

**2026 Rules Advisory Committee  
Senate Bill 660 (2015)**

**RAC Meeting 2  
March 17, 2026**

<b>Time</b>	<b>Agenda</b>
9:00 am – 9:10 am	Introductions & Housekeeping
9:10 am – 9:20 am	Review of Statement of Need and Fiscal Impact
9:20 am – 10:40 am	Review Draft Amended Rules
10:40 am – 10:45 am	Timeline/Dates Review
10:45 am – 10:55 am	Public Comment
10:55 am – 11:00 am	Next Steps



## **2026 Rules Advisory Committee Certification for Local School Dental Sealant Programs Background Information**

### **Senate Bill 660 Mandatory Certification**

Senate Bill 660 was signed into law on July 27, 2015 requiring local school dental sealant programs to be certified by the Oregon Health Authority (OHA) before dental sealants can be provided in a school setting. The intent behind the bill was to:

- Coordinate dental sealant efforts statewide.
- Provide oversight for local dental sealant programs to ensure quality services are being provided appropriately in the school setting.

A Rules Advisory Committee (RAC) was convened to assist in drafting proposed rules on the:

- Requirements for certification;
- Application process for certification and recertification;
- Monitoring of local school dental sealant programs; and
- Decertification or provisional certification for programs out of compliance.

Final Oregon Administrative Rules, OAR 333-028, were effective January 29, 2016. Mandatory certification began in the 2016-17 school year.

### **Amendments to the Rules**

In September 2016, OHA amended the rules to make minor revisions to certification requirements (4) and (6):

- Clarified programs did not need to serve the fee-for-service population (FFS) – only 5% of Medicaid.
- Clarified that OHA only has oversight of dental sealant services and no other oral health services such as screenings, fluoride varnish, teeth cleanings, etc.

In May 2018, OHA amended rules 333-028-0310, “Definitions”, 333-028-0320, “Certification Requirements”, 333-028-0330, “Certification and Recertification Process”, and 333-028-0350, “Compliance”, to allow for the application of glass ionomer sealants and make minor clarifications to the certification and recertification process.

In January 2022, OHA amended the rules in response to the COVID-19 pandemic. Specific guidelines were incorporated so that dental sealant services continued to be safely provided in a school setting.

The rules were last amended in August 2024 to remove all COVID-19 certification requirements due to the end of the federal COVID-19 public health emergency. Other revisions included updating quality assurance measures and clarifying the verification process for certified school dental sealant programs.

## **Purpose of the 2026 RAC**

The purpose of this RAC is to amend Oregon Administrative Rules (OAR) 333-028-0310 through 333-028-0340 in chapter 333, division 28 "Certification for Local School Dental Sealant Programs". The infection prevention and control protocols referenced in OAR 333-028-0320(14) are being updated to match current guidelines from the Oregon Occupational Safety and Health Administration (OSHA), U.S. Centers for Disease Control and Prevention (CDC), and Association for Dental Safety. Other changes include clarifying the self-monitoring evaluation plan and verification review process for certified school dental sealant programs.

## **Rulemaking Process**

The Oregon Health Authority, Public Health Division has policies and procedures that guide the rulemaking process. In order to have the rules effective in August 2026, we will be following the timeline below.

<b>Date</b>	<b>Activity</b>
February 18, 2026	<ul style="list-style-type: none"><li>• Notify stakeholders of RAC application process</li></ul>
March 3	<ul style="list-style-type: none"><li>• Select RAC members from applications</li><li>• Draft proposed rules and Statement of Need and Fiscal Impact form</li></ul>
March 10 March 17	<ul style="list-style-type: none"><li>• Convene RAC and hold meetings to seek input on proposed rules and required forms</li></ul>
April 10	<ul style="list-style-type: none"><li>• OHA Rules Coordinator needs final proposed rules and rulemaking forms</li></ul>
April 13 – May 1	<ul style="list-style-type: none"><li>• OHA Rules Coordinator will review forms and seek approval to file</li></ul>
By May 15	<ul style="list-style-type: none"><li>• OHA Rules Coordinator will file the notice of proposed rulemaking with the Oregon Secretary of State</li></ul>
May 15-24	<ul style="list-style-type: none"><li>• Rulemaking documents will be posted to our website and interested parties will be notified</li></ul>
June 1	<ul style="list-style-type: none"><li>• Notice appears in the Oregon Bulletin</li></ul>
Mid-June	<ul style="list-style-type: none"><li>• Hold public hearings to seek public comments</li></ul>
June 21	<ul style="list-style-type: none"><li>• Public comment period closes</li></ul>
After Public Comment Period Closes	<ul style="list-style-type: none"><li>• Respond to comments from the public comment period</li></ul>
July 2026	<ul style="list-style-type: none"><li>• Final rule text showing changes and responses to public comment period due to the PHD Rules Coordinator</li><li>• PHD Rules Coordinator will file the final rules with the Oregon Secretary of State</li></ul>
August 1, 2026	<ul style="list-style-type: none"><li>• Rules are effective</li></ul>

