



PRESIDENT'S MESSAGE

JOSE JAVIER, D.D.S.



I hope this article finds you well and enjoying the summer. Most importantly, I want to thank the dental community for all you have done to continue providing services amidst multiple challenges. We have all been through many changes, including the Board of Dentistry, and I would like to share a few.

The Board staff was able to transition to a hybrid work model, while still providing services to our licensees and the general community. This allowed us to stay current with the workload, which has never slowed.

We welcomed three new Board members recently. This is the most new members in a single year we've had in recent memory. I am excited to have them join us. The Board of Dentistry appreciates their service and expertise in helping us fulfill our mission.

There have been multiple changes to our rules recently. This rule making process may take longer than many realize - from drafting proposed language, seeking public feedback, providing clarification, and finally agreeing upon final language before the rules are published. Thanks to everyone who took the time to communicate with us with questions and ideas via emails, phone calls, and participating in the public comments hearings.

We will soon have dental therapists as our newest licensed dental professional. As many of you know, this involved an extensive effort from many in our community. This has been a challenging process and has taken several years to finalize. The Board is now tasked with the required rule making process to properly regulate these licensees. We may be welcoming an additional Board member to represent dental therapists in the future. Many of you reached out to express interest to serve in one of our committees representing the dental therapists. Thank you for your interest. The response was positively overwhelming and we were not able to accommodate everyone who was interested. However, please consider joining future committees as opportunities arise.

Remember, we have plenty of information available on our website such as:

- Recent rule changes
- Upcoming meeting dates
- Topics of interest to the dental community
- Information regarding licensing, renewals, requirements, and fees
- The most current version of the Oregon Dental Practice Act ■

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A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY



Brevity, Courtesy, Equity, Fairness & Focus - these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). Summer is in full swing and we hope this Newsletter gets you caught up with a lot of news and important updates from the OBD. While this article will not be brief,

I do wish to bring your focus to a number of important updates on the OBD's work.

Earlier in the year, Governor Kate Brown sent a number of names forward for consideration for open board and commission seats. The Senate Interim Committee On Rules and Executive Appointments met on June 1, 2022 and the Senate convened on June 3, 2022 to approve the board and commission members for appointment.

Three new OBD Board Members' terms began on June 10, 2022 and have an ending date of April 3, 2026. They are replacing Dr. Amy B. Fine, Dr. Gary Underhill and Yadira Martinez, RDH: all three served two terms on the OBD with great distinction as past Presidents and Chairs of various committees.

We are pleased to introduce our newest Board Members:



Sharity Ludwig is an Expanded Practice Dental Hygienist and the Director of Alternative Care Models for Advantage Dental. She completed her dental hygiene education at Oregon Institute of Technology in Klamath Falls and then went on to receive a master's degree in Healthcare Administration and Interprofessional Leadership from the University of California, San Francisco. Much of her career has been developing innovative strategies and processes for community based dental care, in addition to the development and implementation of models of care that incorporate oral health with a focus on the ever-changing needs of the healthcare industry to achieve the quadruple aim.



Terrence A. Clark, DMD, FAGD did his undergraduate work at Portland State University, then after graduating from OHSU, completed his residency at the OHSU Hospital and VA. He has been in private practice in Wilsonville, Oregon since 1987, with an emphasis on comprehensive dentistry for medically compromised patients. He has been a lecturer for the ADA on Ethics and Professionalism, and has presented at many dental schools and dental societies. He is an avid skier, hiker, and loves boating. His wife of 45 years is a native Oregonian, Registered Nurse, and they are the proud parents of three children and ten grandchildren.



Michelle Aldrich, DMD, BSDH, D.ABDSM, was born and raised in La Grande and Union, Oregon, and graduated from OHSU dental hygiene program in 1992. It was at that time she decided to eventually return to dental school after her children were grown. She graduated from OHSU's dental program in 2008, and started a practice in Salem, OR. Dr. Al-

drich has taken advanced training in dental sleep medicine, earning her diplomate from the American Board of Dental Sleep Medicine and started an additional business with the primary focus of the dental treatment of obstructive sleep apnea. She has lectured on that topic, including the published standards of care, to both dentists and dental hygienists in Marion and Polk Counties.

The OBD's Dental Therapy Rules Oversight Committee met for five meetings wrapping up its work in February 2022. That Committee made final recommendations to the Board for updating the Dental Practice Act with new and amended rules for Dental Therapy. Effective July 1, 2022 applicants could start applying for licensure when the new rules went into effect. The Board will be reviewing these applicants and collaborative agreements for compliance with statute and rules. We appreciate a lot of interest and your patience as we implement new rules and license Dental Therapists. The OBD last added a new licensee and profession to regulate back in the 1940s with Dental Hygiene.

The OBD also reviewed and discussed the implementation of dental implant rules earlier in the year. At its June 17, 2022 Board Meeting the Board voted to delay the effective date on those rules to January 1, 2024 in order for dentists to meet the 56-hour training requirement and seven hour CE requirement for those that place dental implants. The OBD is focused on patient safety and the Board believes these dental implant rules will help assure that our dentists have up to date knowledge and training to complete these surgical procedures more safely than in the past. The Board updated a FAQ guidance document and communication document on this topic. It is on the OBD website to assist with the understanding of the rules and address questions on it.

