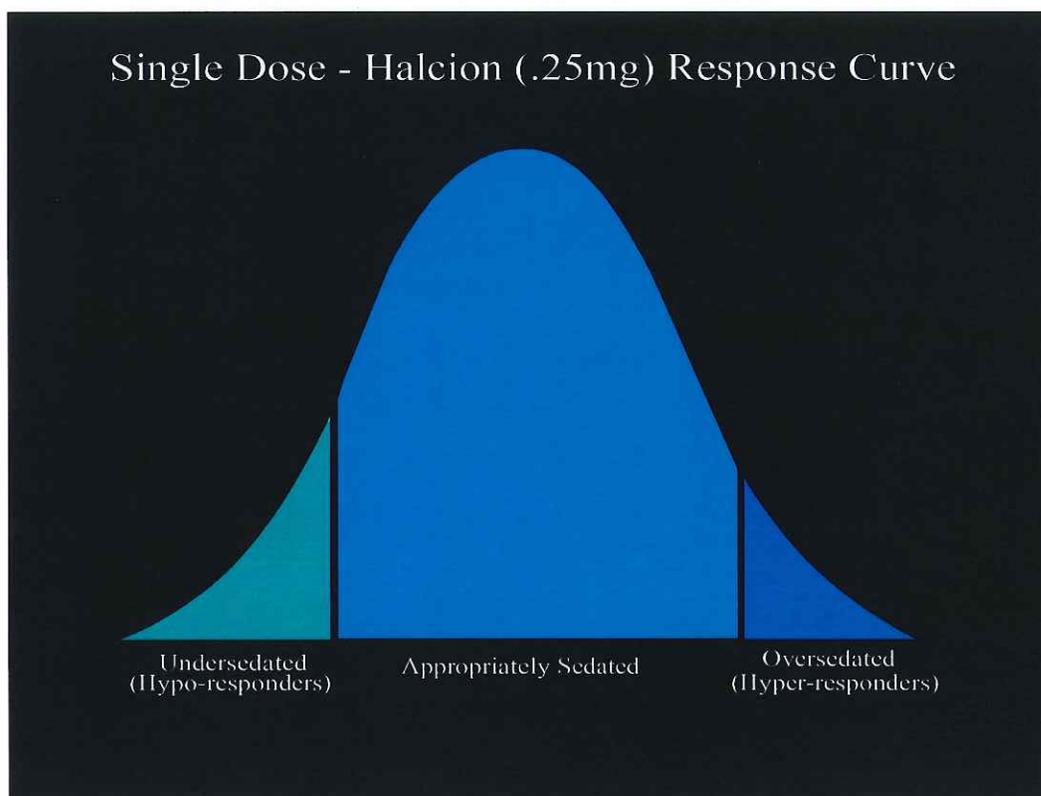
(12) “Parenteral Route” means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, intranasal and subcutaneous routes are included.

Response/Concerns:

At the last Anesthesia Committee meeting language was proposed that minimal sedation permit holders be limited to administering an MRD “maximum FDA recommended dose of a drug, as printed in Food and Drug Administration approved labeling for unmonitored home use”. Notwithstanding the fact that MRD is not a term used by the FDA and the FDA does not make recommendations on dose, proposing to limit the amount of a benzodiazepine administered to a patient for minimal sedation will exclude a significant percentage (hypo-responders) of the population from being able to have dentistry performed with this more affordable approach to

sedation as compared to moderate/IV sedation. Furthermore this language has the potential to cause practitioners who are sedating a particular patient for the first time to give the maximum dose possible in hopes of preventing under sedating a patient and needing to reschedule. This will place hyper-responsive patients in this category in danger of over sedation and slipping into the moderate sedation range or further.

Sedation and anesthesia is an art as well as it is a science. Creating broad rules based on non-existent FDA dosage recommendations (manufactures recommendations) for unsupervised at home use in a supervised clinical setting takes the practitioners clinical judgment, training and experience out of the equation.



If the Oregon Board of Dentistry limits the amount of a benzodiazepine a minimal sedation permit holder is allowed to administer it will make dentistry unattainable to a portion of the public that falls on the left (hypo-responders) of appropriately sedated patients. It will negatively impact small business in Oregon as well as put patients on the right of appropriately sedated patients (hyper-responders) at risk of over-sedation.

At the Rules Committee meeting on January 22nd, 2015, members of the public attempted to inform the board about these concerns and Patrick Braatz raised his voice remarked "licensees that want to administer more than the MRD would need to get a moderate sedation permit". This comment demonstrates a clear lack of understanding and comprehension regarding the pharmacology, safety and efficacy of benzodiazepine sedation. Surely a referral to a moderate sedation permit holder should not be required to minimally sedate a hypo-responsive patient, nor should such a patient be required to pay a higher fee for moderate sedation because a rule exists that precludes a licensee from safely administering enough medication to achieve minimal sedation. This language will not only affect small business and minimal sedation permit holders

ability to do business in the state of Oregon, it will negatively affect the patient population needing minimal sedation.

There is clear evidence in the peer-reviewed literature demonstrating that the margin of safety clearly does not warrant tying licensee's hands of making these clinical judgments themselves. To better understand why benzodiazepines are so safe please see ATTACHMENT 1, which is paraphrased from the journal article that is authored by the PharmD (Dr. Donaldson) that teaches minimal sedation at OHSU.

