



## Notice of Provisional Approval

Toby Absher  
Willamette Dental  
6950 NE Campus Way  
Hillsboro, OR 97124

November 26, 2019

Dear Mr. Absher,

The Oregon Health Authority (OHA) has issued a provisional decision to grant approval of the application to the Dental Pilot Project Program submitted by Willamette Dental on August 22, 2019. Projects that receive provisional approval **may** begin to provide didactic training however they **may not** operate or treat live patients until final approval is received from the Authority as required under 333-010-0740.

## Final Approval Process and Timeline Submission Requirements

In order for the project sponsor to proceed with all aspects of the application, the project must receive Final Approval by OHA.

The project sponsor, Willamette Dental, must submit the following items by close of business on February 20, 2020:

1. An Evaluation and Monitoring Plan that meets to requirements outlined under OAR 333-010-0780.
2. A Standing Operating Procedures Plan outlined under OAR 333-010-0740.

Once materials are received, OHA will review the documentation required and notify the project sponsor if the plan and policies and procedures are acceptable. OHA may request additional information and may request that the project sponsor revise the plan or policies and procedures to meet the requirements in the OAR 333-010-0740.

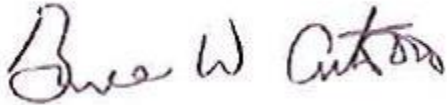
## Final Approval

Once OHA has received an acceptable plan and policies and procedures, it will notify the project sponsor that the project has been approved along with the plan and policies and procedures. A final approval letter will be issued to the project sponsor outlining the permitted scope of the project; any conditions OHA deems are necessary to protect patient safety; procedures for which the project will be required to obtain written informed consent for

treatment under OAR 333-010-0770 and the length of time the project can operate - from between three to five years.

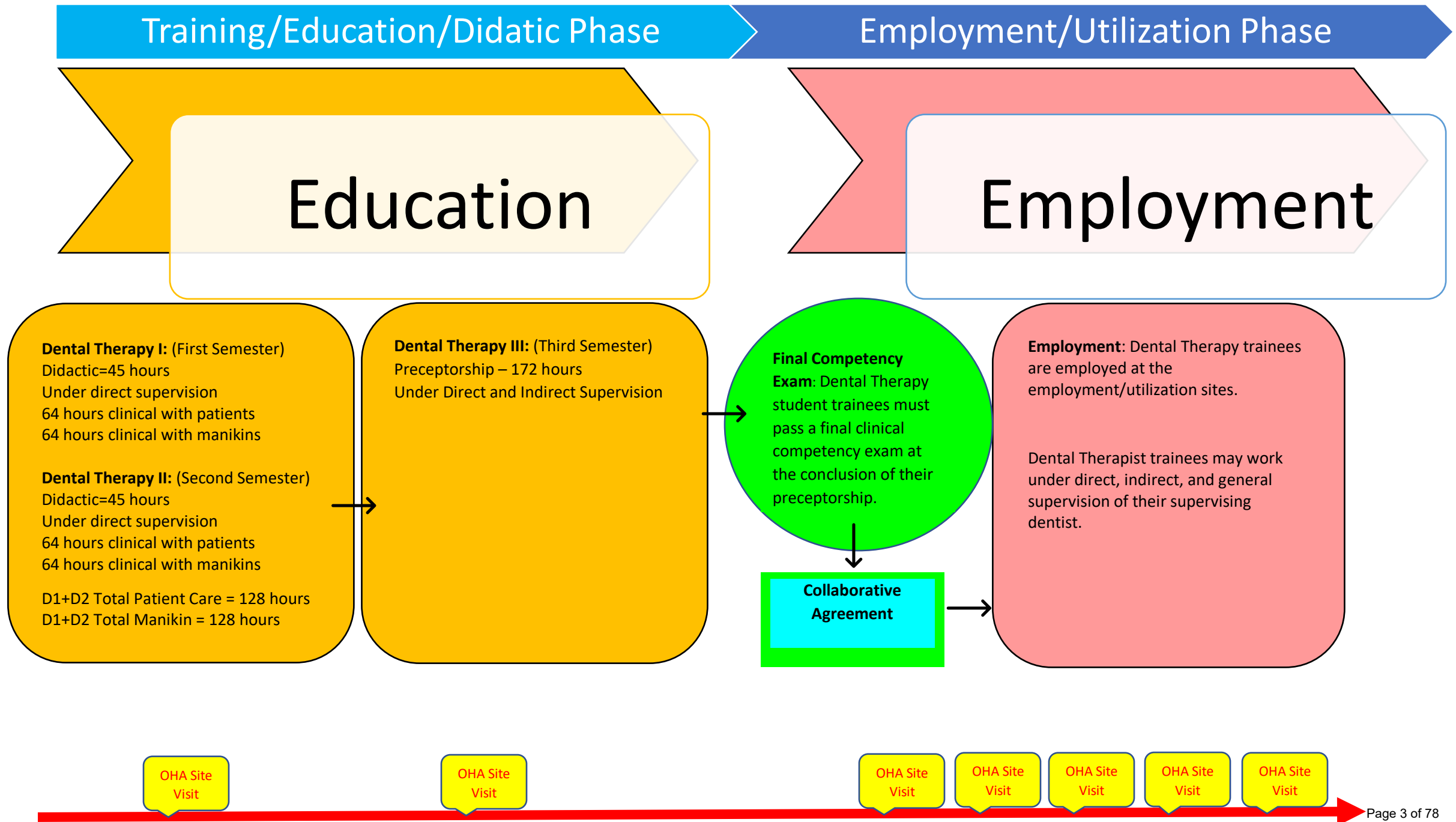
Please coordinate with Sarah Kowalski, coordinator of the Dental Pilot Project Program.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bruce W. Austin". The signature is fluid and cursive, with the first name "Bruce" being the most prominent.

Bruce Austin  
Statewide Dental Director

CC: Pacific University  
Oregon Board of Dentistry  
Technical Review Board



**Dental Pilot Project #300**  
**Visual Timeline of Education and Utilization Activities**

	February 2020- February 2021*	February 2021- February 2022	February 2022- February 2023	February 2023- February 2024	February 2024- January 2025
<b>Cohort One</b> 8 to 10 Trainees	Education	Utilization	Utilization	Utilization	Utilization
<b>Cohort Two</b> 6 to 10 Trainees		Education	Utilization	Utilization	Utilization
<b>Cohort Three</b> 0 to 8 Trainees*			Education	Utilization	Utilization
<b>Total</b>	8 to 10	14 to 20	14 to 28	14 to 28	14 to 28

\* Timelines are estimated and subject to change

\*\* Cohort Three is optional, dependent upon funding

**Cohort One:**  
8 to 10 Trainees

**Cohort Two:**  
6 to 10 Trainees

**Cohort Three:**  
0 to 8 Trainees

2020

2024

**Cohort One  
Employment/Utilization (E/U) Sites  
8-10 Trainees**

E/U Site: Group A	1.	Willamette Dental Group - Bend
	2.	Willamette Dental Group – Eugene
E/U Site: Group B	1.	Willamette Dental Group – Gresham
	2.	Willamette Dental Group – Hillsboro
	3.	Willamette Dental Group – Milwaukie
	4.	Willamette Dental Group - Portland - Stark
	5.	Willamette Dental Group - Portland – Weidler
E/U Site: Group C*	1.	Pacific University Dental Hygiene Clinics- Hillsboro
	2.	Robison Jewish Health Center at Cedar Sinai Park (Senior Center) - Portland
	3.	Cornell Estates (Senior Center) - Hillsboro
	4.	SmileCare Everywhere Van – Pacific University
E/U Site: Group D	1.	Galloway Family Dental - Hillsboro

**Cohort Two  
Employment/Utilization (E/U) Sites  
6-10 Trainees**

E/U Site: Group A	3.	Willamette Dental Group – Medford
	4.	Willamette Dental Group - Roseburg
E/U Site: Group C*	1.	Pacific University Dental Hygiene Clinics- Hillsboro
	2.	Robison Jewish Health Center at Cedar Sinai Park (Senior Center) - Portland
	3.	Cornell Estates (Senior Center) - Hillsboro
	4.	SmileCare Everywhere Van – Pacific University
E/U Site: Group E	1.	Lohring Miller, DMD – Eugene
E/U Site: Group F	SmileKeepers* Locations – To Be Determined	
E/U Site: Group G	AllCare* Locations – To Be Determined	
E/U Site: Group H	Virginia Garcia* Locations – To Be Determined	

**Cohort Three**

**Employment/  
Utilization (E/U) Sites  
0-8 Trainees**

Optional  
Depending on funding

<b>E/U Site: Group A</b>	<ol style="list-style-type: none"> <li>1. Willamette Dental Group - Bend</li> <li>2. Willamette Dental Group – Eugene</li> <li>3. Willamette Dental Group - Medford</li> <li>4. Willamette Dental Group - Roseburg</li> </ol>
<b>E/U Site: Group B</b>	<ol style="list-style-type: none"> <li>1. Willamette Dental Group – Gresham</li> <li>2. Willamette Dental Group – Hillsboro</li> <li>3. Willamette Dental Group – Milwaukie</li> <li>4. Willamette Dental Group - Portland - Stark</li> <li>5. Willamette Dental Group - Portland – Weidler</li> </ol>
<b>E/U Site: Group C</b>	<ol style="list-style-type: none"> <li>1. Pacific University Dental Hygiene Clinics – Hillsboro</li> <li>2. Robison Jewish Health Center at Cedar Sinai Park (Senior Center) - Portland</li> <li>3. Cornell Estates (Senior Center) - Hillsboro</li> <li>4. SmileCare Everywhere Van (Mobile Dental Van) – Pacific University</li> </ol>
<b>E/U Site: Group D</b>	<ol style="list-style-type: none"> <li>1. Galloway Family Dental - Hillsboro</li> </ol>
<b>E/U Site: Group E</b>	<ol style="list-style-type: none"> <li>1. Lohring Miller, DMD - Eugene</li> </ol>
<b>E/U Site: Group F</b>	<ol style="list-style-type: none"> <li>1. SmileKeepers Locations – To Be Determined</li> </ol>
<b>E/U Site: Group G</b>	<ol style="list-style-type: none"> <li>1. AllCare Locations – To Be Determined</li> </ol>
<b>E/U Site: Group H</b>	<ol style="list-style-type: none"> <li>1. Virginia Garcia Locations – To Be Determined</li> </ol>

## Training Locations and/or Employment/Utilization Sites

### **Willamette Dental Group Clinics**

Each Willamette Dental Group office in Oregon has a diverse patient population that includes Medicaid, commercial capitation and fee for service patients. These populations include patients that have been identified as having higher disease rates and lower access to care.<sup>1</sup>

Bend 62968 O.B. Riley Road, Suite 12 Bend, Oregon 97703	Eugene 2703 Delta Oaks Drive, Suite 300 Eugene, Oregon 97408	Gresham 1107 NE Burnside Road Gresham, Oregon 97030
Hillsboro 5935 SE Alexander Street Hillsboro, Oregon 97123	Medford 773 Golf View Drive Medford, Oregon 97504	Milwaukie 6902 SE Lake Road, Suite 200 Milwaukie, Oregon 97267
Roseburg 2365 NW Stewart Parkway Roseburg, OR 97471	Portland – Stark 2 405 SE 133 <sup>rd</sup> Street Portland, Oregon 97233	Portland – Weidler 220 NE Weidler Street Portland, Oregon 97232

### **Pacific University Clinics**

The School of Dental Hygiene Studies at Pacific University treats a mixture of patients including low socioeconomic, Hispanic, uninsured and at-risk patients. Mountain View Dental provides care to a diverse patient base that includes children and commercial insurances. Drs. Saunders and Sendelback also provide instruction and treatment at the School of Dental Hygiene Studies at Pacific University. These populations include patients that have been identified as having higher disease rates and lower access to care.<sup>1</sup> Pacific University will have two student trainees in the first and second cohort of education for a total of four trainees.

Pacific University Dental Hygiene Clinics 222 SE 8 <sup>th</sup> Ave Hillsboro, OR 97123	Robison Jewish Health Center at Cedar Sinai Park (Senior Center)  Cornell Estates (Senior Center)	SmileCare Everywhere Van (Mobile Dental Van)
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### **Virginia Garcia Clinics**

Virginia Garcia Health System provides dental care to a diverse patient population that includes migrant workers, Hispanic and pregnant women. These populations include patients that have been identified as having higher disease rates and lower access to care.<sup>1</sup> Virginia Garcia will have up to two student trainees participate in the second cohort.

Beaverton Wellness Center 2725 SW Cedar Hills Blvd, Suite 200 Beaverton, Oregon 97005	Cornelius Wellness Center 1151 N. Adair St. Cornelius, Oregon 97113	Hillsboro Clinics 226 SE 8th Ave. Hillsboro, Oregon 97123
McMinnville Clinics 115 NE May Lane McMinnville, Oregon 97128	Newberg Clinics 2251 E Hancock St, Suite 103 Newberg, Oregon 97132	Women's Clinic 333 SE 7th Ave, Suite 5500 Hillsboro, Oregon 97123
Beaverton School District 13000 SW 2nd St Beaverton, Oregon 97005	Forest Grove School District 1715 Nichols Lane Forest Grove, Oregon 97116	Hillsboro School District 1998 SE Century Blvd. Hillsboro, Oregon 97124

Tigard High School  
9000 SW Durham Road,  
Building 7110  
Tigard, Oregon 97224

Tualatin High School  
22300 SW Boones Ferry Road  
Tualatin, Oregon 97062

Willamina School District  
1100 NE Oaken Hills Drive  
Willamina, Oregon 97396

### **SmileKeepers Clinics**

Each Capitol Dental/SmileKeepers office in Oregon sees a variety of patients that include Medicaid, commercial capitation and fee for service patients. These populations include patients that have been identified as having higher disease rates and lower access to care.<sup>1</sup> Note: Capitol Dental and SmileKeepers are owned by the same corporation. SmileKeepers will have up to two student trainees in the second cohort.