At its February 25, 2022 Board Meeting, the Board ratified its new strategic plan. The OBD's 2022 - 2025 Strategic Plan came out of planning, surveys and in person meetings in 2021. This is the second strategic plan implemented during my ten years with the Board. The process in planning and implementing a plan with all our other responsibilities speaks highly of the Board's commitment to long-term goals and our mission. Five of the Board's ten members have less than two years of experience on the Board and I look forward to their direction and plans as we focus on the Board's priorities defined in the strategic plan. The 13-page strategic plan document is on the OBD Website. I encourage you to review it, if you want to be aware of priorities the Board will be focusing on in the future.

Every even numbered year state agencies like the OBD start the budget preparation and planning process for the next budget biennium. At this time, it appears the OBD will be reviewing closely the need for a fee increase in 2024 or 2025. The OBD last raised fees in 2015 at that time to support the need for a second full time dental investigator. The investigator was needed due to caseload and that investigations on average were taking approximately 12 months to complete. The new investigator made a significant impact on cases in reducing the backlog. The average disposition of a case is down to six or seven months, which is a good thing. The fee increase requested would be to support the OBD due to the systematic increase in costs for pay equity, inflation, statute changes, technology upgrades, regulating dental therapists and new reporting requirements. The number of OBD Licensees has essentially remained flat over the last 6 years, and that trend is forecasted to continue even with the addition of dental therapists. Therefore, an increase in costs steadily over the years, and a flat revenue source, with no meaningful way to cut costs; all this points to a future fee increase.

The OBD Staff have worked very hard to ensure our highest work priorities are being carried out accurately and timely with our eyes on the main goal of protection of the public and fulfilling our mission. If you have any questions or comments, I look forward to hearing from you.
Stephen.Prisby@obd.oregon.gov; 971-673-3200 ■

FAREWELL & THANK YOU FOR 8 YEARS OF SERVICE



The OBD said farewell & thank you to three Board Members whose second terms of service concluded in June 2022. All three of these Board Members' second terms of service were scheduled to end in April, but all three graciously agreed to stay on until their replacements were in place, which occurred on June 10, 2022.

Dr. Amy B. Fine served on the OBD from 2014 to 2022. As a resident of southern Oregon, the Dental Director at a FQHC and a person who loves spending time with her children and the great outdoors, she brought an invaluable viewpoint, passion, and scrutiny to Board actions and proceedings. She has served as the Board's Dental Liaison to several dental organizations including the Western Regional Examining Board – Dental Exam Review Committee, the Commission on Dental Competency and Assessment Steering Committee, the American Association of Dental Boards, and the Oregon Dental Association.

Dr. Gary Underhill served on the OBD from 2014 to 2022. As a private practitioner from eastern Oregon, a volunteer at a FQHC and a well-travelled person, he brought an important viewpoint, experience and perspective to Board actions and proceedings. During his time on the Board Dr. Underhill had dedicated himself to researching topics (Botulinum Toxin Type A, dermal fillers, implants) brought to the Board for consideration so that the Board could make informed decisions. He has served as the Board's Dental Liaison to a couple of dental organizations including the American Association of Dental Boards, and the Oregon Dental Assistants Association,

Yadira Martinez served on the OBD from 2014 to 2022. As a dental hygienist working at a FQHC in the Hillsboro community, and a person who is involved in many other aspects of her community, she brought an excellent perspective and lens to Board actions and proceedings. She has served as the Board's Dental Hygiene Liaison to several dental and dental hygiene organizations including American Association of Dental Boards, Western Regional Examining Board – Dental Hygiene Exam Review Committee, the Commission on Dental Competency and Assessment Steering Committee and the Oregon Dental Hygienists' Association.

Throughout the past eight years they all served as OBD President at one time and Chaired various OBD Committees. They committed their time and attention to approximately 50 regular Board Meetings, committee meetings, rulemaking hearings, workgroups, two Strategic Planning Sessions and helped steer the OBD through the 2020-2022 worldwide pandemic. ■

BOARD MEMBERS



JOSE JAVIER, D.D.S.

PRESIDENT
BEND

SECOND TERM EXPIRES 2024

CHARLES "CHIP" DUNN

VICE PRESIDENT
HAPPY VALLEY

SECOND TERM EXPIRES 2025



REZA SHARIFI, D.M.D.

PORTLAND

FIRST TERM EXPIRES 2023

ALICIA RIEDMAN, R.D.H.

EUGENE

SECOND TERM EXPIRES 2024



JENNIFER BRIXEY

PORTLAND

SECOND TERM EXPIRES 2024

AARATI KALLURI, D.D.S.

HILLSBORO

FIRST TERM EXPIRES 2025



SHEENA KANSAL, D.D.S.

PORTLAND

FIRST TERM EXPIRES 2025

TERRENCE CLARK, D.M.D.

WEST LINN

FIRST TERM EXPIRES 2026



MICHELLE ALDRICH, D.M.D.

SALEM

FIRST TERM EXPIRES 2026

SHARITY LUDWIG, R.D.H.