After being questioned why this rule was being proposed Patrick Braatz mentioned that there had been cases of minimal sedation permit holders over sedating patients, and the MRD rule was proposed to prevent these practitioners from doing so in the future. When asked about morbidity and mortality in these cases Mr. Braatz conceded that no harm had come to patients in any of these cases. We urge the anesthesia committee to reconsider limiting the ability of all minimal sedation permit holders to practice safe and effective minimal sedation on patients in the state of Oregon by removing references to MRD and dosage limitations. If the board is familiar with licensees practicing sedation outside the scope of their permit we urge the board to deal with those cases on an individual basis rather than simply deny these services to such a large portion of patients.

The board should take note that MRD (Maximum Recommended Dose) is not a term used by the FDA, nor is it a required term under **Dosage and Administration (§ 201.57(a)(7))** of the FDA's labeling guidelines. The FDA does not recommend dosages, manufacturers do. The term MRD is used by some manufacturers in a voluntary capacity in their labeling, however not all of them do. Furthermore with regards to benzodiazepines in particular, not all manufacturers have recommended MRD's either. Calling the FDA, or simply reading the labels on all of the different benzodiazepines available in the US market can verify this. In other words if references to MRD's are allowed to remain in the Dental Practices Act all a licensee would need to do is switch to a benzodiazepine that has no reference to MRD in it's labeling or pose a defense that as it stands they did not violate any rule as there is no such thing as an FDA MRD.

Micromanaging the practice of anesthesia/sedation in dentistry will not deter those few practitioners who blatantly disregard safe and accepted clinical practices, however it will have the unintended consequence of creating unnecessary liability, as well as impede safe practitioners from utilizing their training and clinical judgment to administer safe and effective anesthesia to their patients, by 'strapping' them with unnecessary rules and regulations.

It is respectfully requested that the anesthesia committee move to vote on removing this proposed language and send this issue to the rules committee to remove all references to MRD's from the Dental Practices Act.

Sincerely,



Lant Haymore D.M.D.



Owen Combe D.M.D.

ATTACHMENT 1

Anesth Prog. 2007 Fall; 54(3): 118–129.

doi: 10.2344/0003-3006(2007)54[118:OSAPOA]2.0.CO;2

PMCID: PMC1993866

Oral Sedation: A Primer on Anxiolysis for the Adult Patient

Mark Donaldson, BScPhm, RPh, PharmD,* Gino Gizzarelli, BScPhm, DDS, MSc,† and Brian Chanpong, DDS, MSc‡

Virtually all effects of the benzodiazepines result from their specific actions on the central nervous system. They promote the binding and influence of the major inhibitory neurotransmitter, gammaaminobutyric acid (GABA) to the GABA_A subtype of GABA receptors in the brain. GABA_A receptors are actually multi-subunit complexes closely associated with gated chloride ion (Cl⁻) channels within the cell membrane of neurons. When GABA activates its receptor, the channel opens allowing greater influx of chloride ions and a more negative resting membrane potential. This renders the neuron less responsive to excitatory stimuli.

It is significant that benzodiazepines do not open the chloride channel. They bind to specific benzodiazepine (BZ) receptors on the GABA_A complex, separate from the actual receptor for GABA. Activation of the BZ receptor enhances the chloride ion channel's response to GABA, but no effect is produced if GABA is not present. A benzodiazepine agonist can only potentiate the body's endogenous neurotransmitter. This concept is a likely explanation for the relative safety of benzodiazepines compared to chloral hydrate, barbiturates, or propofol. These [other] agents also have distinct receptors on the GABA_A complex, but actually open the chloride channel independently of GABA. High doses of these agents may be lethal, but death following overdose of benzodiazepines alone is virtually unheard of. This wide margin of safety (high therapeutic index) for benzodiazepines is illustrated using dose-response curves below. (Figures 1 and 2). Unlike barbiturates, the effective-dose curve and the lethal-dose curve for the benzodiazepines are separated by a very large margin. [Even the higher doses required for “hypo-responsive” patients will come nowhere near to approaching the margin of safety.]

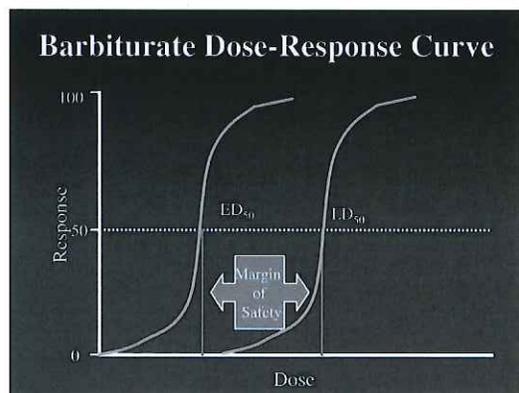


Figure 1

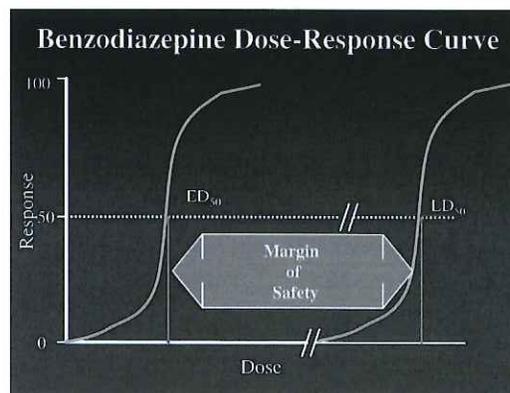


Figure 2

OTHER ISSUES

Tab 7. Request a letter be sent to WREB approving Ms. Mavuwa and Ms. Nguyen to become WREB Restorative Examiners

Pursuant to WREB's requirements licensees who wish to become a WREB Examiner must be approved by the State Board in which they practice. Ms. Laurel M. Mavuwa (Attachment 1) and Ms. Lizette Nguyen (Attachment 2) are requesting the Board approve them to become WREB Restorative Examiners.