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority- Public Health Division

333

Agency and Division  
Number

Administrative Rules Chapter

Certification Rules for Local School Dental Sealant Programs

Rule Caption

Statutory Authority: ORS 431A.725

Other Authority:

Stats. Implemented: ORS 431A.725

Need for the Rule(s):

In this rulemaking, the Oregon Health Authority (OHA) Public Health Division, Oral Health Program is proposing to permanently amend administrative rules 333-028-0310 through 333-028-0340 in chapter 333, division 28 "Certification for Local School Dental Sealant Programs". The infection prevention and control protocols referenced in OAR 333-028-0320(14) are being updated to match current guidelines from the Occupational Safety and Health Administration (OSHA), U.S. Centers for Disease Control and Prevention (CDC), and Association for Dental Safety (ADS). Other changes include clarifying the self-monitoring evaluation plan and verification review process for certified school dental sealant programs.

Documents Relied Upon, and where they are available:

- ORS chapter 431A: [https://www.oregonlegislature.gov/bills\\_laws/ors/ors431A.html](https://www.oregonlegislature.gov/bills_laws/ors/ors431A.html)
- Senate Bill 660 (Oregon Laws 2015, chapter 791):  
<https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/SB660/Enrolled>

Statement Identifying How Adoption of Rule(s) Will Affect Racial Equity in This State:

**Refer to Racial Equity Impact Statement tool.**

Senate Bill 660, passed by the Oregon State Legislature in 2015, requires local school dental sealant programs to be certified by the Oregon Health Authority (OHA) before dental sealants can be provided in a school setting. Oregon Administrative Rules (OARs) 333-028-0300 through 333-028-0350 establish the procedure and criteria OHA uses to certify, train, recertify, and monitor and collect data from local school dental sealant programs. The intent of the certification program is to provide schools and families/caregivers with assurance that a minimum set of standards will be met while delivering dental sealant services in the school environment.

Dental sealants are thin liquid coatings applied to the chewing surfaces of the back molar teeth to prevent tooth decay (cavities). The coating flows into the deep pits and grooves of the tooth "sealing out" bacteria and food debris that cause cavities. Throughout Oregon, certified local school dental sealant programs serve many elementary and middle school-aged students by screening students for cavities and placing sealants on teeth, as needed.

Oral health is essential to overall health, but oral health inequities exist for school-age children and adolescents based on race, ethnicity, geographic residence, household income, etc. Based on the [2017 Oregon Smile Survey](#) for children in first, second and third grades (6-9 years old), children belonging to

racially and ethnically diverse communities are more likely to have decay experience, untreated decay and rampant decay compared to white children. Hispanic and Native Hawaiian/Pacific Islander students had the highest cavity rates overall and also had the highest rates of untreated cavities<sup>1</sup>. These disparities persist because there is inequitable access to oral health services. Some of the barriers include lack of dental insurance, scarcity of dental providers in rural and frontier communities, and transportation difficulties. Based on preliminary 2022 Oregon Smile Screening data, children (6-9 years old) from counties in southeastern Oregon had higher cavity rates than the rest of the state.<sup>2</sup>

School-based dental sealant programs are highly effective since they can reach children from low-income families who are less likely to receive private dental care<sup>3</sup>. [Oregon Administrative Rules 333-028](#) require school dental sealant programs to provide services first to elementary and middle schools where at least 40% of the students are eligible for the National School Lunch Program; or the school has been approved for the community Eligibility Program (CEP); or the school is located in a dental care health professional shortage area (HPSA). The rules also require programs to offer dental sealant services to all students regardless of insurance status or ability to pay. Any child that has parent/guardian permission receives dental sealants.

The proposed amendments may have a positive equity impact by clearly identifying specific federal and state anti-discrimination laws that Local School Dental Sealant Programs (SDSPs) must follow. Previously, the rule referenced general nondiscrimination requirements. By explicitly naming laws such as Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes Chapter 659A, the rule provides greater clarity about the protections that apply to students and families. This clarification may help ensure that school dental sealant services are delivered in a manner that is accessible, inclusive, and free from discrimination based on race, color, national origin, sex, disability, or other protected characteristics.