BEND

FIRST TERM EXPIRES 2026



SCHEDULED BOARD MEETINGS

2022 -23

- October 21, 2022
- December 16, 2022
- February 24, 2023
- April 28, 2023
- June 16, 2023
- August 25, 2023
- October 27, 2023
- December 15, 2023

NEW STAFF INTRODUCTION



Kathleen McNeal came onboard the staff at the end of November, 2021 as Office Specialist. She currently resides in Milwaukie with her partner, Jason, and some fun, furry house pets. Her hobbies include biking, golf, gardening, travel, games and reading. A graduate in Asian Studies from the University of Oregon (Go Ducks), she is a big fan of the Fighting Ducks. Kathleen's goal is to have a positive effect on the local community

and make the best of each day. She looks forward to supporting the Board and our licensees in providing excellent oral health care to the communities of Oregon.

(Pictured in the ancient tombs of Schloss Goebelsburg)

OBD RULE CHANGES DENTAL THERAPY

The Oregon Board of Dentistry (OBD) and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be adopted, amended, or repealed. OARs are written within the agency's statutory authority granted by the Legislature.

The Board set about the task of promulgating new dental therapy rules due to the passage of HB 2528 (2021). The Board convened a new standing Committee named the Dental Therapy Rules Oversight Committee, which met five times and made recommendations to the Board. The Board held a special Board Meeting on March 30, 2022 dedicated to reviewing the Committee's recommendations and to hear from the dental therapy community on the proposed rules.



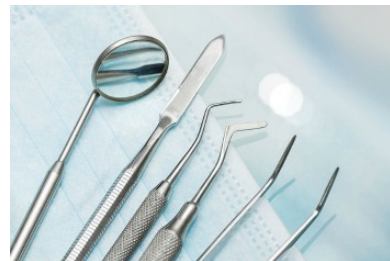
The Board held two public rulemaking hearings on April 22, 2022 and May 18, 2022. Public comment on the proposed rule changes was accepted from March 31, 2022 until June 3, 2022.

At the June 17, 2022 Board Meeting, the Board adopted 10 new dental therapy rules, and amended 18 other rules. These rule changes were effective July 1, 2022.

Official Notice of rulemaking is provided in the Oregon Secretary of State's Bulletin. In addition, you can email information@obd.oregon.gov to be put on the list to receive important OBD notices. Due to space constraints in this newsletter, the full text of the OARs and all rules can be found on our website: <http://www.oregon.gov/dentistry>

The important news on Dental Therapy:

- Dental Therapists have been able to apply for licensure since July 1, 2022.
- Oregon Health Authority (OHA) Dental Pilot Projects #100 and #300 are currently providing the applicant pool for individuals to become licensed as Oregon dental therapists.
- Graduates of CODA accredited Dental Therapy programs are also eligible to apply for licensure in Oregon. Currently, the only dental therapy program that is CODA accredited is Ilisagvik College Alaska Dental Therapy Education Program (ADTEP).
- Oregon dental hygienists who have completed the OHA's dental pilot project #300 will be eligible to become dually licensed as both a dental hygienist and dental therapist.
- Beginning January 1, 2025, OHA Dental Pilot Projects #100 and #300 will sunset, and applicants will have to graduate from a CODA accredited dental therapy program to be eligible for an Oregon License.
- Dental Therapists must practice under the supervision of an Oregon licensed Dentist, or a dentist legally able to practice in Oregon under ORS 679.025. An Oregon licensed dentist, or a dentist legally able to practice in Oregon under ORS 679.025 may supervise and enter into no more than three collaborative agreements at any one time.
- Dental Therapists must dedicate at least 51 percent of their dental therapist's practice to patients who represent underserved populations, as defined by OHA by rule, or patients located in dental care health professional shortage areas, as determined by the authority.
- Dental Therapists must submit a signed copy of their verification of collaborative agreement at least annually to the OBD. The annual submission on the collaborative agreement shall be submitted between August 1 and September 30 each year. If the collaborative agreement is revised between the annual submission, the dental therapist must submit to the OBD the signed revision within 14 days.
- The OBD's Dental Therapy Rules Oversight Committee will continue as a standing committee. It will meet as needed to update rules, and address issues, as the practice of Dental Therapy evolves in Oregon. ■



FREQUENTLY ASKED QUESTIONS

Q: What information must I maintain in the patient record & give to the patient when placing implants?

A: OAR 818-012-0070(4) Requires when a dental implant is placed the following information must be given to the patient and maintained in the patient record: (a) Manufacture brand; (b) Design name of implant; (c) Diameter and length; (d) Lot number; (e) Reference number; (f) Expiration date. The product labeling stickers containing the above information may also be used in satisfying this requirement.

CAPTAIN OF THE SHIP
ANGELA SMORRA, D.M.D.

It is my pleasure to announce acceptance of the Dental Director/ Chief Investigator position at the Oregon Board of Dentistry. After graduation from the University of Arizona (GO CATS!) I attended dental school at Oregon Health and Sciences University. My education was rounded out with completion of a GPR residency at the Portland VA Hospital, working as a volunteer adjunct faculty member with OHSU dental students, and 17 years of general practice dentistry in the Portland area. I bring to the Board a passion for education, and compassion for all.