For All Other Practicing, Non-Educator Dentists and Dental Hygienists:

- 1) Provide a current CV
- 2) Provide 2 professional letters of recommendation including one letter from a current WREB examiner
- 3) Be approved by the State Board in which they practice.**
- 4) Must observe one WREB exam at own expense, with prior approval of the WREB office. Observation includes participating in a full calibration day as well as one clinical day of the exam.
- 5) Be a licensed practitioner and actively practicing for 5 years in the state that is approving them.

Dental Hygiene Educators:

1) Receive a letter of approval as an examiner from the State Board in the state where they teach and a recommendation from the Director or Program Chair of the school where they teach

OR

2) Have served on a WREB Committee and receive a recommendation from the Director or Program Chair at the School where they teach.

AND

3) Must observe one WREB exam at their expense, with prior approval of the WREB office. Observation includes participating in a full calibration day as well as one clinical day of the exam.

WREB does not guarantee that all designated examiners will be assigned to examine. WREB will create teams in the manner that provides the most equitable balance among the key factors considered in the examination assignment process.

Probationary Period

All examiners are considered to be probationary for the first year that they examine and may be dismissed at any time without cause and at the discretion of WREB. Examiners will be notified if issues arise that will cause WREB to discontinue using their services, such as failure to be prepared, follow WREB criteria, or meet the minimum commitment for attendance at exams.

RECEIVED

APR 02 2015

Oregon Board
of Dentistry

17855 SW George Ct
Beaverton, OR 97007

March 30, 2015

Teresa Haynes
Oregon Board of Dentistry
1500 SW 1st Ave, Ste. 770
Portland, OR 97201

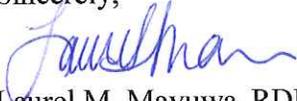
Dear Ms. Haynes,

I am writing to express my interest in the WREB examiner position. I have 6 years of expertise in clinical restorative dental hygiene, and my education and teaching experience would bring advanced knowledge to this position.

I earned my Bachelor's degree in Dental Health Science from Pacific University in 2008, and have worked as a dental hygienist since then, using my skills to provide quality oral health care and education to clients. In addition to clinically sound skills in restorative dentistry, I also have more than four years of experience as a clinical instructor for restorative dental hygiene. I am confident that both my clinical expertise and teaching experience will make me a good fit for this position.

I have included my curriculum vitae for your review. Thank you for your time.

Sincerely,



Laurel M. Mavuwa, RDH, BSDH
laurelmavuwa@gmail.com
(503) 508-7341

LAUREL M MAVUWA, RDH, BSDH

17855 SW George Ct
Beaverton, OR 97007
503-508-7341

laurelmavuwa@gmail.com

ENDORSEMENTS AND CERTIFICATIONS IN OREGON

Local Anesthesia
Restorative Endorsement
Nitrous Oxide Certification
CPR

EDUCATION

Currently Enrolled
Portland State University - PACE Master's Degree Program

8/2008
Pacific University - Bachelor of Science in Dental Health

12/2005
Western Oregon University - Prerequisites for Dental Hygiene

DENTAL HEALTHCARE EMPLOYMENT

8/2010 – present

Clinical Faculty

Pacific University – Hillsboro, Oregon

- Assist students in developing professional skills in clinical and restorative dental hygiene
- Collaborate with fellow clinical instructors to provide calibrated instruction for both clinical and restorative dental hygiene
- Admissions panel interviewer - interview prospective students for the Dental Health Science program

7/2014 – present

Registered Dental Hygienist

Indian Health Service – Salem, Oregon

- Provide oral health preventive and therapeutic services for Native American community members and students at Chemawa Indian School
- Serve on diabetes committee for Coordination of Care program

10/2008 – 5/2014

Lead Registered Dental Hygienist

Willamette Dental Group – Hillsboro, Oregon

- Place and finish permanent restorations as allowed by Oregon Revised Statutes
- AxiUm Super User - Trained employees on new electronic health record system
- Act as a liaison between dental hygiene team and management
- Audit patient charts for risk management
- Scaling and root planing for patients with periodontal disease

10/2008 – 12/2010

Registered Dental Hygienist

Gentle Family Dentistry – Oak Grove, Oregon

- Provided oral health education to patients
- Preventive and therapeutic services
- Data collection and documentation of disease
- Use of computer programs to schedule recall appointments

10/2001 – 10/2008

Expanded Functions Dental Assistant

Willamette Dental Group - Milwaukie, Oregon

- Performed general chairside expanded functions
- Placed pit and fissure sealants
- Performed coronal polishing to patients 12 years old and younger
- Provided individualized oral hygiene instruction using a variety of educational methods

VOLUNTEER EXPERIENCE

2010, 2011, 2013

Compassion Clinic

SE Portland and Beaverton

- Provide dental hygiene services and education to underserved individuals

2008, 2010, 2012, 2014

Medical Teams International

Mobile Dental Unit

- Provide restorative and preventive oral health services to underserved individuals

2008

Annual Gerontology Conference – Hillsboro, Oregon

Oral Health: Common Oral Side Effects of Medications

- Collaborated with local agencies to distribute seminar agenda
- Developed class seminar about the effects of medication on oral health