Gentle Dental Albany  
2708 Santiam Hwy, SE  
Albany, Oregon 97322

Gentle Dental Albany Childrens  
2815 Willetta SW Ste.#A1  
Albany, Oregon 97321

Gentle Dental Albany Pacific  
717 SE Geary Street, Ste. # 102  
Albany, Oregon 97321

Gentle Dental Bend  
20516 Robal Road, Ste. 100  
Bend, Oregon 97701

Gentle Dental Coburg Station  
440 Coburg Rd. Ste. #104  
Eugene, Oregon 97401

Gentle Dental Corvallis  
1830 NW 9<sup>th</sup> Street, Ste. 106  
Corvallis, Oregon 97330

Gentle Dental Dallas  
244 E. Ellendale, Ste. #4  
Dallas, Oregon 97338

Gentle Dental Keizer  
6395 Keizer Station Blvd., Ste.  
101  
Keizer, Oregon 97303

Gentle Dental North Eugene  
2401 River Rd. Ste. 120  
Eugene, Oregon 97404

Gentle Dental Northgate  
11 Rossanley Drive  
Medford, Oregon 97501

Gentle Dental Skyline  
4755 Liberty Rd. South  
Salem, Oregon 97302

Gentle Dental Valley River  
1800 Valley River Drive, Ste.  
200  
Eugene, Oregon 97401

SmileKeepers Corvallis  
1769 NW Kings Blvd. #8  
Corvallis, Oregon 97330

SmileKeepers DUC  
1880 Lancaster Dr. NE , Ste.  
104  
Salem, Oregon 97305

SmileKeepers Eugene  
1680 Chambers Rd. Suite 204  
Eugene, Oregon 97402

SmileKeepers Gateway  
948 NE 102<sup>nd</sup> Ave, Ste. 105  
Portland, Oregon 97220

SmileKeepers Grants Pass  
1201 NE 7<sup>th</sup> St., Ste. A  
Grants Pass, Oregon 97526

SmileKeepers Lebanon Main  
165 Main St.  
Lebanon, Oregon 97355

SmileKeepers Lincoln City  
2825 W. Devils Lake Rd.  
Lincoln City, Oregon 97367

SmileKeepers McMinnville  
510 E 8<sup>th</sup> St.  
McMinnville, Oregon 97128

SmileKeepers Medford Children  
925 Town Centre Drive, Ste. B  
Medford, Oregon 97504

SmileKeepers Medford Main  
826 E. Main St.  
Medford, Oregon 97504

SmileKeepers Milwaukie  
15121 SE McLoughlin Blvd.  
Milwaukie, Oregon 97267

SmileKeepers Newberg  
710 E. Foothills Dr., Ste. 710A  
Newberg, Oregon 97132

SmileKeepers Salem Capitol  
408 Lancaster Dr. NE  
Salem, Oregon 97301

SmileKeepers Salem Childrens  
1880 Lancaster Dr. NE Ste. 109  
Salem, Oregon 97305

SmileKeepers Salem Lancaster  
1251 Lancaster Dr. NE, Ste. A  
Salem, Oregon 97301

SmileKeepers Sheridan  
411 W. Main Street  
Sheridan, Oregon 97378

SmileKeepers Springfield  
227 Q. St.  
Springfield, Oregon 97477

SmileKeepers Stark  
13908 SE Stark Street, Ste. E  
Portland, Oregon 97233

SmileKeepers Stayton  
151 W. Washington Street  
Stayton, Oregon 97383

**Sandra Galloway, DMD Clinic**

Dr. Galloway treats a variety of patients that include fee for service with a high ratio of older adult patients. These populations include patients that have been identified as having higher disease rates and lower access to care.<sup>1</sup> Sandra Galloway will have one student trainee in the first cohort.

Galloway Family Dental  
324 SE 9<sup>th</sup> Avenue  
Suite C  
Hillsboro, Oregon 97123

**Lohring Miller, DMD Clinic**

Dr. Lohring Miller treats a patient population that includes a variety of insurances such as Pacific Source, Advantage and all Delta dental insurances. These populations include patients that have been identified as having higher disease rates and lower access to care.<sup>1</sup> Lohring Miller will have one student trainee in the second cohort.

Lohring Miller, DMD  
1310 Coburg Road, Suite 2  
Eugene, Oregon 97401

**AllCare Clinics**

AllCare Health is a Coordinated Care Organization that treats Medicaid, Medicare and Medicare Advantage patients. These populations include patients that have been identified as having higher disease rates and lower access to care.<sup>1</sup> AllCare Clinics will have up to two student trainees in the second cohort.

Coast Community Health Center  
1010 1st St SE #110  
Bandon, Oregon 97411

Curry Community Health - 5th  
Street Clinic  
615 5th Street  
Brookings, Oregon 97415

Curry Community Health -  
School Based Health Center  
629 Easy Street  
Brookings, Oregon 97415

Curry Community Health - Gold  
Rush Center / Spicer Health  
Clinic  
29692 Ellensburg Ave  
Gold Beach, Oregon 97444

Curry Community Health -  
Clubhouse  
29845 Airport Way  
Gold Beach, Oregon 97444

Curry Community Health -  
Mental Health / Public Health  
1403 Oregon Street  
Port Orford, Oregon 97465

Curry Health Network  
500 5th St  
Brookings, Oregon 97415

Rogue Community Health -  
Medford Health Center  
19 Myrtle Street  
Medford, Oregon 97504

Rogue Community Health -  
Butte Falls Health Center  
722 Laurel Ave  
Butte Falls, Oregon 97522

Siskiyou Community Health  
Center  
1701 NW Hawthorne Ave  
Grants Pass, Oregon 97526

Siskiyou Community Health  
Center - Cave Junction  
25647 Redwood Hwy  
Cave Junction, Oregon 97523

SmileKeepers - Medford  
Childrens  
925 Town Centre Drive, Suite B  
Medford, Oregon 97504

SmileKeepers - Salem Childrens  
1880 Lancaster Drive NE, Suite  
109  
Salem, Oregon 97305

SmileKeepers - Medford  
826 E Main Street  
Medford, Oregon 97504

Waterfall Clinic - North Bend  
Clinic  
1890 Waite St # 1  
North Bend, Oregon 97459

Waterfall Clinic - Marshfield  
Clinic  
826 S 11th Street  
Coos Bay, Oregon 97420

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
Willamette Dental Group - Bend 62968 OB Riley Road, Suite 12 Bend, Oregon 97701	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 20.6%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers/Homeless</b> - Deschutes County ID: 6412066407 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 08/21/2013 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group - Eugene 2703 Delta Oaks Drive, Suite 300 Eugene, OR 97408	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 24.2%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 19</b> Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	NHSC Approved Site Approved: 7/31/2018 Expires: 12/31/2021

<sup>1</sup> <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>2</sup> [List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties, Updated Census 2010, HRSA](#)

<sup>3</sup> <https://www.hrsa.gov/rural-health/about-us/definition/index.html>

<sup>4</sup> [National Health Service Corps \(NHSC\) Approved Sites](#)

<sup>5</sup> <https://nhsc.hrsa.gov/downloads/nhsc-sites/nhsc-site-reference-guide.pdf>

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
Willamette Dental Group - Gresham 1107 NE Burnside Gresham, OR 97030	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 29.7%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group - Hillsboro 5935 SE Alexander Street Hillsboro, OR 97123	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 23.7%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group - Medford 773 Golf View Drive Medford, OR 97504	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> </ul>	Medicaid %: 22.8%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 18</b> Designation Date: 12/26/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		Last Update Date: 12/26/2017		
Willamette Dental Group - Milwaukie 6902 SE Lake Road, Suite 200 Milwaukie, OR 97267	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 26.8%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group - Roseburg 2365 NW Stewart Parkway Roseburg, Oregon 97471	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 6.07%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Douglas County ID: 6414631750 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 09/28/2001 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group - Stark 2 405 SE 133 <sup>rd</sup> Street Portland, Oregon 97233	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> </ul>	Medicaid %: 77.37%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423 <b>Designation Type: HPSA Population</b> Status: Designated	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		<b>Score: 14</b> Designation Date: 11/30/1999 Last Update Date: 10/28/2017		
Willamette Dental Group - Weidler 220 NE Weidler Street Portland, OR 97232	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 27.2%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income-</b> North/Northeast Portland ID: 6413534196 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 20</b> Designation Date: 07/23/2018 Last Update Date: 07/23/2018	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Galloway Family Dental 324 SE 9th Avenue, Suite C Hillsboro, OR 97123	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are moderate to high risk for caries</li> <li>People with disabilities</li> <li>People who are uninsured</li> </ul>	Medicaid %: 0%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Lohring Miller, DMD 1310 Coburg Road, Suite 2 Eugene, Oregon 97401	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> </ul>	Medicaid %: 75%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 19</b>	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>				
SmileKeepers Corvallis 1769 NW Kings Blvd. #8 Corvallis, Oregon 97330	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Benton County ID: 6414065144 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 09/06/2006 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
SmileKeepers DUC 1880 Lancaster Dr. NE Ste. 104 Salem, Oregon 97305	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
SmileKeepers Eugene 1680 Chambers Rd. Suite 204 Eugene, Oregon 97402	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b>	HRSA – Rural Designation – No  Location: This location is not in an	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		Status: Designated Score: 19 Designation Date: 03/27/2001 Last Update Date: 10/28/2017	area that qualifies for Rural Health Grants	
SmileKeepers Gateway 948 NE 102nd Ave, Ste. 105 Portland, Oregon 97220	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423 <b>Designation Type: HPSA Population</b> Status: Designated Score: 14 Designation Date: 11/30/1999 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Grants Pass 1201 NE 7th St., Ste. A Grants Pass, Oregon 97526	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Josephine County ID: 6414221673 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 05/06/2004 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Lebanon Main 165 Main St. Lebanon, Oregon 97355	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Linn County ID: 6416954626	HRSA – Rural Designation – No  Location: This location is not in an	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		<b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 16</b> Designation Date: 05/08/2008 Last Update Date: 10/28/2017	area that qualifies for Rural Health Grants.	
SmileKeepers Lincoln City 2825 W. Devils Lake Rd. Lincoln City, Oregon 97367	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lincoln County ID: 6415613792 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 06/15/2006 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
SmileKeepers McMinnville 510 E 8th St. McMinnville, Oregon 97128	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
SmileKeepers Medford Children 925 Town Centre Drive, Ste. B Medford, Oregon 97504	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Medford Main 826 E. Main St. Medford, Oregon 97504	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Milwaukie 15121 SE McLoughlin Blvd. Milwaukie, Oregon 97267	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>				
SmileKeepers Newberg 710 E. Foothills Dr., Ste. 710A Newberg, Oregon 97132	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Salem Capitol 408 Lancaster Dr. NE Salem, Oregon 97301	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Salem Childrens 1880 Lancaster Dr. NE Ste. 109 Salem, Oregon 97305	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017		
SmileKeepers Salem Lancaster 1251 Lancaster Dr. NE, Ste. A Salem, Oregon 97301	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Sheridan 411 W. Main Street Sheridan, Oregon 97378	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
SmileKeepers Springfield 227 Q. St. Springfield, Oregon 97477	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b>	HRSA – Rural Designation – No  Location: This location is not in an	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		Status: Designated <b>Score: 19</b> Designation Date: 03/27/2001 Last Update Date: 10/28/2017	area that qualifies for Rural Health Grants.	
SmileKeepers Stark 13908 SE Stark Street, Ste. E Portland, Oregon 97233	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423 <b>Designation Type: HPSA Population</b> Status: Designated Score: 14 Designation Date: 11/30/1999 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Stayton 151 W. Washington Street Stayton, Oregon 97383	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Beaverton Wellness Center	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
2725 SW Cedar Hills Blvd, Suite 200 Beaverton, Oregon 97005	<ul style="list-style-type: none"> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>			area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Cornelius Wellness Center 1151 N. Adair St. Cornelius, Oregon 97113	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Western Washington ID: 6416342887 <b>Designation Type: HPSA Population</b> Status: Designated Score: 10 Designation Date: 01/31/1995 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Hillsboro Clinics 226 SE 8th Ave. Hillsboro, Oregon 97123	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
Virginia Garcia Dental Clinic McMinnville Clinics 115 NE May Lane McMinnville, Oregon 97128	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Newberg Clinics 2251 E Hancock St, Suite 103 Newberg, Oregon 97132	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Women's Clinic 333 SE 7th Ave, Suite 5500 Hillsboro, Oregon 97123	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
	<ul style="list-style-type: none"> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>				
Virginia Garcia Dental Clinic Beaverton School District 13000 SW 2nd St Beaverton, Oregon 97005	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Forest Grove School District 1715 Nichols Lane Forest Grove, Oregon 97116	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Western Washington ID: 6416342887 <b>Designation Type: HPSA Population</b> Status: Designated Score: 10 Designation Date: 01/31/1995 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
Virginia Garcia Dental Clinic Hillsboro School District 1998 SE Century Blvd.	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
Hillsboro, Oregon 97124	<ul style="list-style-type: none"> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>				
Virginia Garcia Dental Clinic Tigard High School 9000 SW Durham Road, Building 7110 Tigard, Oregon 97224	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Tualatin High School 22300 SW Boones Ferry Road Tualatin, Oregon 97062	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Willamina School District	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>FQHC/Migrant Farmworker/Low Income</b> ID: 6419994166 Designation Type: HPSA Population	HRSA – Rural Designation – No  Location: This location is not in an	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
1100 NE Oaken Hills Drive Willamina, Oregon 97396	<ul style="list-style-type: none"> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		Status: Designated <b>Score: 17</b> Designation Date: 2/25/2010 Last Update Date: -	area that qualifies for Rural Health Grants.	
Pacific University Dental Hygiene Clinics 222 SE 8th Ave Hillsboro, OR 97123	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>People with disabilities</li> <li>People who are uninsured</li> </ul>	Medicaid %: 10% Uninsured %: 90%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Western Washington ID: 6416342887 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 10</b> Designation Date: 01/31/1995 Last Update Date: 10/28/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
AllCare CCO Coast Community Health Center 1010 1st St SE #110 Bandon, Oregon 97411	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Coos County ID: 6414318289 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 04/10/2008 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
AllCare CCO Curry Community Health - 5th Street Clinic 615 5th Street Brookings, Oregon 97415	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Community Health - School Based Health Center 629 Easy Street Brookings, Oregon 97415	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Community Health - Gold Rush Center / Spicer Health Clinic 29692 Ellensburg Ave Gold Beach, Oregon 97444	<ul style="list-style-type: none"> <li>• Low-Income Adults as determined by patients Medicaid eligibility</li> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	