I have fallen in love with the Pacific Northwest, and my family has set down permanent roots in Portland, OR. When not at the OBD office, you are likely to find me outdoors with my family. We enjoy hiking, camping, stand up paddleboard, or walking a rambunctious puppy. I look forward to continuing to serve the State of Oregon and prioritize Oregonians' access to quality oral health care. I am enthusiastic about all things dentistry and live each day with the intent to make the world a better place.

One of the more interesting, and best parts of my position has been learning more about regulatory law and working with lawyers. Attendance at the Biennial Attorney General's Public Law Conference, working with our Sr. Assistant Attorney General, and collaborating with our amazing Board staff have been priceless experiences. As a general dentist, I always maintained a general working knowledge of the impact that the Oregon Revised Statutes and Oregon Administrative Rules that comprise the Oregon Dental Practice Act (DPA) had on my practice of dentistry. Working as a Dental Investigator for the Board this last year has given me an in-depth understanding of prior Board actions.

Much of the DPA is geared towards Licensees being "Captain of the Ship." For those unfamiliar with this concept, this is a general legal doctrine originally applied to medical malpractice cases assigning responsibility to a surgeon over negligent acts of staff when the surgeon could have discovered and prevented negligence. Being an employee of an organization as a dentist, dental hygienist, dental therapist, or dental assistant, does not absolve you of responsibility for ensuring that you follow all rules and regulations of the DPA. The DPA is constantly evolving along with the dental professions. Please take an opportunity to review the current version of the DPA and interpret it through the lens that you are "Captain of the Ship." You are in control, and should exert autonomy over your license when practicing your dental profession. Every moment you spend with patients, please remember that the patient is sitting in your chair, to be provided your quality oral health care, that aligns with your abilities, skills, training, and your professional judgement.

Finally, remember the Board is a resource available for all. I appreciate the opportunity to assist you with concerns, questions, and other feedback. With Warm Regards, Angela M. Smorra D.M.D. ■

SERV - OR



SERV-OR
State Emergency Registry of Volunteers in Oregon



Oregon is facing a public health care crisis due to COVID-19. As a health care professional in Oregon, the State Emergency Registry of Volunteers in Oregon (SERV-OR) needs your help today.

What is SERV-OR?

The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a state-wide pool of licensed physicians, nurses, pharmacists, Emergency Medical Technicians (EMTs), behavioral health providers, respiratory therapists and other health professionals who are willing to volunteer in response to Federal, State, and/or local emergencies.

Right now, health care resources are strained and we need more health professionals to volunteer. [Register with SERV-OR](#) today to support your fellow health professionals and communities in this time of crisis.

How can you help?

There are several ways to help, depending on the need. You may be asked to:

- Staff an alternate care site to decrease pressure on hospitals
- Operate a health information hotline
- Help with contact investigation around known COVID-19 cases
- Support administrative or logistical needs within the OHA Agency Operations Center
- Lend your skills in a wide variety of other volunteer roles

To find out more, visit [SERV-OR.org](#) and register today.



Have you moved recently?

ORS. 679.120(4), 679.615(5), and 680.074(4) requires that licensees update the Board within 30 days of any change of address.

To update your contact info, please go to www.oregon.gov/dentistry and click "Licensee Portal" for instructions.

It's the law!

SAFE SEDATION

WINTHROP "BERNIE" CARTER, D.D.S.



The Board believes there is value in providing the following information to all dentist, dental hygienist, and dental therapist Licensees. As of June 28, 2022, about 73% of all dental hygienists currently have nitrous oxide permits; and about 84% of all dentists have either nitrous oxide, minimal, enteral, or parenteral sedation permits. Of the total number of licensed dentists with these permits, about 74% of all licensed dentists have nitrous oxide and minimal sedation permits. Please refer to the Dental Practice Act rules for review of deep sedation and

general anesthesia.

Licensees are required to comply with Dental Practice Act (DPA) rules, including thorough compliance with documentation requirements when providing acceptable dental care for their patients.

Compliance with the DPA regarding procedures performed as sedation and implant placement surgery are significant since they involve "risk" for more severe adverse outcomes than other dental procedures for patients when performed.

The number of cases involving these procedures appear to be trending upward in cases being investigated by the Board. The information provided below is sent to all sedation and implant placement surgeon Licensees in the hope of decreasing adverse risks to our patients, and to provide "best practices" acceptable care to our patient populations in Oregon. [Board staff comments in blue are provided after each rule cited.](#)

The rules are:

818-012-0070

Patient Records

(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:

- (a) Manufacture brand;
- (b) Design name of implant;
- (c) Diameter and, length;
- (d) Lot number;
- (e) Reference number;
- (f) Expiration date;
- (g) Product labeling containing the above information may be used in satisfying this requirement.

[Comment: Make sure a note is documented in the patient treatment record notes that all of the above information has been documented per the DPA, and document in the patient treatment record notes that the patient has been given all of the above information in writing.](#)

818-026-0040

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

Nitrous Oxide Permit
(Nitrous Oxide Sedation)

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

- (a) The patient is alert and oriented to person, place and time as appropriate

to age and preoperative psychological status;

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

(c) The patient can sit up unaided or without assistance;

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

(e) The patient does not have nausea, vomiting or dizziness.