2008

Assistance International

Horconcos, Honduras

- Instruct health care workers how to place sealants for caries prevention

COURSES TAUGHT

Summer 2014

DHS 325 Pain Management Clinic – Pacific University

Spring 2010 – 2014

DHS 446 Restorative Clinic - Pacific University

Spring 2014

DHS 322 Dental Hygiene Clinic II - Pacific University

Fall 2010 – 2013

DHS 445 Restorative Dental Procedures Clinic - Pacific University

PROFESSIONAL AFFILIATIONS

2008 – present

American Dental Hygienist's Association

Oregon Dental Hygienist's Association

Washington County Dental Hygienist's Association

2010 - 2014

Delegate for WCDHA at Annual ODHA Conference

References

Gail Aamodt, RDH, MS
Hillsboro, Oregon
503-352-7242

Kathy Moore, RDH
Portland, Oregon
503-944-9732

Dr. Rita Ventura DMD
San Francisco, California
402-215-5720

Mary Nelson, RDH
Canby, Oregon
503-957-6279

April 3, 2015

Lizette Nguyen
13910 SE Gladstone Street
Portland, OR 97236

RECEIVED

APR 03 2015

Oregon Board
of Dentistry

Oregon Board of Dentistry
1500 SW 1st Ave., STE#770
Portland, OR 97201

Dear Board Members,

I would like to express my interest in becoming a WREB restorative examiner. I feel I can use my skills to help facilitate and achieve the objectives of WREB for the restorative examination.

I graduated from Pacific University's Dental Health Science program in 2008. I have been practicing dental hygiene and restorative hygiene since October 2008.

I am a self-motivated and hard working person who will utilize current skills as well as offer opportunities for growth. I am able to use own initiative, demonstrate outstanding communication, and possess great computer skills, therefore I believe I would be a great asset to the WREB examination team. Thank you for your consideration.

Sincerely,

Lizette Nguyen, RDH, EPP

LIZETTE NGUYEN, RDH, EPP

13910 SE Gladstone Street

Portland, OR 97236

(503) 754-0175

lnguyen@vgmhc.org

OBJECTIVE

Seeking position as a WREB examiner for Restorative Dental Hygiene.

EDUCATION

Pacific University Hillsboro, OR
Bachelor of Science, Dental Health
Graduated: August 16, 2008

Portland State University Portland, OR
Bachelor of Science, General Science
Graduated: August 13, 2005

LICENSURE/CERTIFICATIONS

- **Oregon Dental Hygiene License #H5490**
- **Nitrous Oxide Permit**
- **Expanded Practice with Collaborative Agreement(s) Permit**
- **Local Anesthesia Endorsement**
- **Restorative Functions Endorsement**
- **Health Care Provider BLS/CPR Certified**

PROFESSIONAL EXPERIENCE

Dental Hygienist:

Virginia Memorial Health Center-Dental Clinic (Public Health Dentistry)
Employment History: February 2012 – Present
Contact's Name: Lisa Bozzetti, DDS
Contact's Email Address: lbozzetti@vgmhc.org
Location: McMinnville Dental Clinic and Beaverton Dental Clinic
Phone: 503-352-2361

Dental Hygienist:

OHSU- Russell Street Dental Clinic (Public Health/Community Dentistry)
Employment History: October 2008 – January 2014
Contact's Name: Jay R. Anderson, DMD
Contact's Email Address: andersonj@ohsu.edu
Location: 214 North Russell Street Portland, OR 97227
Phone: 503-494-6822

Dental Hygienist:

Family Dentistry - Vicki Reichlein, DMD (Private Practice)
Employment History: November 2008 – February 2012
Contact's Name: Vicki Reichlein, DMD
Contact's Email Address: doctorvicki@vickidental.com
Location: 2039 NE Burnside Road Gresham, OR 97030
Phone: 503-669-7502

Dental Assistant/Administrative Assistant:

OHSU- Russell Street Dental Clinic (Public Health/Community Dentistry)

Employment History: December 1999 - August 2006

Location: 214 North Russell Street Portland, OR 97227

Phone: 503-494-6822

DENTAL RELATED EXPERIENCE

Philippines Dental Mission for the underserved	Philippines	May 2008
Dental Assistant for Western Regional National Board	Portland, OR.	June 2003 - May 2008
Volunteered at OHSU – Russell Street Dental Clinic	Portland, OR.	1998 - 1999

REFERENCES

Yadira Martinez, RDH, EPP
503-352-2354
ymartinez@vgmhc.org

Roya Baradar, DDS
503-718-3675
rbaradar@vgmhc.org

Teresa Haynes

From: Lizette Nguyen [lizettenguyen@gmail.com]
Sent: Friday, April 03, 2015 6:31 PM
To: Teresa Haynes
Subject: Interest in WREB examiner
Attachments: Lizette Nguyen2015.docx

Hello,

Attached is my letter of interest and resume for the WREB examiner position.

Thank you for your kind consideration,
Lizette Nguyen, RDH, EPP



Commission on Dental Accreditation

This communication is sent electronically in lieu of a paper copy.

April 6, 2015

Mr. Patrick D. Braatz
Oregon Board of Dentistry
1500 SW 1st Ave., Ste. 770
Portland, OR 97201

Dear Mr. Braatz:

RE: *State Board Participation on Accreditation Site Visits*

This letter is to notify you that the institution(s) listed below have requested a state board representative participate in the Commission on Dental Accreditation's 2015 on-site evaluations of their allied dental education program(s):

Dental Assisting Allied Education Program:

Umpqua Community College, Roseburg, OR (October 8-9, 2015)

Appointment Process and Reimbursement: In accordance with the attached policy statement for state board participation on site visit teams, the state board of dentistry is requested to submit the names of *two* representatives who are *current members* of the board for each site visit listed. The Commission will then ask the institution to select *one* individual to participate on the visit. You will be notified when the institution has selected a representative. Prior to the visit, the representative will receive an informational packet from the Commission and the self-study document from the institution. The state board is responsible for reimbursing its representative for expenses incurred during a site visit.