Requiring Local School Dental Sealant Programs (SDSPs) to consult with the Oregon Health Authority before terminating services to a school helps promote health equity by reducing the risk that schools serving high-need populations lose access to preventive dental services without appropriate planning or coordination. School dental sealant programs often serve students who may otherwise have limited access to dental care, including children from low-income families, rural communities, or communities of color. Requiring consultation with the Oregon Health Authority allows the agency to work with the SDSP and community partners, including Coordinated Care Organizations, to identify potential solutions or alternative providers to help ensure continuity of services for students.

#### Fiscal and Economic Impact:

There is a minimal fiscal and economic impact for currently certified local school dental sealant programs or those that want to operate a school dental sealant program. See below for further explanation.

#### Statement of Cost of Compliance:

##### 1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

There is no cost of compliance impact to state agencies or the public as a result of the proposed rule amendments. There would be minimal fiscal impact to units of local government that currently operate, or choose to operate, a School Dental Sealant Program (SDSP), as they are already subject to the current

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<sup>1</sup> Oregon Health Authority, Oregon Smile Survey Data Brief: Oral Health Among Oregon's Children. Accessed March 28, 2024 at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/ORALHEALTH/Documents/2017%20Smile%20Survey%20Data%20Brief.pdf>

<sup>2</sup> The Oral Health Program is working with the Department of Education to finalize demographic data for the 2022 Oregon Smile and Healthy Growth Screening. Final data is anticipated to be released in the fall of 2026.

<sup>3</sup> Centers for Disease Control and Prevention. Vital signs: dental sealant use and untreated tooth decay among U.S. school-aged children. MMWR. 2016;65(41):1141–1145. Accessed March 28, 2024 at [https://www.cdc.gov/mmwr/volumes/65/wr/mm6541e1.htm?s\\_cid=mm6541e1\\_w](https://www.cdc.gov/mmwr/volumes/65/wr/mm6541e1.htm?s_cid=mm6541e1_w)

administrative rules. The proposed amendments do not introduce new requirements that would result in additional costs beyond current program operations.

2. Cost of compliance effect on small business (ORS 183.336): **ORS 183.310(10) defines small business as "a corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated from all other businesses and which has 50 or fewer employees."**

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

A small number of small businesses would be subject to the proposed rule amendments. Most local SDSPs are operated by larger organizations such as dental care networks, federally qualified health centers, and non-profits. Private practice dentists or dental hygienists that operate a local SDSP would be considered a small business. OHA is currently only aware of one private practice dental hygienist operating a local SDSP. OHA cannot estimate with accuracy exactly how many there are, but there is the potential for more private practice dentists and dental hygienists to operate a local SDSP and therefore need to comply with the certification requirements and proposed rule amendments.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

No additional reporting, recordkeeping, professional services or other administrative activities will be required for compliance with the proposed rule amendments.

c. Equipment, supplies, labor and increased administration required for compliance:

There is minimal impact on small businesses if they currently operate or want to operate a SDSP. Local SDSPs may incur minimal costs to meet updated infection prevention and control protocols in the proposed amended certification requirement OAR 333-028-0320(14).

How were small businesses involved in the development of this rule?

Representatives of small businesses participated on the rule advisory committee, and reviewed and provided input on the Statement of Need and Fiscal Impact form and the proposed rule text.

Administrative Rule Advisory Committee consulted?:

A Rules Advisory Committee (RAC) was established. The committee included 14 representatives from organizations and stakeholder groups that would be impacted by the rules, including community-based organizations, certified local school dental sealant programs, coordinated care organizations (CCOs), dental care organizations and subcontractors, professional associations, dental education programs, and public health professionals. Representatives were affiliated with organizations such as Konnect Dental Kare, the Oregon Dental Association, PacificSource Community Solutions, Rogue Community College, Neighborhood Health Center, Kaiser Permanente, Arrow Dental, Capitol Dental Care, Advantage Dental – Everybody Brush!, and Community Health Centers of Benton and Linn Counties.

If not, why?:

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OREGON ADMINISTRATIVE RULES  
OREGON HEALTH AUTHORITY  
PUBLIC HEALTH DIVISION - CHAPTER 333  
DIVISION 28  
SCHOOL-BASED HEALTH PROGRAMS

333-028-0300

Local School Dental Sealant Programs: Purpose

(1) The Oregon Health Authority (Program), Public Health Division, Oral Health Program (Program) supports communities in improving the oral health of the school-age population through evidence-based best practices within a public health framework. The Association of State and Territorial Dental Directors (ASTDD), Centers for Disease Control and Prevention (CDC), and the Community Preventive Services Task Force have all determined that school dental sealant programs (SDSPs) are an evidence-based best practice with strong evidence of effectiveness in preventing cavities among children and adolescents.