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

[Comment: All DPA discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been met prior to discharging the patient.](#)

818-026-0050

Minimal Sedation Permit

(Minimal sedation and nitrous oxide sedation)

(8) The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

[Comment: Document that an escort was provided. Document the name of escort. All discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been met prior to discharge. Pulse oximetry values are not respiratory rate \(respirations/minute\) values.](#)

818-026-0060

Moderate Sedation Permit

(Moderate sedation, minimal sedation, and nitrous oxide sedation)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2 monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and post-operative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate

sedation shall be continuously monitored and shall not be left alone while under sedation;

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

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

Comment: Pulse oximetry and End-tidal CO2 monitors do not record respirations. Make sure you are monitoring respirations (chest rise or precordial stethoscope). Document that an escort was provided. Document the name of escort. All discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been met prior to discharge.

818-026-0080

Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

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

Comment: Document that an escort was provided. Document the name of escort. All discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been achieved prior to discharge.

The Board wishes all Licensees a successful year ahead "doing good work" for all of your patients! ■

NEW CE REQUIREMENT- PAIN MANAGEMENT

OAR 818-021-0060

Continuing Education — Dentists

(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

All dentists who hold an active dental license in Oregon including faculty and specialists (even if not practicing in Oregon) must complete every renewal cycle forty hours of CE. Effective July 1, 2022 licensees must complete a one-hour online pain management education course (every renewal cycle) taken through the Oregon Health Authority, Oregon Pain Management Commission. This one-hour pain management education course can count towards the 40-hour CE requirement. To assist our licensees in complying with this new requirement the Oregon Board of Dentistry has added the following link to the online dental renewal so licensees can make sure to meet this requirement prior to renewing their dental license: (<https://www.oregon.gov/oha/hpa/dsi-pmc/pages/module.aspx>).

Licensees do not have to wait until they renew their dental license to take the course, they can take it anytime during their renewal cycles.

In addition, all dental license applicants must also complete this requirement before being licensed in Oregon.



FREQUENTLY ASKED QUESTIONS

Q: I have an Expanded Practice Permit. Do I need a Collaborative Agreement?

A: The EPP only allows an EPDH to work without supervision at certain locations and/or on certain populations as outlined in the DPA. It does not "expand" the duties dental hygienists are permitted to perform. The Collaborative Agreement is an approved agreement between an Oregon licensed dentist and an EPDH. This agreement which allows that EPDH to perform some, or all, of the following services while practicing under their EPP; (1) administering local anesthesia (if the EPDH also has a local anesthesia endorsement), (2) administering temporary restorations without excavation, (3) prescribing prophylactic antibiotics, and prescribing nonsteroidal anti-inflammatory drugs and (4) Referral parameters. EPDHs do not need to have a Collaborative Agreement to practice under their EPP, however, the EPDH may not provide any of the previously listed services while working under the EPP if they do not have a current Collaborative Agreement. ORS 680.205(1), and OARs 818-035-0065, 818-035-0066 and 818-035-0100 can provide further guidance.

SCAMMERS ABOUND! BE VIGILANT!



The dental community has landed squarely in the crosshairs of hackers and scammers. You may have heard that in April 2022, the ADA was the victim of a massive ransomware attack which disrupted the organization's access to their own servers for several days. It may take months or even years before the true scale of the data breach is known. The ADA is far from the only large organization to be successfully targeted in the last few years; hospital systems and healthcare management organizations have also been hit by headline-grabbing attacks.

Scammers and hackers do not limit themselves to targeting large organizations; they can and will target small clinics or even individual licensees. Unfortunately, the OBD continues to regularly field calls from worried licensees who report that they have been personally targeted by scammers posing as Board Staff. These scammers attempt to bilk licensees into handing over money and/or confidential information. The targeted licensees have described the laser-focused techniques the scammers have used to try and trick their targets, such as calling from a line that reads "Oregon Board of Dentistry" on the caller ID, claiming to be a "Board Investigator", and readily providing their name and a phony "badge number". Often, they know their victim's full name, license number, and other specific data, lending them a false impression of legitimacy. Once on the line, they harass and threaten their victims, in an attempt to coerce them into handing over funds or confidential information. The most reported scam involved the scammer demanding a quick payment of a large amount of money, which the scammer claimed would stop a case being opened against their victim's license, avoid their victim's license being suspended or revoked, or even avert an imminent arrest!

The scammers of today are sophisticated, manipulative, often US-based, and may be armed with specific data they have purchased from data breaches. Their skills and their access to sensitive data makes them far more devious and successful than that "deposed Nigerian prince" who still sends misspelled emails to our old email accounts!

FIGHTING BACK STARTS WITH NOT BECOMING A VICTIM YOURSELF!

Here are five common sense tips to avoid being tricked by scams:

1. CONSTANT VIGILANCE: The ADA ransomware attack, and other data breaches, may have exposed other vulnerable systems. Remind your colleagues/staff to exercise extreme caution when opening any attachment, or clicking any link, that arrives by email. You may want to treat emails from organizations that may have been exposed by the ADA ransomware attack with extra scrutiny. If you receive a suspicious email from the OBD, call 971-673-3200 to confirm its legitimacy.