Confirmation of State Board Participation Form (to be returned): Each program that has elected to invite the board of dentistry is identified on the attached Confirmation of State Board Participation Form(s). The board of dentistry is requested to complete this form, as described above.

Please note: The Confirmation of State Board Participation Form(s) must be returned by the due date indicated on each form. If communication is not received from the state board by this date, it will be assumed that the state board is unable to participate on the site visit.

Mr. Patrick Braatz

April 6, 2015

Page 2

Conflicts of Interest: When selecting its representatives, the state board should consider possible conflicts of interest. These conflicts may arise when the representative has a family member employed by or affiliated with the institution; or has served as a current or former faculty member, consultant, or in some other official capacity at the institution. Please refer to the enclosed policy statements for additional information on conflicts of interest.

Time Commitment: It is important that the selected representative be fully informed regarding the time commitment required. In addition to time spent reviewing program documentation in advance of the visit, the representative should ideally be available the evening before the visit to meet with the team. Only one state board representative may cover each visit to ensure that continuity is maintained; it is desirable that the representative be present for the entire visit.

Confidentiality and Distribution of Site Visit Reports: Please note that, as described in the enclosed documents, state board representatives serving on a team must consider the site visit report confidential. Release of the report to the public, including the state board, is the prerogative of the institution sponsoring the program.

If I can be of any further assistance, please do not hesitate to contact me at 1-800-621-8099, extension 4660 or ackermana@ada.org or Ms. Patrice Renfrow at extension 2695 or renfrowp@ada.org. Thank you in advance for your efforts to facilitate the board's participation in the accreditation process.

Sincerely,



Alyson Ackerman
Coordinator, Allied Program Reviews
Commission on Dental Accreditation

AA/bp

cc: Dr. Sherin Tooks, director, Commission on Dental Accreditation (CODA)
Ms. Patrice Renfrow, manager, Allied Dental Education, CODA

Enclosures sent via email:

CODA Confirmation of State Board Participation Form(s)
Policy on State Board Participation and Role During a Site Visit
Policy on Conflict of Interest
Policy on Public Disclosure and Confidentiality

POLICY ON STATE BOARD PARTICIPATION DURING SITE VISITS

It is the policy of the Commission on Dental Accreditation that the state board of dentistry is notified when an accreditation visit will be conducted in its jurisdiction. The Commission believes that state boards of dentistry have a legitimate interest in the accreditation process and, therefore, strongly urges institutions to invite a current member of the state board of dentistry to participate in Commission site visits. The Commission also encourages state boards of dentistry to accept invitations to participate in the site visit process.

If a state has a separate dental hygiene examining board, that board will be contacted when a dental hygiene program located in that state is site visited. In addition, the dental examining board for that state will be notified.

The following procedures are used in implementing this policy:

1. Correspondence will be directed to an institution notifying it of a pending accreditation visit and will include a copy of Commission policy on state board participation. The institution is urged to invite the state board to send a current member. The Commission copies the state board on this correspondence.
2. The institution notifies the Commission of its decision to invite/not invite a current member of the state board. If a current member of the state board is to be present, s/he will receive the same background information as other team members.
3. If it is the decision of the institution to invite a member of the state board, Commission staff will contact the state board and request the names of at least two of its current members to be representatives to the Commission.
4. The Commission provides the names of the two state board members, to the institution. The institution will be able to choose one of the state board members. If any board member is unacceptable to the institution, the Commission must be informed in writing.
5. The state board member, if authorized to participate in the site visit by the institution, receives the self-study document from the institution and background information from the Commission prior to the site visit.
6. The state board member must participate in all days of the site visit, including all site visit conferences and executive sessions.
7. In the event the chair of the site visit committee determines that a vote is necessary to make a recommendation to the Commission, only team members representing the Commission will be allowed to vote.
8. The state board reimburses its member for expenses incurred during the site visit.

The following statement was developed to assist state board members by clearly indicating their role while on-site with an accreditation team and what they may and may not report following a site visit. The statement is used on dental education, advanced dental education and allied dental education site visits. The state board member participates in an accreditation site visit in order to develop a better understanding of the accreditation site visit process and its role in ensuring the competence of graduates for the protection of the public. The dental, advanced dental and allied dental education programs are evaluated utilizing the Commission's approved accreditation standards for each respective discipline.

The state board member is expected to be in attendance for the entire site visit, including all scheduled conferences and during executive sessions of the visiting committee. While on site the state board member:

- provides assistance in interpreting the state's dental practice act and/or provides background on other issues related to dental practice and licensure within the state.

- on allied dental education visits: assists the team in assessing the practice needs of employer-dentists in the community and in reviewing those aspects of the program which may involve the delegation of expanded functions.
- on dental school visits: functions primarily as a clinical site visitor working closely with the clinical specialist member(s) who evaluate the adequacy of the preclinical and clinical program(s) and the clinical competency of students.

Following the site visit, state board members may be asked to provide either a written or oral report to their boards. Questions frequently arise regarding what information can be included in those reports while honoring the Agreement of Confidentiality that was signed before the site visit. The following are some general guidelines:

- What You May Share: Information about the Commission's accreditation standards, process and policies
- What You May Not Share:
 - The school's self-study;
 - Previous site visit reports and correspondence provided to you as background information;
 - Information revealed by faculty or students/residents during interviews and conferences;
 - The verbal or written findings and recommendations of the visiting committee; and
 - Any other information provided in confidence during the conduct of an accreditation visit.

The Commission staff is available to answer any questions you may have before, during or after a site visit.