(2) These rules (OAR 333-028-0300 through 333-028-0350) establish the procedure and criteria the Authority Program shall use to certify, train, recertify, and monitor and collect data from Local School Dental Sealant Programs. Annual certification of a Local School Dental Sealant Program by the Program is mandatory before dental sealants can be provided in a school setting.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History:

PH 69-2024, amend filed 07/30/2024, effective 08/01/2024

PH 8-2022, amend filed 01/28/2022, effective 01/28/2022

PH 2-2016, f. & cert. ef. 1-29-16

333-028-0310

Local School Dental Sealant Programs: Definitions

(1) "Authority Program" means the Oregon Health Authority.

~~(2) "Authority approved isolation device" means an Authority approved dental isolation device used to assist the dental hygienist in isolating teeth and using suction to remove saliva.~~

~~(23)~~ "CCO" means Coordinated Care Organization.

~~(34)~~ "CDC" means the U.S. Centers for Disease Control and Prevention.

~~(45)~~ "Certification" means the Local SDSP has been authorized by the Program Authority to operate in an elementary or middle school setting. Certification by the Program is mandatory before dental sealants can be provided in a school setting.

~~(56)~~ "Certification training" is a mandatory one-time training for Local SDSPs provided by the Program that must be completed before an application for certification is submitted. Training topics shall include:

(a) Applicable State and federal information updates;

(b) Research and evidence-based practices;

(c) Scope of practice and utilizing dental hygienists and dental assistants;

(d) Health equity, cultural responsiveness, and health literacy;

(e) Antidiscrimination laws and rules;

(f) Recruiting and working with schools;

- (g) Providing services in a school setting;
- (h) Equipment and supplies needed;
- (i) ~~Protocols for safe, quality care~~ Determining the need for and appropriateness of sealants;
- (j) Manufacturer’s guidelines for sealant placement;
- (~~k~~) Data collection and reporting; and
- (~~l~~) Evaluation and continuous quality improvement.
- (~~67~~) "Certification year" means a one-year period beginning on August 1 and ending on July 31.
- (~~78~~) "Clinical training" is an annual training provided by the Local SDSP or Program to update knowledge and skills in primarily the clinical aspects of providing sealants in a school setting. Training topics shall include:
  - (a) Determining the need for and appropriateness of sealants;
  - (b) Manufacturer’s guidelines for sealant placement;
  - (c) Infection prevention and control (IPC) guidelines;
  - (d) Quality assessment of the program, such as performance benchmarks and standards;
  - (e) Confidentiality and security guidelines, including HIPAA and FERPA;
  - (f) Health equity, cultural responsiveness, and health literacy; and
  - (g) Internal policies and procedures.
- (~~89~~) "FERPA" means the Family Educational Rights and Privacy Act.
- (~~94~~) "HIPAA" means the Health Insurance Portability and Accountability Act.
- (~~104~~) "IPC" means infection prevention and control.
- (~~112~~) “Lead clinical provider” means an Oregon licensed dental provider responsible for training other staff in providing dental sealant services.
- (~~123~~) "Local SDSP" means local school dental sealant program.
- (~~13~~) “OAR” means Oregon administrative rule.
- (14) "Oregon OSHA" means the Oregon Occupational Safety and Health Administration.
- (15) "Program" means the Oregon Health Authority, Public Health Division, Oral Health Program.
- (~~16~~) "Program approved isolation device" means a Program approved dental isolation device used to assist the dental hygienist in isolating teeth and using suction to remove saliva.
- (~~176~~) “QI/QA” means Quality Improvement and/or Quality Assurance for SDSPs.
- (~~187~~) "Recertification" means the Local SDSP has been authorized by the Program Authority to operate in a school setting for the next certification year.
- (~~198~~) “These rules” means OAR 333-028-0300 to 333-028-0350.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History:

[PH 69-2024, amend filed 07/30/2024, effective 08/01/2024](#)

[PH 8-2022, amend filed 01/28/2022, effective 01/28/2022](#)

[PH 45-2021, temporary amend filed 09/03/2021, effective 09/03/2021 through 03/01/2022](#)

[PH 3-2018, amend filed 01/16/2018, effective 01/16/2018](#)

PH 2-2016, f. & cert. ef. 1-29-16

### [333-028-0320](#)

#### Local School Dental Sealant Programs: Certification Requirements

To be certified, a Local School Dental Sealant Program (SDSP) must meet all requirements for certification. During a declared state of emergency or public health emergency, the Oregon

Health Authority (~~Program~~Authority), Public Health Division, Oral Health Program (Program) may, in writing, waive certification requirements.