2. HANG UP ON THEM : No legitimate organization would demand that you stay on the line with them. If someone calls claiming to be from a particular organization or agency, find the main number for that organization (visit their website) and call the main line to check on the legitimacy of the call you received. OBD Staff will never insist you stay on the line; you can always hang

up and call us back at 971-673-3200.

3. DON'T GIVE THEM YOUR MONEY: No legitimate government agency would call and demand to be paid money over the phone, or demand payment via gift cards, wire transfer to an individual's bank account, cryptocurrency, cash wrapped in foil, loose diamonds, etc. The OBD never demands payment by phone, and OBD Staff would never threaten to immediately suspend/ revoke your license unless you made a payment.

4. DON'T GIVE THEM YOUR DATA: If you receive an email prompting you to provide personal information, such as your email login name/password, your date of birth, social security number, or other personal data, do not provide that information. The OBD would never email you asking for your username/password.

5. POWERFUL PASSWORDS: When creating passwords, use multi-factor authentication, use strong passwords that include many characters, don't reuse the same password across multiple accounts, and ensure you regularly update your passwords. When communicating with the OBD, handle the matter personally, rather than sharing your personal information with another individual. ■

FREQUENTLY ASKED QUESTIONS

Q: Can I have a working interview?

A: Individuals who are waiting to get licensed or certified in Oregon cannot perform those duties that are required for licensure or certification without first becoming licensed or certified in Oregon. Under OAR 818-012-0010(4) it is Unacceptable Patient Care to permit any person to perform duties for which the person is not licensed or certified. Only persons holding an active license or certification can perform working interviews. Pursuant to OAR 818-021-0115 and OAR 818-042-0020 (3) all licenses and/or certifications must be posted and visible to people receiving services in the premises.

AGENCY OVERVIEW AND STRATEGIC PLAN PRIORITIES

The Oregon Board of Dentistry (OBD) was created by an Act of the Legislature in 1887. The authority and responsibilities of the Board are contained in the Oregon Revised Statutes. It is the oldest health regulatory licensing board in Oregon.

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

The OBD has eight full-time staff members and 10 volunteer Board Members. The Mission of the OBD is to promote quality oral health care and protect all communities in the state of Oregon by equitably and ethically regulating

dental professionals. There are approximately 3800 dentists, 4200 dental hygienists and the first dental therapist licenses should be issued in the summer of 2022. The Board does not license dental assistants but certifies them for certain specific functions and they work under the supervision of dentists.

The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by Licensees and applicants for new licenses, license renewals and various permits. A small portion (generally less than six percent) of the Board's revenue is from miscellaneous revenues generated from civil penalties, the sale of documents, late fees and interest. The 2021-2023 Budget was approximately \$3.5 million.

The Board's work is broken down into three main functions:

Administration

Administrative activities include support of Board and committee meetings, implementation of Board policy; assuring that agency operations are conducted in compliance with all State laws and regulations, program evaluation, coordination and supervision of agency operations, and personnel recruitment and supervision. It also includes coordination with the Department of Justice on various Board legal issues, development and implementation of administrative rules, policies and procedures; development of legislative concepts, tracking of legislation that impacts agency operations and preparation and presentation of testimony at Legislative hearings. Administrative staff are responsible for budget planning, development, and monitoring; management of agency equipment, supplies and information systems. On behalf of the Board, the Executive Director provides public information, outreach and education (production of the Newsletter, maintenance of website, public appearances and presentations, etc.); responds to inquiries by the media, represents the Board on various statewide taskforces. The Executive Director acts a liaison for the Board and maintains effective relationships with all communities of interest whether local, statewide or national.

Licensing and Examination

This activity includes licensure of dentists, dental specialists, dental instructors, dental hygienists, dental therapists, biennial renewal of licenses, and issuance and renewal of various permits and certificates (anesthesia permits, Expanded Practice Dental Hygiene Permits, and certification of dental assistants to take radiographs and to perform expanded functions). The Board receives and reviews license applications to assure that applicants have the required education, have passed the National Board written examinations and have passed a clinical examination recognized by the Board. A thorough background check is conducted on each applicant for a new license and, where a past history is revealed, an investigation is conducted and results are presented to the Board for determination. Staff also administers a Jurisprudence Examination for each new applicant and conducts random audits of 15% of license renewals annually for compliance with continuing education requirements.

Enforcement and Monitoring

The Dental Practice Act (ORS 679 and 680.010 through 680.205) and the Board's Administrative Rules (OAR 818) establish the grounds and methods of discipline that may be imposed on licensees who violate the act. The statutes and rules of the Board define unprofessional conduct, unacceptable patient care, establish standards for record keeping and infection control guidelines, and define appropriate management and record keeping for controlled substances. The Board is required by ORS 676.165 to conduct investigations of any complaint received regarding licensees or applicants. In addition, the Dental Practice Act allows the Board to open investigations on its own motion. Cases opened by the Board might be based on information the Board receives ancillary to another case, from reports submitted by insurance companies regarding malpractice claims, criminal convictions, or based on disciplinary actions taken by other state dental boards or by other

licensing boards since several of the Boards licensees have dual licenses; i.e. physician/dentist or dental hygienist/denturist.