Reaffirmed: 8/10, 7/07, 7/04, 7/01, 12/82, 5/81, 12/78, 12/75; Revised: 7/09, 1/00; Adopted: 8/86

CONFIDENTIALITY AND PUBLIC DISCLOSURE

CONFIDENTIALITY POLICY

Confidentiality of the following materials is maintained to ensure the integrity of the institution/programs and of the accreditation process. In all instances Protected Health Information must not be improperly disclosed. The Commission's confidentiality policies apply to Commissioners, Review Committee members, members of the Appeal Board, and site visitors.

SELF-STUDY DOCUMENT: At the discretion of the institution, the administration may either release information from this document to the public or keep it confidential. The Commission will not release any information in the self-study document without the prior written approval of the institution.

SITE VISIT REPORT: The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution's executive officers and may not, under any circumstances, be released. Members of a visiting committee who review preliminary drafts of the report must consider the report as privileged information and must not discuss it or make its contents known to anyone, under any circumstances. Reasons for assigning any non-adverse status other than full approval remain confidential between the institution and the Commission unless the institution wishes to release them.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

INSTITUTION'S RESPONSE TO A SITE VISIT REPORT: Release of this information is at the sole discretion of the institution. An institution's response must not improperly disclose any Protected Health Information; however, if any such information is included in the response, such information will not be made public.

TRANSMITTAL LETTER OF ACCREDITATION NOTIFICATION: Information such as accreditation status granted and scheduled dates for submission of additional information is public information.

PROGRESS REPORT: The scheduled date for submission of progress reports is public information. Release of the content of a progress report is at the sole discretion of the institution. If there is a point of contention about a particular portion of the progress report and the institution elects to release the pertinent portion to the public, the Commission reserves the right to make public the entire progress report. Progress reports must not improperly disclose Protected Health Information. If any Protected Health Information is included in the progress report, such information will be redacted before the progress report is made public.

SURVEYS: Routinely gathered data are used in the accreditation process and also provide a national data base of information about the accredited dental and dental-related educational programs. The Commission may release to the public any portion of survey data that is collected annually unless the terms of confidentiality for a specific section are clearly indicated on the survey instrument. Subsections of each survey instrument containing data elements which are confidential are clearly marked. Any data which may be reported from confidential subsections are published in a manner which does not allow identification of an individual institution/program.

EXIT INTERVIEWS: The final conference or exit interview between the site visit committee and the chief executive officer, dental dean, chief of dental service or the program director(s) is also confidential. Additional people may be included at the discretion of the institutional administration. The interview is a confidential summation of the preliminary findings, conclusions, recommendations and suggestions which will appear in the site visit report to the institution. This is a preliminary oral report and the preliminary written report is often only in draft stage at this point; therefore, this session is not recorded on tape or by a stenographer. Note taking is permitted and encouraged.

ON-SITE ORAL COMMUNICATIONS: In order to carry out their duties as on-site evaluators, visiting committee members must communicate freely with administrators, faculty, staff and students and any other appropriate individuals affiliated with an education program. As part of their on-site accreditation duties, committee members are expected to share with other team members pertinent and relevant information obtained during interviews. All oral communications occurring on-site, however, are confidential among team members. When the site visit ends, team members may communicate orally, or in writing, only with Commission staff or other team members about any on-site interview or conversation. All questions related to any aspect of the site visit including oral communications must be referred to the Commission office.

MEETING MATERIALS/DISCUSSIONS: Background reports and informational materials related to accreditation matters are regularly prepared for review by the Commission and its Review Committees. These materials and all discussions related to accreditation matters routinely remain confidential. The Commission determines when, and the manner in which, newly adopted policy and informational reports will receive public distribution.

PROTECTED HEALTH INFORMATION: Patients' protected health information, which includes any information that could identify an individual as a patient of the facility being site visited, may not be used by the site visitors, Review Committee members, or Commissioners for any purpose other than for evaluation of the program being reviewed on behalf of the Commission. Protected Health Information may not be disclosed to anyone other than Commissioners, Commission staff, Review Committee members or site visitors reviewing the program from which the Protected Health Information was received. Individual Protected Health Information should be redacted from Commission records whenever that information is not essential to the evaluation process. If a site visitor, Review Committee member, or Commissioner believes any Protected Health Information has been inappropriately used or disclosed, he/she should contact the Commission office.

MEETINGS: Policy portions of the Review Committee and Commission-meetings are open to observers, while accreditation actions are confidential and conducted in closed session. All deliberations of the Appeal Board are confidential and conducted in closed session.

NOTICE OF REASONS FOR ADVERSE ACTION: Notice of the reasons for which an adverse accreditation action (i.e. deny or withdraw) is taken is routinely provided to the Secretary of the U.S. Department of Education, any appropriate state agencies, and, upon request, to the public.

Reaffirmed: 8/12, 8/10; Revised: 8/14; 1/05, 2/01, 7/00; Adopted: 7/94, 5/93

POLICY ON PUBLIC DISCLOSURE

Following each meeting, final accreditation actions taken with respect to all programs, are disclosed to all appropriate agencies, including the general public. The public includes other programs or institutions, faculty, students and future students, governing boards, state licensing boards, USDE, related organizations, federal and state legislators and agencies, members of the dental community, members of the accreditation community and the general public. In general, it includes everyone not directly involved in the accreditation review process at a given institution.

If the Commission, subsequent to and following the Commission's due process procedures, withdraws or denies accreditation from a program, the action will be so noted in the Commission's lists of accredited programs. Any inquiry related to application for accreditation would be viewed as a request for public information and such information would be provided to the public. The scheduled dates of the last and next comprehensive site visits are also published as public information.

The Commission has procedures in place to provide a brief statement summarizing the reasons for which it takes an adverse accreditation action. If initial accreditation were denied to a developing program or accreditation were withdrawn from a currently accredited program, the reasons for that denial would be provided to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public. In addition, the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment will also be made available to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public.