(1) To apply for certification, a Local SDSP must be an entity outside of the ~~Authority~~Program that has the infrastructure to operate a program that provides dental sealants in a school setting. If the Local SDSP applicant is a business entity, then it must be registered with the Oregon Secretary of State.

(2) A Local SDSP must have a written policy to coordinate with schools, school districts, or public charter schools to facilitate background checks of Local SDSP staff as required by school policy as described in ORS 326.607.

(3) A representative responsible for coordinating and implementing the Local SDSP must attend a one-time certification training provided by the Program prior to applying for certification. If the Local SDSP experiences personnel changes that impact the representative responsible for coordinating and implementing the Local SDSP, then a new representative must attend the one-time certification training before applying for recertification. Any templates or materials provided by the Program during the certification training that are modified or used by the Local SDSP must acknowledge the Program on such templates or materials.

(4) A Local SDSP must provide an annual clinical training to all of the Local SDSP's providers rendering care within their scope of practice in a school setting. This requirement may be met by one of these methods:

(a) A Local SDSP develops and implements its own training within the certification year.- year of August 1-July 31.

(b) A Local SDSP's clinical providers attend an annual training provided by the Program, which includes application techniques for resin-based and glass ionomer sealants.

(5) When multiple Local SDSPs request to serve the same school, the Program will determine which Local SDSP will provide the services. The Program will consult with applicable Local SDSPs, Coordinated Care Organizations (CCOs) and schools involved. This collaboration will ensure access and minimize the duplication of services. The consultation will include topics such as, but not limited to:

(a) Certification status of each Local SDSP;

(b) Staffing capacity of each Local SDSP;

(c) Capacity of each Local SDSP to serve additional grade levels or provide more oral health services;

(d) Ability of each Local SDSP to provide students with referrals for further dental treatment; and

(e) Existing relationships with schools.

(6) A Local SDSP must ensure Medicaid encounters for dental sealants are entered into the Medicaid system. The Program shall provide Local SDSPs with a CCO contact list.

(7) A Local SDSP shall first provide services at elementary and middle schools where:

(a) 40 percent or greater of all students attending the school are eligible to receive assistance under the United States Department of Agriculture's National School Lunch Program (NSLP); or

(b) The school has been approved for the Community Eligibility Program (CEP); or

(c) The school is located in a dental care health professional shortage area (HPSA).

(8) A Local SDSP must offer, at a minimum, dental sealant services to all students regardless of insurance status or ability to pay as follows:

(a) For elementary school, students in first and second grades or second and third grades.

(b) For middle school, students in sixth and seventh grades or seventh and eighth grades.

(9) Local SDSPs must comply with all applicable federal and state antidiscrimination laws and rules, including but not limited to Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes Chapter 659A.

(10) A Local SDSP must develop and implement a plan to increase parental/guardian permission return rates to receive dental sealant services.

(11) A Local SDSP must adhere to these standards for school dental sealant programs:

(a) Dental sealant services must be primarily provided on school grounds during normal course instruction hours;

(b) A medical history is required on the parent/guardian permission form;

(c) Use the four-handed technique to apply sealants in elementary schools. The second provider does not need to be a dental professional. Volunteers and non-dental professionals must receive training and adhere to be proficient in infection prevention and control (IPC) guidelines, equipment operation, confidentiality and security guidelines, all aspects of providing dental sealants in a school setting, and internal policies and procedures;

(d) Use the two-handed technique using an Isolite or equivalent Program approved isolation device or the four-handed technique to apply sealants in middle and high schools when providing sealants;

(e) Apply resin-based or glass ionomer sealants according to manufacturer guidelines; and

(f) Use compressor and suction capabilities at all times except in rare situations as determined by the provider's professional judgment or as required during a declared state of emergency or public health emergency.

(12) A Local SDSP must comply with all scope of practice laws as determined by the Oregon Board of Dentistry.

(13) A Local SDSP must comply with Oregon Board of Dentistry oral health screening guidelines for screening and reporting results to parents/guardians.

(14) A Local SDSP must comply with IPC guidelines established in OAR 333-019-0061, OAR 818-012-0040, and by the Oregon Board of Dentistry, Oregon Occupational Safety and Health Administration (OSHA), ~~and~~ the U.S. Centers for Disease Control and Prevention (CDC), and the Association for Dental Safety. ~~The Program will provide Local SDSPs with a guidance protocols document.~~

(15) A Local SDSP must comply with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) requirements.

(16) A Local SDSP must respect classroom time and limit demands on school staff. Services must be delivered efficiently to ensure a student's time out of the classroom is minimal.