The Board's 2022 – 2025 Strategic Plan identified five priorities. The complete 13-page strategic plan can be reviewed on the OBD Website.

I. Licensure Evolution

- a. Develop and implement rules based on legislative changes
- b. Successfully implement Dental Therapy Rules

II. Dental Practice Accountability

- a. Ensure Licensees dictates clinical care provided to patients
- b. Assert OBD jurisdiction over dental practices regardless of ownership model

III. Community Interaction and Equity

- a. Increase ease of access to OBD services and information
- b. Ensure equity exists in investigation outcomes

IV. Workplace Environment

- a. Increase workplace flexibility through hybrid work models
- b. Increase workplace satisfaction

V. Technology & Processes

- a. Improve investigation management and archived files
- b. Improve resource efficiencies ■

Did You Know?

The Oregon Board of Dentistry (OBD) has implemented a new licensing system, and the process for requesting additional licenses or updating your contact info has changed.

To update your contact info or print a copy of your license, please log in or register for our Licensee portal at

<https://online.oregondentistry.org/#/>

FREQUENTLY ASKED QUESTIONS

Q: May a hygienist apply SDF to treat caries on a patient that hasn't been examined by a dentist?

A: No. Under OAR 818-035-0025 (1) a dental hygienist is prohibited from diagnosing and treatment planning anything other than for dental hygiene services. Use of CDT Code D1354 (interim caries arresting medicament application) would require a dentist to diagnose active, non-symptomatic caries, and justify treatment. However, under OAR 818-035-0030 RDH's can determine the need for fluoride as a preventative measure, and some fluoride may include SDF in the formula. The RDH would bill using the appropriate CDT prevention code. The Board has noticed an uptick in complaints involving the use of SDF. At a minimum, documentation of PARQ, or its equivalent, is required under the Dental Practice Act. Review with your malpractice insurance, legal counsel, office policies, and dentist to determine how long after caries diagnosis standing orders for SDF are acceptable.

Q: I bought a new digital impression scanning system. May I have my dental assistant take the final digital impressions?

A: Dental Assistants with the proper training may take final impressions using traditional, or digital, impression materials. It is the dentist's responsibility to review all impressions to ensure accurate and clinically acceptable impressions are captured. Prior to January 1, 2020 the Dental Practice Act prohibited dental assistants from taking jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances. However, this rule has been struck.

DENTAL IMPLANT RULE CHANGES

NEW CE REQUIREMENTS NOW EFFECTIVE IN 2024

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

Beginning January 1, 2024, Oregon dentists will be required to complete 56 hours of hands on clinical implant course(s), at an appropriate postgraduate level, prior to surgically placing dental implants. The Oregon Board of Dentistry (OBD) recommends that proof of meeting the training requirements be maintained indefinitely, as copies may be requested at random audits or complaint investigations.

Graduates of specialty training programs in Oral and Maxillofacial Surgery, Periodontics, and Prosthodontics that comply with CODA standard 4 curriculum guidelines (or similar educational requirements) who have been trained to competency in surgical implant placement may qualify to surgically place implants with documentation of completing the required training. Only hours completed as part of CODA accredited graduate dental programs, or through education providers that are AGD PACE or ADA CERP approved will qualify to meet the initial 56-hour training requirement.

Additionally, beginning January 1, 2024, Oregon dentists will be required to complete seven hours of continuing education related to the placement and/or restoration of dental implants each licensure renewal period. Dentists renewing in Spring 2024, and all subsequent renewing dentists, will be required to complete the required 7 hours of dental implant CE to be in compliance, if they are placing dental implants.

Below are the most frequently asked questions from our Implant Rules FAQ document on the OBD website. For the full document, please visit: <https://www.oregon.gov/dentistry>

What language (effective January 1, 2024) was added to the Scope of Practice Rule OAR 818- 012-0005?

(4)A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.

(5)A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period (Effective January 1, 2024.)

What language (effective January 1, 2024) was added to the Continuing Education Rules of OAR 818-021-0060?

(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective January 1, 2024.)

How and why did the OBD decide to implement these rule changes regarding dental implants?

The OBD investigated 82 dental implants cases between February 2014 and

August 2017. Of those cases, 41% resulted in Disciplinary Action, which was equally distributed between specialists and general practitioners. During Strategic Planning in 2016, the OBD identified dental implant complications and the subsequent complaints as a significant problem in Oregon. Dental implant safety was codified in the OBD's 2017-2020 Strategic Plan as a priority issue, and it has remained an ongoing safety concern of the Board through the present. At the April 21, 2017 Board Meeting, in order to effectively protect the public, and per ORS 679.280, the OBD established an ad hoc Committee named the "Dental Implant Safety Workgroup" to research, review, and discuss dental implants, implant complications, and the resulting investigations. The Workgroup's ultimate goal was to advise the OBD on the most effective actions to protect the public and educate dentists regarding dental implants. The Workgroup included OBD Board Members, OBD Staff and Licensees (both specialists and general practitioners).