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	<ul style="list-style-type: none"> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>				
AllCare CCO Curry Community Health - Clubhouse 29845 Airport Way Gold Beach, Oregon 97444	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Community Health - Mental Health / Public Health 1403 Oregon Street Port Orford, Oregon 97465	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Health Network 500 5th St Brookings, Oregon 97415	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	

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	<ul style="list-style-type: none"> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017		
AllCare CCO Rogue Community Health - Medford Health Center 19 Myrtle Street Medford, Oregon 97504	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA – Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
AllCare CCO Rogue Community Health - Butte Falls Health Center 722 Laurel Ave Butte Falls, Oregon 97522	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Siskiyou Community Health Center 1701 NW Hawthorne Ave	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Josephine County ID: 6414221673 <b>Designation Type: HPSA Population</b>	HRSA – Rural Designation – No  Location: This location is not in an	

Site Address	Focus Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>2, 3</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
Grants Pass, Oregon 97526	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		Status: Designated Score: 17 Designation Date: 05/06/2004 Last Update Date: 10/28/2017	area that qualifies for Rural Health Grants.	
AllCare CCO Siskiyou Community Health Center - Cave Junction 25647 Redwood Hwy Cave Junction, Oregon 97523	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Josephine County ID: 6414221673 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 05/06/2004 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Waterfall Clinic - North Bend Clinic 1890 Waite St # 1 North Bend, Oregon 97459	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> <li>Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 65+</li> <li>Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Coos County ID: 6414318289 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 04/10/2008 Last Update Date: 10/28/2017	HRSA – Rural Designation – Yes  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Waterfall Clinic – Marshfield Clinic 826 S 11th Street	<ul style="list-style-type: none"> <li>Low-Income Adults as determined by patients Medicaid eligibility</li> </ul>	Medicaid %: 60%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Coos County ID: 6414318289	HRSA – Rural Designation – Yes  Location: This location is in an area	

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Coos Bay, Oregon 97420	<ul style="list-style-type: none"> <li>• Children ages 0-18 who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 65+</li> <li>• Pregnant women who are low income (i.e. Medicaid) and/or moderate to high risk for caries</li> </ul>		<b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 04/10/2008 Last Update Date: 10/28/2017	that qualifies for Rural Health Grants.	

**CDT Code List of Procedures** (additional codes to be added for the dental therapist)

<b>Code</b>	<b>Procedure</b>
D0140	Limited oral evaluation – problem focused
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver
D0181	Re-evaluation – post operative office visit
D0210	Intraoral – complete series of radiographic images
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0240	Intraoral – occlusal radiographic image
D0270	Bitewing – single radiographic image
D0272	Bitewings – two radiographic images
D0273	Bitewings – three radiographic images
D0274	Bitewings – four radiographic images
D0277	Vertical bitewings – 7-8 radiographic images
D0330	Panoramic radiographic image
D0460	Pulp vitality tests
D0601	Caries risk assessment and documentation, with a finding of low risk
D0602	Caries risk assessment and documentation, with a finding of moderate risk
D0603	Caries risk assessment and documentation, with a finding of high risk
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1550	Re-cement or rebond a space maintainer
D1555	Removal of fixed space maintainer
D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam – four or more surfaces, primary or permanent
D2330	Resin – based composite – one surface, anterior
D2331	Resin – based composite – two surfaces, anterior
D2332	Resin – based composite – three surfaces, anterior
D2335	Resin – based composite – four or more surfaces, or involving incisal angle, anterior
D2391	Resin – based composite – one surface, posterior
D2392	Resin – based composite – two surfaces, posterior
D2393	Resin – based composite – three surfaces, posterior
D2394	Resin – based composite – four or more surfaces, posterior
D2799	Fabrication and placement of single tooth temporary crowns
D2920	Re-cement or re-bond crown
D2930	Prefabricated stainless steel crown – primary tooth
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth
D2941	Interim therapeutic restoration – primary dentition
D2949	Restorative foundation for an indirect restoration
D2951	Pin retention per tooth
D3110	Pulp cap – direct (excluding final restoration)
D3120	Pulp cap – indirect (excluding final restoration)
D3221	Pulpal debridement, primary and permanent teeth
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
D5410	Denture adjustments or partial denture adjustments
D5411	
D5421	
D5422	
D7111	Extraction, coronal remnants – primary tooth
D7140	Extraction of tooth (NOTE: periodontally involved Class III mobility only)
D9110	Palliative (emergency treatment of dental pain – minor procedure)

D9311	Consultation with a medical health care professional
D9995	Teledentistry – synchronous
D9996	Teledentistry – asynchronous

	<b>CODA Standards under 2-12 &amp; 2-20 that are not covered in a DH program and will be taught in the pilot program.</b>
14.	<b>Understanding scope of practice of a dental therapist:</b> Identify oral and systemic conditions requiring evaluation and/or tx by dentists, physicians or other healthcare providers, and manage referrals.
15.	<b>Pharmacology:</b> Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider
16.	<b>Extractions:</b> Simple extraction of erupted primary teeth and teeth with severe periodontal disease (class III mobility)
17.	<b>Emergency Care:</b> Emergency palliative treatment of dental pain limited to the procedures within the scope of practice of a dental therapist
18.	<b>Restorative:</b> Preparation and direct restorations in primary and permanent teeth. (Placement of direct restorations in primary & permanent teeth is already covered in dental hygiene programs with restorative functions)
19.	<b>Temporary Crowns:</b> Fabrication and placement of single tooth temporary crowns
20.	<b>Stainless steel crowns:</b> Fabrication and placement of preformed crowns on primary teeth
21.	<b>Pulp capping – permanent teeth:</b> Indirect and direct pulp capping on permanent teeth
22.	<b>Pulp capping – primary teeth:</b> Indirect pulp capping on primary teeth
23.	<b>Prosthetics:</b> Minor adjustments and repairs on removable prostheses
24.	<b>Space maintainer removal:</b> Removal of space maintainers
25.	<b>Diagnosis of decay including pulp vitality testing</b>
26.	<b>Placement of sutures.</b> (Removal of sutures is already a covered procedure in dental hygiene programs)

### List of CDT codes that correspond to the procedures allowed by a dental therapist

#### III. Codes currently allowed for the registered dental hygienist in Oregon

<b>Code</b>	<b>Procedure</b>
D0190	Screening of a patient (pre-diagnostic service) A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist.
D0191	Assessment of a patient (pre-diagnostic service) A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.
D1110	Prophylaxis – adult Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors
D1120	Prophylaxis – child Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors
<b>Topical Fluoride Treatment (Office Procedure).</b> Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.	

D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride – excluding varnish
D1310	Nutritional counseling for control of dental disease Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.
D1320	Tobacco counseling for the control and prevention of oral disease
D1330	Oral hygiene instructions
D1351	Sealant – per tooth
D1353	Sealant repair – per tooth
D1354	Interim caries arresting medicament application – per tooth Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.
D0412	Blood glucose level test – in –office using a glucose meter. This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point-of-service analysis
D4341	Periodontal scaling and root planing – four or more teeth per quadrant This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.
D4342	Periodontal scaling and root planing – one-three teeth per quadrant Same as above.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.
D4910	Periodontal maintenance This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.
D4921	Gingival irrigation – per quadrant

	Irrigation of gingival pockets with medicinal agent. Not to be used to report use of mouth rinses or non-invasive chemical debridement.
D5730-31	Denture reline (chairside)
D5986	Fluoride gel carrier
D9210	Local anesthesia – not in conjunction with operative or surgical procedures
D9215	Local anesthesia – in conjunction with operative or surgical procedures
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis (NOTE: if the Dental Therapist has a current nitrous oxide permit)
D9410	House/extended care facility call Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed
D9420	Hospital or ambulatory surgical center call Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.
D9910	Application of desensitizing medicament Include in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners, or adhesives used under restorations.
D9911	Application of desensitizing resin for cervical or root surface, per tooth Typically reported on a "per visit" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.
D9932-35	Cleaning and inspection of removable complete or partial denture (no adjustments)
D9941	Fabrication of athletic mouth-guard
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays
D9993	Dental case management – motivational interviewing
D9994	Dental case management – patient education to improve oral health literacy

#### DH with a Restorative Functions Endorsement

Pack and carve amalgam and composite restorations on teeth that have been prepared by a dentist. Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc., acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.

#### IV. Codes to be added for the dental therapist corresponding to the 13 additional procedures taught in the pilot program.

Code	Procedure
D0140	Limited oral evaluation – problem focused An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.
D0120	Periodic oral evaluation – established patient. An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

- D0145 Oral evaluation for a patient under 3 years of age and counseling with primary caregiver  
Diagnostic services performed for a child under the age of 3, preferably within the first 6 months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.
- D0171 Re-evaluation – post operative office visit
- D1999 Unspecified preventive procedure, by report  
Used for a procedure that is not adequately described by a code. Describe the procedure
- D0210 Intraoral – complete series of radiographic images
- D0220 Intraoral – periapical first radiographic image
- D0230 Intraoral – periapical each additional radiographic image
- D0240 Intraoral – occlusal radiographic image
- D0270 Bitewing – single radiographic image
- D0272 Bitewings – two radiographic images
- D0273 Bitewings – three radiographic images
- D0274 Bitewings – four radiographic images
- D0277 Vertical bitewings – 7-8 radiographic images
- D0330 Panoramic radiographic image
- D0460 Pulp vitality tests  
Includes multiple teeth and contra lateral comparison(s), as indicated.
- D0601 Caries risk assessment and documentation, with a finding of low risk  
Using recognized assessment tools.
- D0602 Caries risk assessment and documentation, with a finding of moderate risk  
Using recognized assessment tools
- D0603 Caries risk assessment and documentation, with a finding of high risk  
Using recognized assessment tools
- D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth  
Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.
- D1555 Removal of fixed space maintainer  
Procedure performed by dentist or practice that did not originally place the appliance.

**Amalgam Restorations** (Including Polishing). Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951)

- D2140 Amalgam – one surface, primary or permanent
- D2150 Amalgam – two surfaces, primary or permanent
- D2160 Amalgam – three surfaces, primary or permanent
- D2161 Amalgam – four or more surfaces, primary or permanent

**Resin-Based Composite Restorations** – Direct. Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).

- D2330 Resin – based composite – one surface, anterior
- D2331 Resin – based composite – two surfaces, anterior
- D2332 Resin – based composite – three surfaces, anterior
- D2335 Resin – based composite – four or more surfaces, or involving incisal angle, anterior
- D2391 Resin – based composite – one surface, posterior
- D2392 Resin – based composite – two surfaces, posterior
- D2393 Resin – based composite – three surfaces, posterior
- D2394 Resin – based composite – four or more surfaces, posterior

D2930	Prefabricated stainless steel crown – primary tooth
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth
D2940	Protective restoration Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.
D2941	Interim therapeutic restoration – primary dentition
D2951	Pin retention – per tooth, in addition to restoration
D2999	Unspecified restorative procedure, by report Use for a procedure that is not adequately described by a code. Describe the procedure.
D2990	Resin infiltration of incipient smooth surface lesions Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion
D3110	Pulp cap – direct (excluding final restoration) Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.
D3120	Pulp cap – indirect (excluding final restoration) Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of a medicament Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintain the vitality of the remaining portion by means of an adequate dressing. <ul style="list-style-type: none"> <li>• To be performed on primary or permanent teeth.</li> <li>• This is not to be construed as the first stage of root canal therapy</li> <li>• Not to be used for apexogenesis</li> </ul>
D5410-11	Denture adjustments or partial denture adjustments
D5421-22	
D7111	Extraction, coronal remnants – primary tooth Removal of soft tissue-retained coronal remnants.
D7140	Extraction, erupted tooth or exposed root <b>NOTE: DT will be limited to the removal of a class III mobility periodontally involved tooth</b>
D9110	Palliative (emergency) treatment of dental pain – minor procedure This is typically reported on a “per visit” basis for emergency treatment of dental pain
D9311	Consultation with a medical health care professional Treating dentist consults with a medical health care professional concerning medical issues that may affect patient’s planned dental treatment.
D9995	Teledentistry – synchronous. Real time encounter. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
D9996	Teledentistry – asynchronous. Information stored and forwarded to dentist for subsequent review. Reported in addition to other procedures. (e.g., diagnostic) delivered to the patient on the date of service.
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown

## Job Description for Trainees

**Position Title:** Dental Therapist

### Position Description

The dental therapist provides preventive and restorative dental care to patients under the indirect and/or general supervision of a licensed dentist.