~~(17) A Local SDSP must submit annually to the Program a self-monitoring evaluation plan that is approved by the Program and at a minimum. The Program will provide Local SDSPs with a self-monitoring guidance document. The self-monitoring evaluation plan must describes how the Local SDSP will:~~

~~(a) Adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of school dental sealant services;~~

~~(b) Identify, analyze, and address client safety and adverse events;~~

~~(c) Implement the self-monitoring evaluation plan; and~~

~~(d) Follow up with any actions identified in subsections (17)(a), (b), and (c).~~

~~(18) A Local SDSP must submit to the Program, twice per certification year, a Quality Improvement and/or Quality Assurance for SDSPs (QI/QA) assessment that reports progress on~~

~~implementing the self-monitoring evaluation plan. The Program will provide Local SDSPs with a sample QI/QA assessment template guidance document.~~

~~(19) A Local SDSP must submit a data report to the Program twice per certification year according to timelines set by the Program. The information required to be included in such data report will be defined by the Program. Aggregate-level data will be required for each grade served in a school. The data must be submitted in a format determined by the Program.~~

(17) A Local School Dental Sealant Program (Local SDSP) must submit annually to the Program a Quality Monitoring and Evaluation Plan that is approved by the Program. The plan must describe how the Local SDSP will collect, analyze, and report program data. At a minimum, a Local SDSP must collect and analyze the data elements required by the Program and include those data in its Quality Monitoring and Evaluation Plan. A Local SDSP must submit program data to the Program in the format, method, and timeline specified by the Program.

(a) Each Local SDSP must develop and maintain a Quality Monitoring and Evaluation Plan specific to its program operations.

(b) A Local SDSP must comply with any request from the Program for information related to the Quality Monitoring and Evaluation Plan.

(c) The Quality Monitoring and Evaluation Plan must describe how the Local SDSP will:

(A) Adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of school dental sealant services;

(B) Collect and evaluate program data.

(i) A Local SDSP must collect and evaluate the following data elements:

(I) Assigned schools' engagement;

(II) Grades served;

(III) Number of students screened for dental sealants, by grade;

(IV) Number of students who received one or more dental sealants, by grade;

(V) Number of dental sealants placed, by school aggregate;

(VI) Number of students with Basic Screening Survey (BSS) early or urgent care referrals;

(VII) Number of "Yes" permission forms returned, by school, to the Local SDSP; and

(VIII) Number of "No" permission forms returned, by school, to the Local SDSP.

(ii) In addition to the data required under subsection (17)(c)(B)(i), the Local SDSP must select at least two additional data elements from the following list or propose alternative data elements with approval from the Program:

(I) Number of students screened;

(II) Number of treatment referral cases with treatment completed;

(III) Aggregate program sealant retention rate;

(IV) Presence of dental caries;

(V) Caries experience;

(VI) Caries risk assessment; or

(VII) Emergency department visits for non-traumatic dental conditions.

(C) Increase participation in the Local SDSP.

(D) Identify, analyze, and address client safety concerns and adverse events.

(i) The plan must address:

(I) Obtaining consent for services;

(II) Adherence to manufacturers' directions for materials and equipment;

(III) Adherence to infection prevention and control guidelines; and

(IV) Compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

(E) Describe the policies, procedures, and activities the Local SDSP will use to implement the requirements of the Program and the Quality Monitoring and Evaluation Plan.

(i) Implementation activities may include, but are not limited to:

(I) Informing and training relevant staff regarding policies and protocols related to quality monitoring metrics;

(II) Conducting in-person site visits; and

(III) Conducting chart audits.

(d) A Local SDSP must evaluate its Quality Monitoring and Evaluation Plan at least twice during each school year.

(A) The Local SDSP must make adjustments to the Quality Monitoring and Evaluation Plan or program as needed.

(B) Adjustments may include but are not limited to:

(i) Contacting schools not yet scheduled for services; and

(ii) Evaluating required and optional program metrics.

(e) A Local SDSP must notify the Program regarding any mid-school-year changes to the Quality Monitoring and Evaluation Plan or report that no changes are required.

(A) Mid-school-year updates must be submitted no later than February 1.

(B) End-of-school-year updates must be submitted no later than June 15.

(f) A Local SDSP must establish policies and protocols designed to minimize school staff time and student time out of class during the delivery of services.

(g) A Local SDSP must use sealant materials and placement techniques consistent with school dental sealant program best practices and manufacturers' instructions.

(h) A Local SDSP must develop accessible digital and written forms and materials consistent with health literacy and plain language guidelines.

(i) A Local SDSP must communicate with assigned schools to engage them in services using methods such as email, telephone, or in-person communication.

(18) A Local SDSP must submit to the Program, twice per certification year, a Quality Improvement and/or Quality Assurance for Local SDSPs (QI/QA) assessment that reports progress on implementing the Quality Monitoring and Evaluation Plan.