All documents relating to the structure, policies, procedures, and accreditation standards of the Commission are available to the public upon written request. Other official documents require varying degrees of confidentiality.

Reaffirmed: 8/12, 8/10; Revised: 1/05, 2/01, 7/00; Adopted: 7/94, 5/93

CONFLICT OF INTEREST POLICY

Evaluation policies and procedures used in the accreditation process provide a system of checks and balances regarding the fairness and impartiality in all aspects of the accreditation process. Central to the fairness of the procedural aspects of the Commission's operations and the impartiality of its decision making process is an organizational and personal duty to avoid real or perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to make decisions in the public's interest is compromised by competing interests of a personal or private nature, including but not limited to pecuniary interests.

Conflict of interest is considered to be: 1) any relationship with an institution or program, or 2) a partiality or bias, either of which might interfere with objectivity in the accreditation review process. Procedures for selection of representatives of the Commission who participate in the evaluation process reinforce impartiality. These representatives include: Commissioners, Review Committee members, site visitors, and Commission staff.

In addition, procedures for institutional due process, as well as strict guidelines for all written documents and accreditation decisions, further reinforce adherence to fair accreditation practices. Every effort is made to avoid conflict of interest, either from the point of view of an institution/program being reviewed or from the point of view of any person representing the Commission.

Revised: 8/14; Reaffirmed: 8/12, 8/10

1. Visiting Committee Members: Conflicts of interest may be identified by either an institution/program, Commissioner, site visitor or Commission staff. An institution/program has the right to reject the assignment of any Commissioner, site visitor or Commission staff because of a possible or perceived conflict of interest. The Commission expects all programs, Commissioners and/or site visitors to notify the Commission office immediately if, for any reason, there may be a conflict of interest or the appearance of such a conflict. Because of the nature of their positions, a state board representative will be a resident of the state in which a program is located and may be a graduate of the institution/program being visited. These components of the policy do not apply for state board representatives, although the program retains the right to reject an individual's assignment for other reasons.

All active site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must identify all consulting roles to the Commission and must file with the Commission a letter of conflict acknowledgement signed by themselves and the institution/program with whom they consulted. All conflict of interest policies as noted elsewhere in this document apply. Contact the CODA office for the appropriate conflict of interest declaration form.

Conflicts of interest include, but are not limited to, a site visitor who:

- is a graduate of a program at the institution;
- has served on the program's visiting committee within the last ten (10) years;
- has served as an independent consultant, employee or appointee of the institution;
- has a family member who is employed or affiliated with the institution;
- has a close professional or personal relationship with the institution/program or key personnel in the institution/program which would, from the standpoint of a reasonable person, create the appearance of a conflict;
- manifests a partiality that prevents objective consideration of a program for accreditation;
- is a former employee of the institution or program;
- is affiliated with an institution/program in the same state; and/or

- is a resident of the state.

If an institutional administrator, faculty member or site visitor has doubt as to whether or not a conflict of interest could exist, Commission staff should be consulted prior to the site visit. The Chair, Vice-Chair and a public member of the Commission, in consultation with Commission staff and legal counsel, may make a final determination about such conflicts.

Revised: 8/14; 1/14; 2/13; 8/10; Reaffirmed: 8/12

2. Commissioners, Review Committee Members And Members Of The Appeal Board: The Commission firmly believes that conflict of interest or the appearance of a conflict of interest must be avoided in all situations in which accreditation recommendations or decisions are being made by Commissioners, Review Committee members, or members of the Appeal Board. No Commissioner, Review Committee member, or member of the Appeal Board should participate in any way in accrediting decisions in which he or she has a financial or personal interest or, because of an institutional or program association, has divided loyalties and/or has a conflict of interest on the outcome of the decision.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when the review committee believes a member should attend a visit for consistency in the review process. This applies only to site visits that would be considered by the same review committee on which the site visitor is serving. Review committee members are prohibited from serving as an independent consultant or site visitor for mock accreditation purposes. These policies help avoid conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner or appeal board member, these individuals may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, Commissioners or appeal board may not serve on a site visit team during their terms.

Areas of conflict of interest for Commissioners, Review Committee members and/or members of the Appeal Board include, but are not limited to:

- close professional or personal relationships or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner, Review Committee member, or member of the Appeal Board;
- having served on the program's visiting committee within the last ten (10) years; and/or
- no longer a current employee of the institution or program but having been employed there within the past ten (10) years.

To safeguard the objectivity of the Commission and Review Committees, conflict of interest determinations shall be made by the Chair of the Commission. If the Chair and Vice Chair, in consultation with a public member, staff and legal counsel, determine that a Commissioner or Review Committee member has a conflict of interest in connection with a particular program, the report for that

program will not be provided to that individual, either in an advance mailing or at the time of the meeting. Further, the individual must leave the room when they have any of the above conflicts. In cases in which the existence of a conflict of interest is less obvious, it is the responsibility of any committee member who feels that a potential conflict of interest exists to absent himself/herself from the room during the discussion of the particular accreditation report.

To safeguard the objectivity of the Appeal Board, any member who has a conflict of interest in connection with a program filing an appeal must inform the Director of the Commission. The report for that program will not be provided to that individual, either in an advance mailing or at the time of the meeting, and the individual must leave the room when the program is being discussed.

Conflicts of interest for Commissioners, Review Committee members and members of the Appeal Board may also include being from the same state, but not the same program. The Commission is aware that being from the same state may not itself be a conflict; however, when residence within the same state is in addition to any of the items listed above, a conflict would exist.