If you would like more detail on the communications and timeline for the dental implant rule changes, you can find that document on the home page of the OBD website: <https://www.oregon.gov/dentistry>

I am concerned that I will not be able to obtain proof of completion of my 56 hours of hands on clinical implant training, because some or all of those hours were completed long ago. Many records retention policies limit to seven years or less. Will I just be "out of luck" if I can't pull together proof of certain courses?

This information will be reviewed on a case-by-case basis, typically as part of a CE audit or an investigation. It is expected that the Licensee would put in their best effort to obtain this information in the event that the training was completed many years ago. The Board will review all relevant information and circumstances before taking any action.

I have placed a great number of implants over the years with a high success rate. Can I be "grandfathered" into placing implants without taking 56 hours of hands on clinical courses?

There is not currently a portion of the rules that allows this. In order to place implants after January 1, 2024, you will need to meet the 56 hour requirement in OAR 818-012-0005(4).

Does the course need to include practice on human patients? Or can it be on a manikin/typodont or an animal jaw?

The Board does not specify whether or not the implants need to be placed in a human. As long as the course meets the requirements of OAR 818-012-0005(4) it is acceptable.

Do the 56 hours of hands on clinical course(s) need to be direct patient care? Or can didactic course instruction be included in the 56 hours?

The Board defers to the course instructor to define "clinical hands on," and determine how many hours of the course are dedicated to topics and format as stated in the rule. This could include some didactic instruction, provided it is under direct supervision as stated in the rule. ■

Finding "Normal" During and After the Pandemic

"Normal" is the buzz word of the day. Our country is eager for a "return to normal," but that won't be so easy after all that we have experienced.

Signs of Stress

Physical Reactions*

- Insomnia, recurrent dreams, difficulty falling or staying asleep
- Fatigue
- Hyperactivity
- Pain in the back or neck
- Headaches
- Heart palpitations*
- Dizzy spells*
- Appetite changes
- Stomachaches or diarrhea
- Sweating or chills
- Tremors or muscle twitches

*If symptoms persist, see a physician.

Emotional Reactions

- Flashbacks or reliving the event
- Excessive jumpiness or tendency to be startled
- An increase in irritability, with outbursts of anger and frequent arguing
- Feelings of anxiety, helplessness or vulnerability
- Feelings of guilt
- Feeling depressed or crying frequently
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything

Behavioral Reactions

- An increase or decrease in energy and activity levels
- A change in alcohol, tobacco or other drug use
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- An inability to feel pleasure or have fun

Effects on Productivity

- Inability to concentrate
- Increased incidence of errors
- Lapses of memory
- Increased absenteeism
- Tendency to overwork
- Feeling confused
- Having trouble thinking clearly and concentrating
- Having difficulty making decisions

The pandemic represents a chronic, long-term and on-going tragedy. When any tragedy strikes, normal human reactions follow a pattern called "crisis response." This happens naturally in all of us and encompasses a range of both physical and emotional responses. Initially, our instincts take over and we experience "Fight, Flight or Freeze" reactions to threats or danger. In these moments, physical reactions include increased adrenaline, heightened senses, increased heart rate, hyperventilation, sweating, etc. We experience a variety of emotional reactions as well. These may include shock, disbelief, denial, anger, fear, sorrow, confusion, frustration, and guilt.

Looking at the pandemic through this lens, as a nation we have found ourselves in and out of crisis response for more than a year and a half. For health care providers on the front line, this is even more true. To put it mildly, this has been exhausting, both physically and emotionally. It is helpful to discuss what is happening in a supportive and safe environment. Validation of your experiences and acknowledgement of your emotional and physical reactions is helpful.

Most people show signs of stress to crisis. These symptoms are typically a normal reaction to an abnormal situation. Some of the predictable reactions that may persist as we continue to face the pandemic, and even after it abates, are listed at left.

In addition, there are some pandemic-specific crisis response reactions people may experience: It can feel like there is an expectation to return quickly to pre-pandemic activities and responsibilities. This may be a welcome change, but there may also be difficulties and challenges during this process. After more than 18 months of being encouraged to stay home and avoid contact with those outside of your family or "pod," you may feel uneasy about resuming activities like eating in a restaurant, attending a movie or performance, going to an outdoor festival or parade, traveling, or many other activities that have not been a part of "normal" life since early 2020. You may be ready to jump back into pre-pandemic life with both feet, but you may also feel anxious about doing so (or likely, somewhere in the middle).

It may take time to feel like you've regained control over your life. Be patient with yourself. Sometimes things become so overwhelming that you need help from a professional. If you are concerned about the changes you are experiencing, reach out to your Employee Assistance Program or a local behavioral health counselor. As a licensed health professional, if you are concerned about your own mental health and/or substance use, you may also be eligible for Oregon's Health Professionals' Services Program. Visit hpspmonitoring.com for more information.

If you are having thoughts of harming yourself or someone else, please call the National Suicide Prevention Hotline at 1-800-273-TALK (8255), contact a member of your care team, or talk to a trusted friend.

As the pandemic continues to rage: Be patient with yourself, take extra self-care measures and reach out for help when you need it! ■



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