(2019) A Local SDSP must include the certification logo provided by the Program on all parent/guardian permission forms and written communication to schools ~~and~~ or provide schools with a letter provided by the Program indicating the Local SDSP is certified.

Note: The Program IPC guidance protocols document referenced in section (14), self-monitoring evaluation plan guidance document referenced in section (17), and the QI/QA assessment guidance document referenced in section (18) of this rule will be located at this website:

[www.healthoregon.org/sealanteert](http://www.healthoregon.org/sealanteert).

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History:

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PH 32-2016, f. & cert. ef. 11-18-16

PH 2-2016, f. & cert. ef. 1-29-16

### [333-028-0330](#)

#### Local School Dental Sealant Programs: Certification and Recertification Process

(1) Certification by the Oregon Health Authority (~~Program~~Authority) is required before dental sealants may be provided in a school setting.

(2) Only an individual with ~~Program~~authority to act on behalf of the Local School Dental Sealant Program (SDSP) can apply for initial certification by submitting an online Certification Application form to the ~~Authority~~Program that is posted on the Oregon Health Authority, Public Health Division, Oral Health Program (Program) website, [www.healthoregon.org/sealantcert](http://www.healthoregon.org/sealantcert). Instructions and criteria for submitting a Certification Application form are posted on the Program's website.

(3) The Program shall review the application within approximately 15 business days of receiving the application to determine whether it is complete.

(4) If the Program determines the application is not complete, it will be returned to the applicant for completion and resubmission.

(5) If the Program determines the application is complete, it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0320.

(6) If the Program determines the Local SDSP meets the certification requirements, the Program shall:

(a) Inform the applicant via electronic mail that the application has been approved; and

(b) Schedule a virtual administrative review and an in-person, on-site verification review.

(7) If a Local SDSP does not meet certification requirements in their certification application, the Program shall choose one of the following two actions:

(a) Certification will be denied if the Local SDSP does not meet the requirements of these rules. The Program will provide the applicant with a denial letter containing the reason(s) for denial based on failure to meet the certification requirements in these rules. An applicant may request that the Program reconsider the denial of certification. A request for reconsideration must be submitted in writing to the Program within 30 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the Program's decision is in error, along with any supporting documentation. The Program shall inform the applicant in writing whether it has reconsidered its decision to deny the application; or

(b) Provisional certification may be provided based on an agreed upon timeline for a corrective action plan for the non-compliant certification requirements. The Local SDSP must submit a waiver to the Program that includes an explanation of the non-compliant requirements, a plan for corrective action, and a date for meeting compliance.

(8) Once a Local SDSP is certified, the certification status is effective for the certification year. ~~of August 1—July 31.~~

(9) A Local SDSP must provide services to schools they list on their application form as being served during the certification year. A Local SDSP must notify the Program and Coordinated Care Organizations (CCOs) operating in the community if it ~~plans to~~ terminates services or is unable to provide services for a scheduled school ~~during a certification year.~~ Services may only

be terminated after a Local SDSP has consulted with the Program, and CCOs, and exhausted all potential options for providing services. During a declared state of emergency or public health emergency, the Program may waive this notification requirement if services for a scheduled school are terminated.

(109) To remain certified, a certified Local SDSP must renew its certification no later than July 15 each year via the Program's online Renewal Certification Application form that is posted on the Program's website, [www.healthoregon.org/sealantcert](http://www.healthoregon.org/sealantcert). Instructions and criteria for submitting a Renewal Certification Application form are posted on the Program's website. A Local SDSP must submit a completed data report twice per certification year that is approved by the Program before applying for renewal certification.

(110) The Program will notify a Local SDSP of their certification renewal status once the data report and Renewal Certification Application form are reviewed by the Program.

(124) The Program will provide CCOs with a list of certified Local SDSPs and the schools they serve, or that the Local SDSPs have requested to serve, twice per certification year.

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PH 2-2016, f. & cert. ef. 1-29-16

### [333-028-0340](#)

Local School Dental Sealant Programs: Verification Review

(1) The Oregon Health Authority, Public Health Division, Oral Health Program (Program) shall conduct an administrative verification review each school year for each certified Local School Dental Sealant Program (SDSP). The administrative verification review must include, but is not limited to, a review of documents, policies, procedures, and records.