### Duties & Responsibilities

Provide the following preventive and restorative dental care to patients under the indirect and/or general supervision of a dentist:

- Identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals
- Comprehensive charting of the oral cavity
- Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
- Expose radiographic images
- Diagnosis and treatment within the dental therapy scope of practice
- Dental prophylaxis including sub-gingival scaling and/or polishing procedures
- Dispense and administer via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider
- Apply topical preventive or prophylactic agents (i.e. fluoride), including fluoride varnish, antimicrobial agents, and pit and fissure sealants
- Pulp vitality testing
- Apply desensitizing medication or resin
- Fabricate athletic mouth guards
- Change periodontal dressings
- Administer local anesthetic
- Simple extraction of erupted primary teeth
- Emergency palliative treatment of dental pain limited to dental therapy procedures
- Preparation and placement of direct restoration in primary and permanent teeth
- Preparation and placement of preformed crowns on primary teeth
- Indirect and direct pulp capping on permanent teeth
- Indirect pulp capping on primary teeth
- Suture placement and removal
- Minor adjustments and repairs on removable prostheses
- removal of space maintainers
- Extraction of erupted primary teeth
- Extraction of permanent periodontally involved teeth with class III mobility
- Pulpotomy on primary teeth
- Recement a crown
- Dental sealants
- Scaling and root planing
- Fabrication and delivery of bleach trays
- Note: nitrous oxide may be utilized ONLY if the trainee has current state certification in Inhalation of nitrous oxide/analgesia, anxiolysis
- Soft tissue reline/tissue conditioning
- Denture adjustment
- Prophylaxis
- Nutritional counseling
- Tobacco intervention
- Nitrous Oxide (with permit only)

### **Qualifications & Requirements**

- Completion of a dental therapy education program
- Current knowledge of dental infection control procedures, radiation safety, emergency management, HIPAA and FERPA
- Current certification in Basic Life Support for Healthcare Providers
- Works effectively as a member of the dental team
- Experience working with patients who have limited access to dental care
- Experience using computer-based dental practice management systems
- Establishes professional relationships and maintains appropriate boundaries
- Responds appropriately to stressful situations, accidents and emergencies
- Presents a professional appearance and attitude



CENTER FOR PREVENTION AND HEALTH PROMOTION  
Oral Health Program

Kate Brown, Governor

**Oregon**  
**Health**  
Authority

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## **Clinical Requirements Primary and Permanent Extractions Under DPP#300**

DPP#300 must only allow dental therapist trainees to perform primary and permanent extractions only under the following conditions:

### **a. Supervision requirements<sup>i</sup>:**

- Primary extractions must be performed under the direct, indirect or general supervision of the trainee's supervising dentist as defined under ORS 679.010. <sup>ii</sup>
- Permanent extractions must be performed under the direct, indirect or general supervision of the trainee's supervising dentist as defined under ORS 679.010.

### **b. Authorization requirements:**

- For primary and permanent tooth extractions, the dental therapist trainee must first receive and document authorization from the supervising dentist.

### **c. Documentation of supervision and authorization requirements:**

- Documentation that the extraction satisfies subsections (a) and (b) [supervision and authorization requirements] must be included in the chart of the treated patient. Documentation must specify the level of supervision under which the procedure has been performed as defined ORS 679.010.
- Documentation of the order must be entered into the chart record by the ordering supervising dentist, signed and dated. The order must contain the diagnosis and indication for extraction in addition to the specific tooth number to be extracted.
- The supervising dentist that authorizes the extraction must also be the dentist who supervises the trainee via general, indirect or direct supervision.

d. **Authorized procedures under dental therapist trainee scope of practice:**

- A. Dental therapist trainees may only perform authorized procedures under the approved DPP#300 trainee scope of practice.
- B. For primary teeth, the trainee may perform non-surgical extractions on all primary teeth in accordance with CDT codes CDT® D7111 and CDT® D7140.<sup>iii</sup> [Please see “American Dental Association’s ADA Guide to Extractions – Tooth and Remnants” for more information.]<sup>iv</sup>
  - i. CDT® D7111 extraction, coronal remnants - deciduous tooth, removal of soft tissue-retained coronal remnants.
  - ii. CDT® D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal) Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.
- C. For permanent teeth, the trainee may perform non-surgical extractions of periodontally diseased teeth with evidence of bone loss and +3 degree of mobility and in accordance with CDT® code D7140.<sup>v</sup>
- D. Standard of care for non-surgical uncomplicated dental extractions must be followed by both the supervising dentist and the dental therapist trainee. Extraction procedures authorized by the supervising dentist must fall within the scope of approved practice for a dental therapist trainee. Dental therapist trainees are prohibited from completing surgical extractions, cutting soft-tissue and performing alveoloplasty.
  - i. OHA consulted with a wide range of subject matter experts<sup>vi</sup> to seek clarification as to whether the “minor smoothing of bone,” which is a standard procedure when completing non-surgical dental extractions, constituted alveoloplasty.

Alveoloplasty is defined as a “the surgical shaping and smoothing of the margins of the tooth socket after extraction of the tooth, generally in preparation for the placement of a prosthesis.”<sup>vii</sup> According to the American Association of Oral and Maxillofacial Surgeons, alveoloplasty is a specific procedure and “There is a distinct difference in what qualifies as an alveoloplasty with extractions. An alveoloplasty is performed only when there is need for significant bone recontouring in the area of the extraction and not just the lesser procedure of smoothing the socket bone.”<sup>viii</sup>

The consensus among subject matter experts was that the minor smoothing of bone did not constitute alveoloplasty and was not considered a surgical procedure.

**e. Documentation of authorized procedures under dental therapist trainee scope of practice:**

- A. OHA Documentation requirements: Documentation that the tooth authorized for extraction falls within the authorized procedure under dental therapist trainee scope of practice must be in the patient chart.
- i. For primary teeth, chart notes and documentation must indicate the diagnosis in addition to other supporting diagnostic information relevant to the patient and procedure. All diagnostic radiographic and photographic documentation must be documented in the chart record. The dental therapist trainee will not extract teeth that are ankylosed. Documentation must include any hemostasis required or other interventions if applicable. Documentation of post-operative instructions provided both verbally and in writing.
- ii. For permanent teeth, chart notes and documentation must indicate the degree of mobility of +3 or greater and diagnosis in addition to other supporting diagnostic information relevant to the patient and procedure. All diagnostic radiographic and photographic documentation must be documented in the chart record. The dental therapist trainee will not extract teeth that are ankylosed. Documentation must include any hemostasis required or other interventions if applicable. Documentation of post-operative instructions provided both verbally and in writing.
- B. Documentation of all information related to extractions as specified above along with the criteria required in the project's approved Evaluation and Monitoring Plan and Standard Operating Procedures Manual.

Patient records are required to maintain compliance with Oregon Administrative Rule 333-010-0760,<sup>ix</sup> Oregon Administrative Rule 333-010-0770<sup>x</sup> and Oregon Administrative Rule 818-012-0070.<sup>xi</sup>

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- i ORS 680.210, “(4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry or dental hygiene without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority. Oregon Revised Statutes, 2019, Volume 17, Chapter 680, 680.210; [cited 2020 Mar23]. Available from: [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)
- ii “Direct supervision” is defined under ORS.679.010 as 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. Oregon Revised Statutes, 2019, Volume 17, Chapter 679, 679.010; [cited 2020 Mar23]. Available from: [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)
- ii. “General supervision” is defined under ORS.679.010 as 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. Oregon Revised Statutes, 2019, Volume 17, Chapter 679, 679.010; [cited 2020 Mar23]. Available from: [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)
- iii. “Indirect supervision” is defined under ORS 679.010 as supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed. Oregon Revised Statutes, 2019, Volume 17, Chapter 679, 679.010; [cited 2020 Mar23]. Available from: [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)
- iii “The purpose of the CDT Code is to achieve uniformity, consistency and specificity in accurately documenting dental treatment.” Code on Dental Procedures and Nomenclature (CDT Code), American Dental Association; [cited 2020 Mar23]. Available from: <https://www.ada.org/en/publications/cdt>
- iv “Developed by the ADA, [the ADA] published [a guide] to educate dentists and others in the dental community on procedures documented with CDT Codes D7140, D7210 and D7250 – selection of which depends on the clinical scenario several of which are described [the guide].” “American Dental Association’s ADA Guide to Extractions – Tooth and Remnants,” American Dental Association; [cited 2020 Mar23]. Available from: [https://www.ada.org/~media/ADA/Publications/Files/CDT\\_ADAGuidetoExtractions\\_ToothandRemnants.pdf?la=en](https://www.ada.org/~media/ADA/Publications/Files/CDT_ADAGuidetoExtractions_ToothandRemnants.pdf?la=en)
- v Code on Dental Procedures and Nomenclature (CDT Code), American Dental Association; [cited 2020 Mar23]. Available from: <https://www.ada.org/en/publications/cdt>
- vi The Oregon Health Authority consulted with dentists and subject matter experts including Leon Assael, DMD, Past Chair the American Dental Education Association Board of Directors; Bruce W. Austin, DMD, Past Statewide Dental Director for the State of Oregon; Colleen Brickle RDH, MS, Dental Hygiene Program Director, Normandale College; Jayne Cernohous, DDS, Past-Program Director, Metropolitan State’s Master of Science in Advanced Dental Therapy Program; Donald L. Chi, DDS, PhD, Professor, University of Washington-School of Dentistry; Caswell A. Evans, Jr., D.D.S., M.P.H., is the Associate Dean for Prevention and Public Health Sciences at the University of Illinois; Chicago College of Dentistry Rose McPharlin, DDS, Assistant Professor of Restorative Dentistry, Oregon Health and Science University School of Dentistry; Karl D. Self, DDS, MBA, Associate Professor, Department of Primary Dental Care, University of Minnesota School of Dentistry; Mary Williard, DDS, MPH, Program Director for ANTHC Dentist and Director, Department of Oral Health Promotion at Alaska Native Tribal Health Consortium (ANTHC)
- vii Zwemer T.J. Mosby’s Dental Dictionary. St. Louis: Mosby; 1998.
- viii American Association of Oral and Maxillofacial Surgeons. “American Academy of Oral and Maxillofacial Surgeons -Coding Paper- Coding for Alveoloplasty with Extractions.” Electronical published 2013. [cited 2020 Mar23]. Available from: [https://www.aaoms.org/images/uploads/pdfs/alveoloplasty\\_with\\_extractions.pdf](https://www.aaoms.org/images/uploads/pdfs/alveoloplasty_with_extractions.pdf)
- ix “Oregon Administrative Rule 333-010-0760 Dental Pilot Projects: Minimum Standards (3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services”; Oregon

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Administrative Rule, chapter 300, division 10, rule 0710; [cited 2020 Mar23]. Available from:  
[https://sos.oregon.gov/archives/Pages/oregon\\_administrative\\_rules.aspx](https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx)

<sup>x</sup> “Oregon Administrative Rule 333-010-0710 Dental Pilot Projects: Informed Consent: (4)(b) Patient records must document an entry that informed consent for treatment has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent”; Oregon Administrative Rule, chapter 300, division 10, rule 0710; [cited 2020 Mar23]. Available from:  
[https://sos.oregon.gov/archives/Pages/oregon\\_administrative\\_rules.aspx](https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx)

<sup>xi</sup> Oregon Administrative Rule 818-012-0070 Patient Records. (1) Each licensee shall have prepared and maintained an accurate and legible record for each person receiving dental services”; Oregon Administrative Rule, chapter 818, division 12, rule 0770; [cited 2020 Mar23]. Available from:  
[https://sos.oregon.gov/archives/Pages/oregon\\_administrative\\_rules.aspx](https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx)



### ADVERSE EVENT REPORTING:

A sponsor must report severe Adverse Events to the Oregon Health Authority program staff the day they occur as outlined in OAR 333-010-0710. Adverse Event reports are prepared by project sponsor personnel with the intent that such reports will not contain information regarding the patient's identity. The information will be prepared as a brief anecdotal account to be submitted to the Oregon Health Authority.

"Adverse event" means harm caused by dental treatment, regardless of whether it is associated with error or considered preventable as defined under 333-010-0710.