This provision refers to the concept of conflict of interest in the context of accreditation decisions. The prohibitions and limitations are not intended to exclude participation and decision-making in other areas, such as policy development and standard setting.

Commissioners are expected to evaluate each accreditation action, policy decision or standard adoption for the overall good of the public. The American Dental Association (ADA) Constitution and Bylaws limits the involvement of the members of the ADA, the American Dental Education Association and the American Association of Dental Boards in areas beyond the organization that appointed them. Although Commissioners are appointed by designated communities of interest, their duty of loyalty is first and foremost to the Commission. A conflict of interest exists when a Commissioner holds appointment as an officer in another organization within the Commission's communities of interest. Therefore, a conflict of interest exists when a Commissioner or a Commissioner-designee provides simultaneous service to the Commission and an organization within the communities of interest. (Refer to Policy on Simultaneous Service)

Revised: 8/14; 1/14, 8/10; Reaffirmed: 8/12

3. Commission Staff Members: Although Commission on Dental Accreditation staff does not participate directly in decisions by volunteers regarding accreditation, they are in a position to influence the outcomes of the process. On the other hand, staff provides equity and consistency among site visits and guidance interpreting the Commission's policies and procedures.

For these reasons, Commission staff adheres to the guidelines for site visitors, within the time limitations listed and with the exception of the state residency, including:

- graduation from a program at the institution within the last five years;
- service as a site visitor, employee or appointee of the institution within the last five years; and/or
- close personal or familial relationships with key personnel in the institution/program.

Revised: 8/14; 8/10, 7/09, 7/07, 7/00, 7/96, 1/95, 12/92; Reaffirmed: 8/12, 1/03; Adopted: 1982

**Commission on Dental Accreditation
Confirmation of State Board Participation
on Allied Dental Education Site Visits**

Name of Institution: Umpqua Community College

Program(s) to be Evaluated: DA

Dates of Site Evaluation: October 8-9, 2015

To aid the Commission on Dental Accreditation in preparing for the site evaluation noted above, please check the appropriate statements and complete the information requested by **April 20, 2015**.

The State Board is unable to participate in the site evaluation.

The State Board wishes to participate in the site evaluation and submits the following names for the institution's consideration.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State/Zip: _____ State/Zip: _____

Phone: _____ Phone: _____

Fax : _____ Fax : _____

Email: _____ Email: _____

Name: _____

Title: _____

Phone: _____ Fax: _____ Date: _____ E-Mail: _____

Return via email to palmerb@ada.org.

Attn: Ms. Betsey Palmer, senior project assistant
Commission on Dental Accreditation/American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

***If a response is not received by the date indicated, it will be presumed that the State Board is unable to participate.**

**NEWSLETTERS
&
ARTICLES OF
INTEREST**

Nothing to report under this tab

LICENSE RATIFICATION

This Page

Left Blank

16. RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENE

H6910	TERI LYNN PARDUE, R.D.H.	2/18/2015
H6911	ALICIA LAVON CARTER, R.D.H.	2/18/2015
H6912	SUSAN J HOFBAUER, R.D.H.	2/19/2015
H6913	SHILO DEVON HARDIN, R.D.H.	2/19/2015
H6914	SHANTELL E DENDAUW, R.D.H.	3/5/2015
H6915	PRIYANKA HANDA, R.D.H.	3/5/2015
H6916	ANGELA K BARRETT, R.D.H.	3/5/2015
H6917	BREANNA MARIE MONROE, R.D.H.	3/5/2015
H6918	ELOISA CRYSTAL CRUZ, R.D.H.	3/5/2015
H6919	KAREN L BOTEILHO, R.D.H.	3/5/2015
H6920	NATASHA M CRISMAN, R.D.H.	3/5/2015
H6921	BROOKLYN A EDWARDS, R.D.H.	3/5/2015
H6922	ELLEN R EDWARDS, R.D.H.	3/19/2015
H6923	CLAUDIA SANDIVEL PEREZ, R.D.H.	3/19/2015
H6924	ARIELLE K BARRY, R.D.H.	3/19/2015
H6925	KAYLEE M HANSEN, R.D.H.	3/19/2015
H6926	KEIRA SEAN BOOTH, R.D.H.	3/19/2015
H6927	DANIEL A COSOVAN, R.D.H.	3/19/2015
H6928	ALESHA CHOI REYES, R.D.H.	3/27/2015
H6929	CRYSTAL DEE PETERSEN, R.D.H.	3/27/2015
H6930	HEATHER L CROOK, R.D.H.	3/27/2015
H6931	AMANDA P CALDCLEUGH, R.D.H.	3/27/2015

DENTISTS

D10190	DARBY J LEFLER, D.M.D.	2/19/2015
D10191	AZMA AHMED, D.D.S.	3/5/2015
D10192	ROBERT KIRK MC BRIDE, D.D.S.	3/5/2015
D10193	DENNIS H GILLESPIE, D.D.S.	3/5/2015
D10194	SCOTT S BECKER, D.D.S.	3/5/2015
D10195	CORBIN K POPP, D.M.D.	3/19/2015
D10196	CHARLES CHI HAO LEUNG, D.D.S.	3/19/2015
D10197	KIMBERLY LEEDS HEETER, D.D.S.	3/19/2015
D10198	ASHLEY H PALLADINO, D.M.D.	3/19/2015
D10199	PATTY LYNN MARTIN, D.D.S.	3/27/2015
D10200	SAMUEL C PAGE, D.M.D.	3/27/2015
D10201	ALISTAIR LEON KOK, D.D.S.	3/27/2015
D10202	FRANK JAMES FOREMAN, D.D.S.	3/27/2015