(2) In addition to the administrative verification review, the Program shall conduct an in-person on-site verification review for each certified Local SDSP. A representative sample of schools being served by the certified ~~Local SDSP program~~ will be reviewed as follows:

(a) For newly certified Local SDSPs, the in-person on-site verification review will occur during the first school year of certification;

(b) For Local SDSPs with previous deficiencies, the in-person on-site verification review will be prioritized to occur during the current or next school year;

(c) For Local SDSPs with a new lead clinical provider, the in-person on-site verification review may be prioritized to occur during the school year; ~~and~~

(d) The Program will conduct an in-person, on-site verification review of each recertified Local SDSP, in good standing, at least once every five years; and

~~Recertified Local SDSPs operating in good standing will receive an in-person site verification review within fivethree school years, as determined by the Program.~~

(e) ~~The Program may conduct additional in-person on-site verification reviews.~~

(3)-(3) Without prior notice, the Program may conduct an in-person on-site verification review of a certified Local SDSP if the Program is made aware of compliance issues from any source.

(43) The in-person on-site verification review must include, but is not limited to:

(a) On-site observation and review of dental sealant placement techniques;

- (b) On-site observation and review of infection prevention and control (IPC) practices; and
- (c) On-site observation of the client environment and physical set-up of the clinical and administrative areas.

(~~54~~) The Program will work with a Local SDSP to schedule administrative and in-person on-site verification reviews. ~~For announced in-person on-site verification reviews, site visits, a~~ Local SDSP will have at least 20 days advance notice before an in-person on-site verification review occurs.

(~~65~~) A Local SDSP must coordinate with the Program to access the school and staff operating the sealant program on the in-person on-site verification review date.

(~~76~~) Following an administrative or in-person on-site verification review, Program staff may conduct an exit interview with the Local SDSP representative(s). During the exit interview Program staff shall:

- (a) Inform the Local SDSP representative(s) of the preliminary findings of the review; and
- (b) Give the Local SDSP representative(s) 10 working days to submit additional facts or other information to the Program staff in response to the findings.

(~~87~~) Within 30 business days of a verification review, Program staff must prepare and provide the Local SDSP with a written report of the findings from the verification review.

(~~98~~) If no certification deficiencies are found during a verification review, the Program shall issue written findings to the Local SDSP indicating no deficiencies were found.

(~~109~~) If certification deficiencies are found during the in-person on-site verification review, the Program may take action in accordance with OAR 333-028-0350.

(~~110~~) At any time, a Local SDSP may request an administrative review of compliance, which may also include an in-person on-site verification review. The review will be considered a "no penalty" review with the exception of deficiencies or negligence that may require temporary suspension of services.

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PH 2-2016, f. & cert. ef. 1-29-16

### [333-028-0350](#)

#### Local School Dental Sealant Programs: Compliance

(1) A Local School Dental Sealant Program (SDSP) must notify the Oregon Health Authority, Public Health Division, Oral Health Program (Program) within 10 business days of any change that brings the Local SDSP out of compliance with the certification requirements. A Local SDSP must submit a waiver within 10 business days of that change to the Program that includes:

- (a) Explanation of the non-compliant requirement;
- (b) Plan for corrective action; and
- (c) Date for compliance.

(2) The Program will review the waiver request and inform the Local SDSP of approval or denial of the waiver within 10 business days of submission. Services may be provided until the Local SDSP has been notified of the result of its waiver request.

(3) If the waiver is approved, the Local SDSP will be provided provisional certification and must comply with certification requirements by the proposed date of compliance.

(4) If a waiver is denied ~~and~~; a Local SDSP does not come into compliance by the date of compliance stated on the waiver~~;~~ or a Local SDSP is out of compliance with certification requirements and has not submitted a waiver, the Program, in its discretion, shall:

(a) Require the Local SDSP to complete an additional waiver with an updated plan for corrective action and updated date for compliance;

(b) Require the Local SDSP to complete a waiver to satisfy the requirements in section (1) of this rule;

(c) Issue a written warning with a timeline for corrective action; or

(d) Issue a letter of non-compliance with notification of a suspension or decertification status.

The Program will notify the Coordinated Care Organization (CCO) operating in the community and Local SDSP schools that a Local SDSP has been suspended or decertified. Dental sealants may not be provided in the school until the Local SDSP is certified.

(5) A Local SDSP that ~~had~~has been decertified may be reinstated after reapplying for certification and receiving approval by the Program.

(6) A Local SDSP with suspended certification status may have its suspension lifted once the Program determines that compliance with certification requirements has been satisfactorily achieved. The Program will notify the CCOs operating in the community and schools that the Local SDSP's suspension has been lifted and that dental sealants may now be provided in the school.

(7) If there are updates to the current rules that require a Local SDSP to make any operational changes, the Program will allow the Local SDSP until the beginning of the next certification year or a minimum of 90 days to come into compliance. This does not apply to rules amended during a declared state of emergency or public health emergency, or where the rule explicitly states a Local SDSP must comply immediately.

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