Adverse Events may be categorized by severity in relation to patient harm as shown in Figure 1. Adverse Events or Suspected Adverse Events that classified as severe temporary or permanent harm (E2 or higher) must be reported to OHA the day they occur or are found to have occurred. Other Adverse Events or Suspected Adverse Events must be reported in a timely fashion.

OHA staff will then work with project staff to determine if the incident is an Adverse Event and to finalize Adverse Event severity and category classifications based upon submitted narratives and patient chart documents.

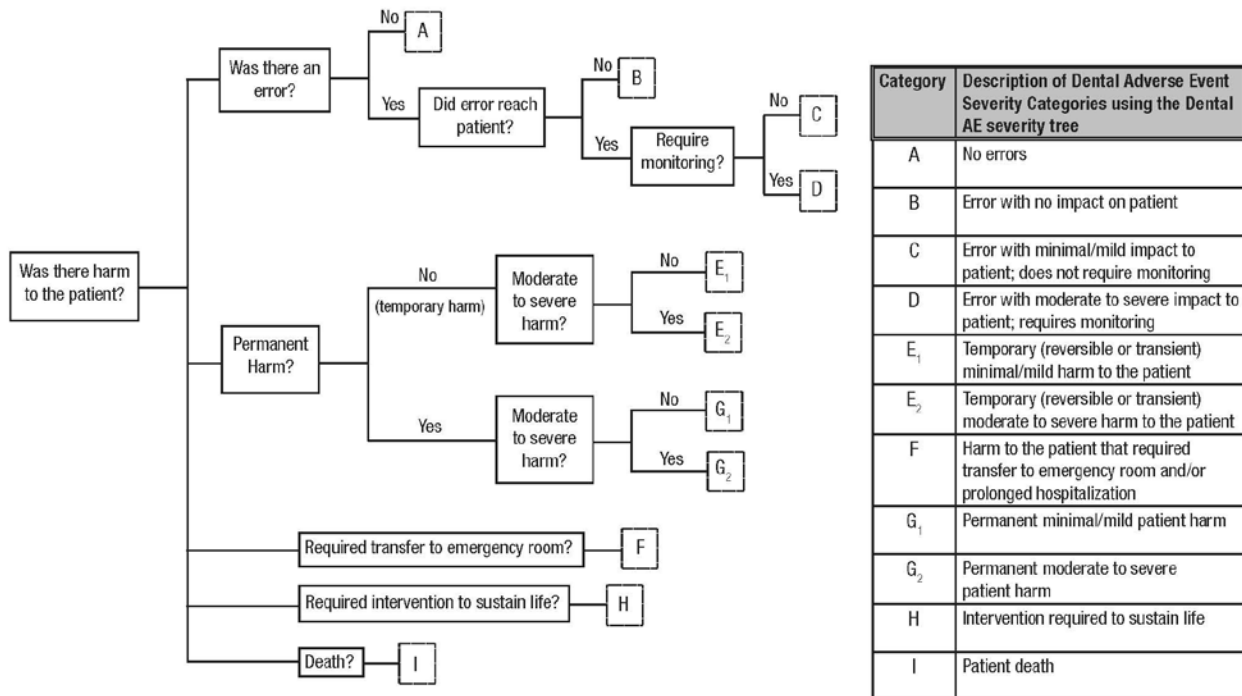
### INSTRUCTIONS:

1. Contact Program Staff via telephone (971-673-1563) or email on the date of the incident.
2. Complete Adverse Event Reporting Form and Submit the Completed Form via secured email to [sarah.e.kowalski@state.or.us](mailto:sarah.e.kowalski@state.or.us). Additional attachments must be in PDF format.
3. If the incident is determined by OHA to be an Adverse Event, a sponsor must perform and later submit a Root Cause Analysis of the incident.

Dental Pilot Project:	
Reporting Date:	
Date of Incident:	
Address of Incident:	
Incident Description: Please be as specific as possible	
Procedure Name(s) and CDT Code(s) performed on patient:	

AE Severity	Review Dental Adverse Severity Tree and choose the most appropriate category.	
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**Figure 1. Dental Adverse Event Severity Categories**



Adapted from: Kalenderian E, Obadan-Udoh E, Maramaldi P, et al. Classifying Adverse Events in the Dental Office [published online ahead of print, 2017 Jun 30]. J Patient Saf. 2017;10.1097/PTS.0000000000000407. doi:10.1097/PTS.0000000000000407

Contact Name:	
Email:	

Project Manager Signature/Date

**Examples of Adverse Events may include but are not limited to:**

<b>Example:</b>	<b>Possible Severity Category*:</b>
Administration of medication, anesthetic, chemical that is in a dosage that results in a reaction	E1, E2
Allergic reactions to dental materials	E2, F
Anesthetizing the wrong site (only if harm occurs)	E1, E2
Aspiration/Ingestion of Foreign Body	E2
Bleeding that is uncontrolled or prolonged and requires intervention	E1, E2
Damage to tooth or bone	G1, G2
Death due to overdose of anesthesia	I
Foreign Body Response: object retained at site of treatment—file separation, overhang	E2
Infections that escalate after treatment or arise post-operatively	E1, E2
Infections with fluctuant swelling requiring I & D	E2
Laceration of lip/tongue/cheek during dental procedure	E1, E2, G1, G2
Pain following extraction/RCT without proper pain management	E2
Painful dry socket	E1, E2
Paresthesia following a dental procedure	G2
Paresthesia that presents with numbness with or without pain: triggered by report of tingling, paresthesia, dysesthesia, numbness, palsy between 0-30 days after a treatment/procedure	G2
Perforation of tooth due to endodontic treatment	E2
Peri-implantitis	E2
RCT on wrong tooth	G1, G2
Sinus infections (resulting from perforations or communications with oral cavity)	E2
Space infections: submandibular	E2, F
Tissue necrosis due to bleaching or rubber dam clamp	G1, G2
Wrong procedure/patient	G2
Wrong tooth extraction	G2

*\*Examples and possible severity category assigned in the table do not necessarily contain all of the information. For example, an allergic reaction to dental materials may be a localized reaction that was managed in the dental office. It may also mean that the patient required transfer to a hospital as the reaction was systemic and required management in a hospital. Chart notes provide more information to the scenario and are used to determine the severity category.*

**The following are not considered Adverse Events:**

- Causes or precursors to AEs (Underlying conditions)
- Errors
- Near Misses
- Poor/unacceptable quality of Care
- Natural course of disease

## **Oregon Administrative Rules Dental Pilot Projects**

**Website:** [Oregon Secretary of State](#)

[Oregon Secretary of State](#), State Archives, Oregon Administrative Rules, Oregon Health Authority, Public Health Division - Chapter 333, Division 10, Health Promotion and Chronic Disease Prevention, Oregon Administrative Rules 333-010-0700 – 333-010-0820, Dental Pilot Projects

### **[333-010-0710](#)**

#### **Dental Pilot Projects: Definitions**

For purposes of OAR 333-010-0700 through 333-010-0820, the following definitions apply:

- (1) "Adverse event" means unnecessary harm due to dental treatment.
- (2) "Applicable standard of care" means the standard of care that applies to a trainee and is the same standard of care that applies to a person performing the same services with a license.
- (3) "Authority" means the Oregon Health Authority.
- (4) "Business day" means any 24-hour day other than a Saturday, Sunday or federal or state legal holiday.
- (5) "Clinical evaluator" means a dentist, licensed in the State of Oregon or another state, who is responsible for conducting an independent clinical evaluation of an approved dental pilot project; who is unaffiliated with the project; and who has no financial or commercial interest in the project.
- (6) "Clinical instructor" means a person who:
  - (a) Is certified or licensed in the field for which clinical instruction is occurring;
  - (b) Is currently licensed in dentistry or dental hygiene or licensed or certified in another appropriate health discipline; and
  - (c) Has current knowledge and skill in topics they will teach.
- (7) "Clinical phase" means the time period of an approved project where a trainee treats patients, supervised by an instructor, applying knowledge presented by an instructor.

- (8) "Complications" means a disease or injury that develops during or after the treatment of an earlier disorder.
- (9) "Didactic phase" means the time period of a project during which trainees are presented with an organized body of knowledge by an instructor.
- (10) "Employment/utilization phase" means the time period of a project where trainees are applying their didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor.
- (11) "Employment/utilization site" means an Authority approved location, locations, or class of locations where a trainee or trainees provide care during the employment/utilization phase.
- (12) "Non-clinical instructor" is a person with specific training or expertise as demonstrated through a degree or experience relevant to the content of instruction.
- (13) "Program" means the Dental Pilot Projects Program administered by the Authority.
- (14) "Program staff" means the staff of the Authority with responsibility for the Dental Pilot Projects Program.
- (15) "Project" means a Dental Pilot Project approved by the Authority.
- (16) "Project director" means the individual designated by the sponsor of a dental pilot project who is responsible for the conduct of the dental pilot project staff, instructors, supervisors, and trainees.
- (17) "Project Dental Director" means an individual who is actively responsible for oversight of the dental pilot project and who is a dentist or dental hygienist:
- (a) Licensed in the State of Oregon; or
  - (b) A dentist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 679.020 or 679.025; or
  - (c) A dental hygienist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 680.020.
- (18) "Project evaluation" means a systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of a pilot project by the project sponsor.
- (19) "Reviewer" means an individual designated by the Authority to review and comment on all or portions of a project application.
- (20) "Sponsor" means an entity that is a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, tribal organization or clinic that:

(a) Submits a dental pilot project application; and

(b) If a dental pilot project is approved by the Authority, has overall responsibility for ensuring the project complies with these rules.

(21) "Standard operating procedures" means the written documented processes that describe the project's regularly recurring operations to ensure that the operations are carried out correctly and consistently and in accordance with these rules.

(22) "Supervisor" means an individual, licensed in the State of Oregon to practice dentistry, designated by the sponsor to oversee trainees at each approved employment/utilization site, with the skills necessary to teach trainees the scope of practice outlined in the approved project.

(23) "These rules" means OAR 333-010-0700 through 333-010-0820.

(24) "Trainee" means an individual who is part of an existing category of dental personnel; a new category of dental personnel; or a category of previously untrained dental personnel who has agreed to participate in a project and will be taught the scope of practice identified by the project.

(25) "Training program" means an organized educational program within a project that includes at least a didactic phase and a clinical phase.

(26) "Underserved populations" means groups of individuals that evidence-based studies have shown have the highest disease rates and the least access to dental care including, but not limited to:

(a) American Indians or Alaska Natives;

(b) Individuals earning up to 200 percent of the federal poverty level;

(c) Medicaid-eligible individuals;

(d) Migrant farmworkers and their family members; and

(e) Uninsured individuals.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

### **333-010-0720**

#### **Dental Pilot Projects: Application Procedure**

(1) A sponsor who wishes to operate a pilot project must submit an application in a form and manner prescribed by the Authority.

- (2) The application must demonstrate how the pilot project will comply with the requirements of these rules.
- (3) The Authority will not accept new applications if it determines:
  - (a) There are a sufficient number of projects to provide a basis for testing the validity of the model as determined by the Authority.
  - (b) It does not have adequate resources to provide an appropriate level of oversight required by these rules.
- (4) An application must include, at a minimum, the following information and documentation:
  - (a) The goals of the project, including whether the project can achieve at least one of the following:
    - (A) Teach new skills to existing categories of dental personnel;
    - (B) Accelerate the training of existing categories of dental personnel;
    - (C) Teach new oral health care roles to previously untrained personnel; or
    - (D) Develop new categories of dental personnel.
  - (b) Sponsor information:
    - (A) A description of the sponsor, including a copy of an organizational chart that identifies how the project relates organizationally to the sponsor;
    - (B) A copy of a document verifying the sponsor's status as a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, or a tribal organization or clinic;
    - (C) A description of the functions of the project director, project dental director, instructors, and other project staff;
    - (D) Documentation of the funding sources for the project;
    - (E) Documentation of liability insurance relevant to services provided by trainees; and
    - (F) A statement of previous experience in providing related health care services.
  - (c) Instructor and Supervisor information:
    - (A) The criteria used to select instructors and supervisors;
    - (B) Instructor-to-trainee ratio;
    - (C) The background of instructors in training techniques and methodology;
    - (D) The number of proposed supervisors and qualification of supervisors; and

(E) An explanation of how instructors and supervisors will be oriented to their roles and responsibilities and these rules.

(d) A training program that includes, but is not limited to, a description of:

(A) The instructional content required to meet the level of competence;

(B) The skills trainees are to learn;

(C) The methodology utilized in the didactic and clinical phases;

(D) The evaluation process used to determine when trainees have achieved the level of competence;

(E) The amount of time required to complete the didactic and clinical phases; and

(F) The level of competence the trainee shall have before entering the employment/utilization phase of the project.

(e) Trainee information:

(A) The criteria that will be used to select trainees;

(B) The number of proposed trainees;

(C) The proposed scope of practice for trainees; and

(D) Information regarding the background check process for participants to determine compliance with OAR 333-010-0760, Minimum Standards.

(f) Employment/utilization site information: A list of all locations or class of locations the proposed project intends for use during the employment/utilization phase where a trainee may provide care.

(g) Underserved population information:

(A) A list of the underserved populations the project intends to serve;

(B) Documentation demonstrating that the populations the pilot project intends to serve are underserved populations; and

(C) Documentation demonstrating that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of all individuals served by the trainee or employment/utilization site on a quarterly basis.

(h) Cost information:

(A) The average cost of preparing a trainee, including but not limited to the costs related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs;

(B) The estimated cost of care provided in the project; the likely cost of this care if performed by the trainees of the project; and the cost for provision of this care by current providers;

(C) A budget narrative that lists costs associated with key project areas, including but not limited to:

(i) Personnel and fringe benefits for project director, project dental director, instructors, and staff associated with the project;

(ii) Contractors and consultants to the project;

(iii) Materials and supplies used in the clinical, didactic, and employment/utilization phases of the project;

(iv) Equipment and other capital costs associated with the project; and

(v) Travel required for implementing and monitoring the project.

(i) An explanation of the feasibility of achieving the project objectives.

(j) A preliminary evaluation plan that includes, but is not limited to:

(A) How the project sponsor will monitor and evaluate the project, including but not limited to:

(i) How the project sponsor will monitor and evaluate the rate of underserved populations served by the pilot project's trainees or employment/utilization sites; and

(ii) How the project sponsor will monitor and evaluate to ensure trainees are adequately supervised. Supervision of trainee must protect patient health and ensure minimum standards in OAR 333-010-0760 are met.

(B) A description of the key project activities and their intended effects;

(C) How the project sponsor intends to use the evaluation results for program improvement and decision making; and

(D) A description of how the project will measure its progress toward meeting the goals listed in the application, as described in subsection (4)(a) of this rule. The project must track and identify measurable project outcomes and metrics as outlined in the requirements under OAR 333-010-0780.

(k) An identified clinical evaluator who will conduct the clinical evaluation of the project in accordance with the evaluation plan.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)  
[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

**[333-010-0730](#)**

**Dental Pilot Projects: Application Review Process**

- (1) The Authority shall review an application to determine if it is complete within 60 calendar days from the date the application was received.
  - (a) If an applicant does not provide all the information required, and the application is considered incomplete, then the Authority shall notify the applicant of the information that is missing and shall allow the applicant 30 calendar days to submit the missing information.
  - (b) If an applicant does not submit the missing information within the timeframe specified in the notice, then the application shall be rejected as incomplete. An applicant whose application is rejected as incomplete may reapply at any time.
- (2) An application deemed complete will continue through a review process.
- (3) The Authority may have individuals outside the Authority, including representatives of appropriate professional societies and licensing boards, review applications, but no individual who has contributed to or helped prepare an application will be permitted to conduct a review of that application.
- (4) The Authority may request additional information from an applicant during the review process.
- (5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for public comment for a period of 30 calendar days, along with a link to the application and other materials submitted by the applicant.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)  
[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

**[333-010-0740](#)**

**Dental Pilot Projects: Project Application Provisional Approval or Denial**

- (1) Following the close of the public comment period described in OAR 333-010-0730, Application Review Process, the Authority shall review the public comments that were received and issue within 30 calendar days of the close of the public comment period:
  - (a) A provisional decision to grant approval of an application; or

(b) A denial of the application.

(2) If the application is provisionally approved, the project sponsor must comply with the requirements in OAR 333-010-0750, Provisional Approval; Final Approval, before it can receive final approval. Projects that receive provisional approval may begin to provide didactic training however they may not operate or treat live patients until final approval is received from the Authority.

(3) If the Authority denies the application, the denial must be in writing and must describe the reasons for the denial. An application may be denied for any of these reasons:

(a) The application does not demonstrate that the project will meet the minimum standards or other provisions in these rules;

(b) The application does not demonstrate each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis;

(c) The application does not demonstrate that the project is financially feasible; or

(d) The Authority has previously approved a similar project.

(4) A sponsor whose project has been denied may not submit a new application within six months from the date the Authority denied the application.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

### **333-010-0750**

#### **Dental Pilot Projects: Provisional Approval; Final Approval**

(1) A project sponsor that has been provisionally approved must, within 90 calendar days of provisional project approval, submit the following to the Authority for approval:

(a) A detailed evaluation and monitoring plan that meets the requirements in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.

(b) Written standard operating policies and procedures for the project that ensure compliance with OAR 333-010-0760, Minimum Standards. Standard operating policies and procedures shall include, but are not limited to:

(A) Clinical policies and procedures that describe the steps required for implementation of the project at each site;

(B) Administrative policies and procedures that describe protocols;

- (C) Administrative protocols for mandatory record keeping;
  - (D) Data collection policies and procedure protocols that:
    - (i) Require data capture and data entry, including identification of the staff positions or other individuals responsible for these activities;
    - (ii) Define policies for protection and security of patient data;
  - (E) The protocol for orientating supervisors to their roles and responsibilities; and
  - (F) The process for ensuring that potential problems and root causes for deviations and non-conformances are identified, possible consequences assessed, actions to prevent recurrence considered, and corrective actions are taken if necessary.
- (2) The Authority will review the documentation required in section (1) of this rule and notify the project sponsor if the plan and policies and procedures are acceptable. The Authority may request additional information and may request that the project sponsor revise the plan or policies and procedures to meet the requirements in these rules.
- (3) Once the Authority has received an acceptable plan and policies and procedures, it will notify the project sponsor that the project has been approved along with the plan and policies and procedures. The final approval letter shall include:
- (a) The permitted scope of the project;
  - (b) Any conditions the Authority deems are necessary to protect patient safety or ensure minimum standards in OAR 333-010-0760 are met;
  - (c) Procedures for which the project will be required to obtain written informed consent for treatment under OAR 333-010-0770, Informed Consent; and
  - (d) The length of time the project can operate - from between three to five years.
- (4) The Authority shall notify the Oregon Board of Dentistry when a project is approved.
- (5) The Authority may deny an application if:
- (a) The project fails to submit the documents described in section (1) that satisfy these rules;
  - (b) The project fails to submit additional information or revised plans, policies, or procedures that are acceptable to the Authority as required by section (2) of this rule; or
  - (c) The documentation submitted by the project under this rule fails to demonstrate that the project will meet the minimum standards or other provisions in these rules.
- (6) A denial issued under this rule must be in writing and must describe the reasons for the denial.

(7) A sponsor whose project has been denied may not submit a new application within six months from the date the Authority denied the application.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

**333-010-0760**

**Dental Pilot Projects: Minimum Standards**

An approved dental pilot project must:

(1) Provide for patient safety and that the applicable standard of care is met as follows:

(a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;

(b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, physical or mental disability, or which are outside of the trainee's approved scope of practice as outlined in the approved application by the Authority;

(c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;

(d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;

(e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;

(f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;

(g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;

(h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and

(i) Ensure that project participants involved in direct patient care:

(A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty.

(B) Have not been denied or disciplined by a state entity that issues licenses or certificates.

- (j) Ensure adequate supervision and evaluation of trainees, including but not limited to:
  - (A) Timely review of trainee procedures and addressing any deficiencies;
  - (B) Monitoring for adverse events and addressing any deficiencies; and
  - (C) Monitoring and evaluating trainees and addressing any deficiencies.
- (2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.
- (3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to:
  - (a) Name and address and, if a minor, name of guardian;
  - (b) Date and description of examination and diagnosis;
  - (c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent;
  - (d) Date and description of treatment or services rendered;
  - (e) Date and description of all radiographs, study models, and periodontal charting;
  - (f) Health history; and
  - (g) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
- (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.
- (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.
- (6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase. The sponsor must provide notice to the Authority within 14 business days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to, the following:
  - (a) Name, work address, electronic mail address and telephone number of the trainee;
  - (b) Name, work address, electronic mail address, telephone number and license number of the supervisor;
  - (c) Information regarding the trainee's responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules; and
  - (d) A disclaimer that there is no assurance of a future change in law or regulations that will allow them to practice without a license outside an approved dental pilot project.

- (e) Trainee monitoring records shall be provided to the Authority.
- (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules; and the approved application including, but not limited to, the evaluation and monitoring plan.
- (8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.
- (9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.
- (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following information for the previous quarter:
  - (a) Accomplishments or highlights.
  - (b) Challenges faced and continuous quality improvement activities.
  - (c) Updated project timeline.
  - (d) Data reports:
    - (A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data.
    - (B) Data generated by the clinical evaluator.
    - (C) Number and type of any adverse event or complication that occurred during the reporting period.
    - (D) Underserved population report: Information identifying the percentage of patients served by each of the pilot project's trainees or employment/utilization sites that are within the underserved population identified in the application.
- (11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.
- (12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.
- (13) Provide care only at Authority approved employment/utilization sites.
- (14) Demonstrate that each of the pilot project's trainees or employment/utilization sites provides care to the underserved populations identified in the application at a rate of at

least 51 percent of the total individuals served by the trainee or employment/utilization site on a quarterly basis.

(15) Exemption:

(a) Pilot projects may seek an exemption for each employment/utilization site as defined in OAR 333-010-0710 from the requirement to submit quarterly underserved population reports by submitting documentation demonstrating the employment/utilization site falls within an exemption category listed below. The Authority shall respond to the exemption request in writing.

(b) The Authority may request additional documentation demonstrating the employment/utilization site currently qualifies for an exemption or the rate described in section (14).

(c) A pilot project must immediately notify the Authority if an employment/utilization site no longer qualifies for exemption and begin submitting quarterly underserved population reports for that employment/utilization site.

(d) Exemption-eligibility. Employment/utilization sites as defined in OAR 333-010-0710 that only provide services via the following are eligible for an exemption:

(A) Community Mental Health Centers (CMHC);

(B) Federally-Qualified Health Centers (FQHCs) that are recipients of Public Health Service Act Section 330 grant funds;

(C) U.S. Health Resources & Services Administration (HRSA) Designated Health Centers;

(D) Indian Health Service Facilities;

(E) Tribally-Operated 638 Health Programs as defined by HRSA;

(F) Urban Indian Health Programs (ITUs) as defined by the Indian Health Service;

(G) State or local health departments;

(H) Substance Abuse and Mental Health Services Administration (SAMHSA) certified opioid treatment programs, office-based opioid treatment programs and non-opioid outpatient substance use disorders treatment facilities; and

(I) Other designation or criteria as determined by the Authority.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

**333-010-0770****Dental Pilot Projects: Informed Consent**

(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:

(a) Is provided written information about the dental pilot project and who will be providing treatment;

(b) Gives written consent to be treated by the dental pilot project trainee; and

(c) Gives informed consent for treatment by the trainee.

(2) Written information about the project and who will be providing treatment must include, but is not limited to:

(a) An explanation of the role and status of the trainee, any certification or licenses a trainee may hold, the education and training of the trainee and the availability of the trainee's supervisor for consultation;

(b) An explanation that the patient can refuse care from a trainee without penalty for such a request; and

(c) A statement that consenting to treatment by a trainee does not constitute assumption of risk by the patient.

(3) At a minimum, the following language must be included on the document that requests consent to be treated by the dental pilot project:

"I \_\_\_\_\_ [name of patient or person acting on patient's behalf] have received information about this dental pilot project and provider type. I have been given the opportunity to ask questions and have them fully answered. I have read and understand the information and I agree to the trainee of this project providing me treatment."

\_\_\_\_\_  
Signature of patient or person acting on patient's behalf

\_\_\_\_\_  
Date

(4) Informed consent for treatment:

(a) Each patient must give informed consent to the procedure. Informed consent means the consent to a procedure obtained by:

(A) Providing 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; and

(B) Asking the patient, or the patient's guardian, if there are any questions and providing thorough and easily understood answers to all questions asked.

(b) Patient records must document an entry that informed consent for treatment has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent;

(c) Informed consent for treatment must be obtained in writing for procedures identified by the Authority in the application approval letter, and such consent must be included and documented in the patient's record; and

(d) A trainee may not perform any procedure for which the patient or patient's guardian has not given informed consent provided; however, in the event of an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a trainee may render treatment in a reasonable manner according to community standards and in accordance with the trainees approved scope of practice.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

### **333-010-0780**

#### **Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor**

A Project Evaluation and Monitoring Plan required under OAR 333-010-0750, Provisional Approval; Final Approval, must include, but is not limited to:

- (1) A logic model to depict the project activities and intended effects;
- (2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;
- (3) A description of how the project will measure progress towards the goals identified in the application. Progress measurements must include quantitative metrics;
- (4) A detailed description of the baseline data and information to be collected about the availability or provision of oral health care services, or both, prior to utilization phase;
- (5) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;
- (6) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;
- (7) Defined measures to evaluate safety and quality of care provided;
- (8) A detailed description of how the project sponsor shall comply with:
  - (a) All minimum standards in OAR 333-010-0760, including but not limited to adequate supervision of trainees; and

- (b) All terms and conditions of the approved application, including any amendments.
- (9) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and
- (10) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

**333-010-0790**

**Dental Pilot Projects: Authority Responsibilities**

- (1) Project monitoring. Program staff shall monitor and evaluate approved projects which shall include, but is not limited to:
  - (a) Periodically requesting written information from the project to ascertain the progress of the project in meeting its stated objectives and in complying with program statutes and regulations:
  - (b) Periodic, but at least annual, site visits to one or more project offices, employment/utilization sites, or other locations where trainees are being prepared or utilized; and
  - (c) Reviewing the quarterly reports submitted by the project as described in OAR 333-010-0760, Minimum Standards.
- (2) Advisory committee. The Authority may convene an advisory committee for each approved dental pilot project.
  - (a) Individuals eligible to serve on an advisory committee include but are not limited to:
    - (A) Representatives from:
      - (i) The Oregon Board of Dentistry;
      - (ii) Professional dental organizations or societies;
      - (iii) Educational institutions;
      - (iv) Health systems; and
      - (v) Individuals representing the target population served by the pilot project.
    - (B) Individuals with an interest in public health, oral health or expanding access to medical and dental care.

(b) The purpose of the advisory committee is to gather its members' collective knowledge, experience, expertise, and insight to assist the Authority in meeting its responsibilities.

(c) If the Authority convenes an advisory committee it will solicit members for an advisory committee by public announcement; Individuals interested in serving on the committee are required to complete an application.

(d) From the applications received, the Authority will appoint no more than 15 members who are willing to undertake the duties of an advisory committee member and adhere to the committee charter adopted by the Authority. The Authority will notify each applicant in writing whether they have been appointed to the committee.

(e) An advisory committee member must:

(A) Attend meetings;

(B) Review approved pilot project quarterly reports at the request of the Authority;

(C) Attend approved pilot project site visits if invited; and

(D) Comply with any confidentiality requirements established by the Authority.

(3) Site visits.

(a) Site visits shall include, but are not limited to:

(A) Determination that adequate patient safeguards are being utilized;

(B) Validation that the project is complying with the approved or amended application;

(C) Interviews with project participants and recipients of care; and

(D) Reviews of patient records to monitor for patient safety and the applicable standard of care.

(b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;

(c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;

(d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;

(e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;

(f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit; and

(g) Following a site visit the Authority will:

(A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;

(i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;

(ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;

(iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the Authority. A request for such an extension shall be submitted in writing and must accompany the plan of correction.

(iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.

(B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor; and

(C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

(4) The Authority may also provide the sponsor with the opportunity to submit a corrective action plan to address any deficiencies found by the Authority during any project monitoring as described in section (1) of this rule. The Authority shall notify the sponsor in writing of the requirement to submit a plan of correction. The sponsor must submit, and the Authority must receive the plan of correction by the deadline set in the notification. All of the requirements and deadlines described in section (3) of this rule for corrective action plans apply to a project sponsor when directed to submit a corrective action plan under this section (4).

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)  
[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

**333-010-0800**

**Dental Pilot Projects: Project Modifications**

(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:

(a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;

(b) Addition of employment/utilization sites; and

(c) Changes in the scope of practice for trainees.

(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.

(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.

(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.

(5) The Authority may approve or deny a request for modification. A modification may be denied if:

(a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules;

(b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved;

(c) As a result of the modification, the project would no longer demonstrate that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis; or

(d) The Authority has previously approved a similar project.

(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

### **[333-010-0810](#)**

#### **Dental Pilot Projects: Discontinuation or Completion of Project**

(1) An approved project must notify the Authority in writing if it intends to discontinue its status as a Dental Pilot Project, at least 60 calendar days prior to discontinuation.

Notification must include a closing report that includes, but is not limited to:

- (a) The reasons for discontinuation as a pilot project;
  - (b) A summary of pilot project activities including the number of persons who entered the employment/utilization phase; and
  - (c) A description of the plan to inform trainees of the project's discontinuation and that they are precluded from performing the skills authorized under the pilot project after discontinuation unless the provider type has been legalized by the State of Oregon.
- (2) The project must obtain written acknowledgement from trainees regarding notification of the project's discontinuation and preclusion from performing skills authorized under the pilot project after discontinuation, unless the provider type has been legalized and the trainee has met necessary licensure requirements.
- (3) Project completion. A project sponsor must provide a full report of findings to the Authority within 180 calendar days of the completion of the project in a format prescribed by the Authority.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

### **[333-010-0820](#)**

#### **Dental Pilot Projects: Suspension, Denial or Termination of Project**

- (1) A pilot project may be suspended, terminated, or denied if:
- (a) A pilot project violates any provision of 2011 Oregon Laws, chapter 716;
  - (b) A pilot project violates any of these rules; or
  - (c) A pilot project fails to provide care that meets the applicable standard of care.
- (2) Failure of a sponsor or anyone involved with an approved pilot project to cooperate with a reasonable request for records, interviews or a site visit is grounds for the Authority to suspend or terminate a project. Failure to cooperate includes, but is not

limited to, failure to provide information or documents in a manner requested by the Authority or within the timeframe requested by the Authority.

(3) If the Authority determines that a dental pilot project has violated 2011 Oregon Laws, chapter 716, violated one or more of these rules, or failed to provide care that meets the applicable standard of care, the Authority may:

(a) Require the sponsor to implement an approved corrective action plan in accordance with OAR 333-010-0790, Authority Responsibilities; or

(b) Issue a Notice of Proposed Suspension or Notice of Proposed Termination in accordance with ORS 183.411 through 183.470.

(4) A sponsor who receives a Notice may request an informal meeting with the Authority. A request for an informal meeting does not toll the period for filing a timely request for a contested case hearing as described in section (5) of this rule.

(5) If the Authority issues a Notice of Proposed Suspension or Notice of Proposed Termination the sponsor is entitled to a contested case hearing as provided under ORS chapter 183. The sponsor has 30 calendar days to request a hearing.

(6) If the Authority terminates a dental pilot project, the order shall specify when, if ever, the sponsor may reapply for approval of a dental pilot project.

**Statutory/Other Authority:** 2011 OL Ch. 716

**Statutes/Other Implemented:** 2011 OL Ch. 716

**History:**

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

76th OREGON LEGISLATIVE ASSEMBLY--2011 Regular Session

## Enrolled Senate Bill 738

Sponsored by Senator MONNES ANDERSON

CHAPTER .....

AN ACT

Relating to dental health; creating new provisions; amending ORS 679.010, 679.020, 679.025, 680.150, 680.200, 680.205, 750.055 and 750.333; appropriating money; and declaring an emergency.

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

### DENTAL PILOT PROJECTS

**SECTION 1.** (1) The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care. The authority may approve a pilot project that is designed to:

(a) Operate for three to five years or a sufficient amount of time to evaluate the validity of the pilot project;

(b) Evaluate quality of care, access, cost, workforce and efficacy; and

(c) Achieve at least one of the following:

(A) Teach new skills to existing categories of dental personnel;

(B) Develop new categories of dental personnel;

(C) Accelerate the training of existing categories of dental personnel; or

(D) Teach new oral health care roles to previously untrained persons.

(2) The authority shall adopt rules:

(a) Establishing an application process for pilot projects;

(b) Establishing minimum standards, guidelines and instructions for pilot projects; and

(c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:

(A) The process used to evaluate the progress and outcomes of the pilot project;

(B) The baseline data and information to be collected;

(C) The nature of program data that will be collected and the methods for collecting and analyzing the data;

(D) The provisions for protecting the safety of patients seen or treated in the project; and

(E) A statement of previous experience in providing related health care services.

(3) The authority shall seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.

(4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry or dental hygiene without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority.

(b) A person practicing dentistry or dental hygiene without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.

(5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 of this 2011 Act.

**SECTION 2.** Section 1 of this 2011 Act is repealed on January 2, 2018.

## **EXPANDED PRACTICE DENTAL HYGIENISTS**

**SECTION 3.** 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)] *“Board” means the Oregon Board of Dentistry.*

[(2)] (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 renders assistance under the supervision of a dental hygienist providing dental hygiene.

[(3)] (2) “Dental hygiene” means that portion of dentistry that includes 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, scaling, root planing, curettage, the application of sealants and fluoride and any related intraoral or extraoral procedure required in the performance of such services.

[(4)] (3) “Dental hygienist” means a person who, under the supervision of a dentist, practices dental hygiene.

[(5)] (4) “Dental technician” means that person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices which are returned to a dentist and inserted into the human oral cavity or which come in contact with its adjacent structures and tissues.

[(6)] (5) “Dentist” means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

[(7)] (6) “Dentistry” means the healing art which is concerned with the examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region and conditions of adjacent or related tissues and structures. The practice of 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 dental schools accredited by the Commission on Dental Accreditation of the American Dental Association, post-graduate training programs or continuing education courses.

[(8)] (7) “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.

(8) **“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.**

(9) “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.

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

[(11) "*Limited access permit dental hygienist*" means a dental hygienist who renders dental hygiene services in accordance with ORS 680.205 as authorized by a limited access permit issued by the board pursuant to ORS 680.200.]

[(12) "*State*" means any state or territory of the United States and the District of Columbia.]

**SECTION 4.** ORS 679.020 is amended to read:

679.020. (1) A person may not practice dentistry without a license.

(2) Only a person licensed as a dentist by the Oregon Board of Dentistry may own, operate, conduct or maintain a dental practice, office or clinic in this state.

(3) The restrictions of subsection (2) of this section, as they relate to owning and operating a dental office or clinic, do not apply to a dental office or clinic owned or operated by any of the following:

(a) A labor organization as defined in ORS 243.650 and 663.005 (6), or to any nonprofit organization formed by or on behalf of such labor organization for the purpose of providing dental services. Such labor organization must have had an active existence for at least three years, have a constitution and bylaws, and be maintained in good faith for purposes other than providing dental services.

(b) The School of Dentistry of the Oregon Health and Science University.

(c) Institutions of higher education listed in ORS 352.002.

(d) Local governments.

(e) Institutions or programs accredited by the Commission on Dental Accreditation of the American Dental Association to provide education and training.

(f) Nonprofit corporations organized under Oregon law to provide dental services to rural areas and medically underserved populations of migrant, rural community or homeless individuals under 42 U.S.C. 254b or 254c or health centers qualified under 42 U.S.C. 1396d(l)(2)(B) operating in compliance with other applicable state and federal law.

(g) Nonprofit charitable corporations as described in section 501(c)(3) of the Internal Revenue Code and determined by the Oregon Board of Dentistry as providing dental services by volunteer licensed dentists to populations with limited access to dental care at no charge or a substantially reduced charge.

(4) For the purpose of owning or operating a dental office or clinic, an entity described in subsection (3) of this section must:

(a) Name an actively licensed dentist as its dental director, who shall be subject to the provisions of ORS 679.140 in the capacity as dental director. The dental director, or an actively licensed dentist designated by the director, shall have responsibility for the clinical practice of dentistry, which includes, but is not limited to:

(A) Diagnosis of conditions within the human oral cavity and its adjacent tissues and structures.

(B) Prescribing drugs that are administered to patients in the practice of dentistry.

(C) The treatment plan of any dental patient.

(D) Overall quality of patient care that is rendered or performed in the practice of dentistry.

(E) Supervision of dental hygienists, dental assistants or other personnel involved in direct patient care and the authorization for procedures performed by them in accordance with the standards of supervision established by statute or by the rules of the board.

(F) Other specific services within the scope of clinical dental practice.

(G) Retention of patient dental records as required by statute or by rule of the board.

(H) Ensuring that each patient receiving services from the dental office or clinic has a dentist of record.

(b) Maintain current records of the names of licensed dentists who supervise the clinical activities of dental hygienists, dental assistants or other personnel involved in direct patient care utilized by the entity. The records must be available to the board upon written request.

(5) Subsections (1) and (2) of this section do not apply to [a *limited access permit*] **an expanded practice** dental hygienist who renders services authorized by a [*limited access*] permit issued by the board pursuant to ORS 680.200.

(6) Nothing in this chapter precludes a person or entity not licensed by the board from:

(a) Ownership or leasehold of any tangible or intangible assets used in a dental office or clinic. These assets include real property, furnishings, equipment and inventory but do not include dental records of patients related to clinical care.

(b) Employing or contracting for the services of personnel other than licensed dentists.

(c) Management of the business aspects of a dental office or clinic that do not include the clinical practice of dentistry.

(7) If all of the ownership interests of a dentist or dentists in a dental office or clinic are held by an administrator, executor, personal representative, guardian, conservator or receiver of the estate of a former shareholder, member or partner, the administrator, executor, personal representative, guardian, conservator or receiver may retain the ownership interest for a period of 12 months following the creation of the ownership interest. The board shall extend the ownership period for an additional 12 months upon 30 days' notice and may grant additional extensions upon reasonable request.

**SECTION 5.** ORS 679.025 is amended to read:

679.025. (1) *[It shall be unlawful for any]* **A** person *[not otherwise authorized by law to]* **may not** practice dentistry or purport to be a dentist without a valid license to practice dentistry issued by the Oregon Board of Dentistry.

(2) The requirements of this section *[shall]* **do** not apply to:

(a) Dentists licensed in another state making a clinical presentation sponsored by a bona fide dental society or association or an accredited dental educational institution approved by the board.

(b) Bona fide full-time students of dentistry who, during the period of their enrollment and as a part of the course of study in an Oregon accredited dental education program, engage in clinical studies on the premises of such institution or in a clinical setting located off the premises of the institution if the facility, the instructional staff and the course of study to be pursued at the off-premises location meet minimum requirements prescribed by the rules of the board and the clinical study is performed under the direct supervision of a member of the faculty.

(c) Bona fide full-time students of dentistry who, during the period of their enrollment and as a part of the course of study in a dental education program located outside of Oregon that is accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, engage in community-based or clinical studies as an elective or required rotation in a clinical setting located in Oregon if the community-based or clinical studies meet minimum requirements prescribed by the rules of the board and are performed under the direct supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry.

(d) Candidates who are preparing for a licensure examination to practice dentistry and whose application has been accepted by the board or its agent, if such clinical preparation is conducted in a clinic located on premises approved for that purpose by the board and if the procedures are limited to examination only. This exception shall exist for a period not to exceed two weeks immediately prior to a regularly scheduled licensure examination.

(e) Dentists practicing in the discharge of official duties as employees of the United States Government and any of its agencies.

(f) Instructors of dentistry, whether full- or part-time, while exclusively engaged in teaching activities and while employed in accredited dental educational institutions.

(g) Dentists employed by public health agencies who are not engaged in the direct delivery of clinical dental services to patients.

(h) Persons licensed to practice medicine in the State of Oregon in the regular discharge of their duties.

(i) Persons qualified to perform services relating to general anesthesia or sedation under the direct supervision of a licensed dentist.

(j) Persons practicing dentistry upon themselves as the patient.

(k) Dental hygienists, dental assistants or dental technicians performing services under the supervision of a licensed dentist in accordance with the rules adopted by the board.

(L) A person licensed as a denturist under ORS 680.500 to 680.565 engaged in the practice of denture technology.

(m) [A *limited access permit*] **An expanded practice** dental hygienist who renders services authorized by a [*limited access*] permit issued by the board pursuant to ORS 680.200.

**SECTION 6.** ORS 680.150 is amended to read:

680.150. (1) Any dentist may employ a dental hygienist who may engage in the practice of dental hygiene in the office of such dentist under the general supervision of a dentist.

(2) Any public institution, health care facility or health maintenance organization, as those terms are defined in ORS 442.015, may employ a dental hygienist who may engage in the practice of dental hygiene under the general supervision of a dentist.

(3) A dental hygienist under the general supervision of a dentist may engage in the practice of dental hygiene in any place where limited access patients are located.

(4) The Oregon Board of Dentistry may adopt rules specifying other locations where dental hygienists may work and shall specify in its rules the degree of supervision a dentist must exercise over the procedures the hygienist performs.

(5) Notwithstanding ORS 679.010 [(4)] **(3)**, supervision by a dentist is not required when a dental hygienist determines the need for and appropriateness of sealants or fluoride, and applies sealants or fluoride at the locations and for persons described in ORS 680.205 (1) [*and (2)*].

**SECTION 7.** ORS 680.200 is amended to read:

680.200. (1) Upon application accompanied by the fee established by the Oregon Board of Dentistry, the board shall grant a permit to practice as [*a limited access permit*] **an expanded practice** dental hygienist to [*any*] **an applicant** who:

(a) Holds a valid, unrestricted Oregon dental hygiene license;

(b) Presents proof of current professional liability insurance coverage;

(c) Presents documentation satisfactory to the board of successful completion of an emergency life support course for health professionals, including cardiopulmonary resuscitation, from an agency or educational institution approved by the board; and

(d) Presents documentation satisfactory to the board that the [*person*] **applicant** has:

(A)(i) Completed 2,500 hours of supervised dental hygiene practice; and

(ii) **After licensure as a dental hygienist**, completed 40 hours of courses, **chosen by the applicant**, in [*a formal, post-secondary educational program accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency and*] **clinical dental hygiene or public health sponsored by continuing education providers** approved by the board; or

(B) Completed a course of study approved by the board that includes at least 500 hours of dental hygiene practice, **completed before or after graduation from a dental hygiene program**, on patients described in ORS 680.205 while under the direct supervision of a member of the faculty of a dental program or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency. [*Practice hours from before and after graduation from the dental hygiene program may be combined to meet the requirement of this subparagraph.*]

(2) [*All permits*] **A permit** issued pursuant to subsection (1) of this section [*expire*] **expires** two years following the date of issuance unless renewed on or before that date by:

(a) Payment of the renewal fee as set by the board;

(b) Submission to the board of satisfactory evidence of completion of at least 36 hours of continuing education; [*and*]

(c) Presentation to the board of proof of professional liability insurance coverage; and

**(d) Completion of a survey developed by the board that measures the success of the expanded practice dental hygienist program against baseline data.**

(3) The board may refuse to issue or renew *[a limited access]* **an expanded practice dental hygienist** permit or may suspend or revoke the permit of *[a limited access permit]* **an expanded practice** dental hygienist who has been convicted of an offense or been disciplined by a dental licensing body in a manner that bears, in the judgment of the board, a demonstrable relationship to the ability of the applicant to practice *[limited access permit]* **expanded practice** dental hygiene in accordance with the provisions of this chapter or ORS chapter 679, or who has falsified an application for permit, or any person for any cause described under ORS 679.140 or 679.170.

**SECTION 8.** ORS 680.205 is amended to read:

680.205. (1) *[A dental hygienist issued a permit to act as a limited access permit]* **An expanded practice** dental hygienist *[under ORS 680.200 shall be authorized to]* **may** render all services within the scope of practice of dental hygiene, as defined in ORS 679.010, without the supervision of a dentist and as authorized by the *[limited access]* **expanded practice dental hygienist** permit to:

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

(A) Nursing homes as defined in ORS 678.710;

(B) Adult foster homes as defined in ORS 443.705;

(C) Residential care facilities as defined in ORS 443.400;

(D) Adult congregate living facilities as defined in ORS 441.525;

(E) Mental health residential programs administered by the Oregon Health Authority;

(F) Facilities for mentally ill persons, as those terms are defined in ORS 426.005;

(G) Facilities for persons with mental retardation, as those terms are defined in ORS 427.005;

(H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

(I) Public and nonprofit community health clinics.

(b) Adults who are homebound.

(c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and *[other]* similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.

**(e) Patients whose income is less than the federal poverty level.**

**(f) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.**

*[(2) The Oregon Board of Dentistry may authorize the provision of dental hygiene services by a limited access permit dental hygienist at locations or to populations that are underserved or lack access to dental hygiene services.]*

*[(3)]* **(2)** At least once each calendar year, *[a dental hygienist issued a permit to act as a limited access permit]* **an expanded practice** dental hygienist shall refer each patient or resident to a dentist who is available to treat the patient or resident.

**(3) An expanded practice dental hygienist may render the services described in paragraphs (a) to (d) of this subsection to the patients described in subsection (1) of this section if the expanded practice dental hygienist has entered into an agreement in a format approved by the board with a dentist licensed under ORS chapter 679. The agreement must set forth the agreed-upon scope of the dental hygienist's practice with regard to:**

**(a) Administering local anesthesia;**

**(b) Administering temporary restorations without excavation;**

(c) **Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement; and**

(d) **Overall dental risk assessment and referral parameters.**

(4) This section does not authorize *[a limited access permit]* **an expanded practice dental hygienist [to administer local anesthesia or temporary restorations except under the general supervision of a dentist licensed under ORS chapter 679, or] to administer nitrous oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.**

(5) *[A limited access permit]* **An expanded practice dental hygienist may assess the need for and appropriateness of sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients.**

(6) *[A person granted a limited access permit under ORS 680.200 shall]* **An expanded practice dental hygienist must also procure all other permits or certificates required by the board under ORS 679.250.**

**SECTION 9.** The Oregon Board of Dentistry shall issue an expanded practice dental hygienist permit under ORS 680.200 to each person holding a limited access permit under ORS 680.200 as in effect immediately before the operative date specified in section 19 of this 2011 Act.

**SECTION 10.** Section 11 of this 2011 Act is added to and made a part of the Insurance Code.

**SECTION 11.** (1) If a policy of insurance covering dental health provides for coverage for services performed by a dentist licensed under ORS chapter 679, the policy must also cover the services when they are performed by an expanded practice dental hygienist, as defined in ORS 679.010, who has entered into a provider contract with the insurer.

(2) The provisions of ORS 743A.001 do not apply to this section.

**SECTION 12.** (1) The Oregon Board of Dentistry shall compile data, including baseline data, in every odd-numbered year on the use of expanded practice dental hygienists, as defined in ORS 679.010, in this state.

(2)(a) The Department of Consumer and Business Services shall adopt rules requiring health insurers to report to the department on the reimbursement of services provided by expanded practice dental hygienists.

(b) The department shall provide the information collected under paragraph (a) of this subsection to the board.

(3) The board shall report to an interim legislative committee related to dental health on the reimbursement of services provided by expanded practice dental hygienists on or before October 1 of each even-numbered year.

**SECTION 13.** ORS 750.055 is amended to read:

750.055. (1) The following provisions of the Insurance Code apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.844 to 731.992 and 731.870.

(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not including ORS 732.582.

(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(d) ORS chapter 734.

(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.911,

743.912, 743.913, 743.917, 743A.010, 743A.012, 743A.020, 743A.036, 743A.048, 743A.058, 743A.062, 743A.064, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.110, 743A.140, 743A.141, 743A.144, 743A.148, 743A.160, 743A.164, 743A.168, 743A.170, 743A.175, 743A.184, 743A.188, 743A.190 and 743A.192 **and section 11 of this 2011 Act.**

(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(h) ORS 743A.024, except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred by a physician associated with a group practice health maintenance organization.

(i) ORS 735.600 to 735.650.

(j) ORS 743.680 to 743.689.

(k) ORS 744.700 to 744.740.

(L) ORS 743.730 to 743.773.

(m) ORS 731.485, except in the case of a group practice health maintenance organization that is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and operates an in-house drug outlet.

(2) For the purposes of this section, health care service contractors shall be deemed insurers.

(3) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(4) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

**SECTION 14.** ORS 750.333 is amended to read:

750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a multiple employer welfare arrangement:

(a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328, 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992.

(b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(c) ORS chapter 734.

(d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

(e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562, 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.912, 743.917, 743A.012, 743A.020, 743A.052, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110, 743A.144, 743A.170, 743A.175, 743A.184 and 743A.192 **and section 11 of this 2011 Act.**

(f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.048, 743A.058, 743A.066, 743A.068, 743A.070, 743A.084, 743A.088, 743A.090, 743A.105, 743A.140, 743A.141, 743A.148, 743A.168, 743A.180, 743A.188 and 743A.190. Multiple employer welfare arrangements to which ORS 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only as provided in ORS 743.730 to 743.773.

(g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insurance consultants, and ORS 744.700 to 744.740.

(h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

(i) ORS 731.592 and 731.594.

(j) ORS 731.870.

(2) For the purposes of this section:

(a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.

(b) References to certificates of authority shall be considered references to certificates of multiple employer welfare arrangement.

(c) Contributions shall be considered premiums.

(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the transaction of health insurance.

## **COMMUNITY DENTAL HEALTH COORDINATOR PILOT PROJECTS**

**SECTION 15.** (1) The Oregon Health Authority may approve pilot projects for training and certifying community dental health coordinators to educate the community on dental health.

(2) The authority shall consult with appropriate professional organizations, educational institutions and the Oregon Board of Dentistry before approving pilot projects under this section.

(3) An approved project must require community dental health coordinators to complete 18 months of training, including an internship.

(4) The authority shall adopt rules:

(a) Establishing an application process for pilot projects;

(b) Establishing minimum standards, guidelines and instructions for pilot projects; and

(c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:

(A) The process used to evaluate the progress and outcomes of the pilot project;

(B) The baseline data and information to be collected;

(C) The nature of program data that will be collected and the methods for collecting and analyzing the data;

(D) The provisions for protecting the safety of patients seen or treated in the project; and

(E) A statement of previous experience in providing related health care services.

(5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 of this 2011 Act.

**SECTION 16.** Section 15 of this 2011 Act is repealed on January 2, 2018.

## **DENTAL PILOT PROJECTS FUND**

**SECTION 17.** The Dental Pilot Projects Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Dental Pilot Projects Fund shall be credited to the fund. Moneys in the fund are continuously appropriated to the Oregon Health Authority for the purposes of carrying out the provisions of sections 1 and 15 of this 2011 Act.

## **APPLICABILITY**

**SECTION 18.** The amendments to ORS 680.200 by section 7 of this 2011 Act apply to applications for expanded practice dental hygienist permits submitted on or after January 1, 2012.

## **OPERATIVE DATE**

**SECTION 19.** (1) Sections 9 to 12 of this 2011 Act and the amendments to ORS 679.010, 679.020, 679.025, 680.150, 680.200, 680.205, 750.055 and 750.333 by sections 3 to 8, 13 and 14 of this 2011 Act become operative on January 1, 2012.

(2) The Oregon Board of Dentistry may take any action before the operative date specified in subsection (1) of this section to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by sections 9 to 12 of this 2011 Act and the amendments to ORS 679.010, 679.020, 679.025, 680.150, 680.200, 680.205, 750.055 and 750.333 by sections 3 to 8, 13 and 14 of this 2011 Act.

#### UNIT CAPTIONS

**SECTION 20.** The unit captions used in this 2011 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 2011 Act.

#### EMERGENCY CLAUSE

**SECTION 21.** This 2011 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect on its passage.

Passed by Senate June 17, 2011

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Robert Taylor, Secretary of Senate

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Peter Courtney, President of Senate

Passed by House June 22, 2011

.....  
Bruce Hanna, Speaker of House

.....  
Arnie Roblan, Speaker of House

Received by Governor:

.....M.,....., 2011

Approved:

.....M.,....., 2011

.....  
John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2011

.....  
Kate Brown, Secretary of State