



Oregon

Kate Brown, Governor

Board of Dentistry
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MEETING NOTICE

DENTAL THERAPY RULES OVERSIGHT COMMITTEE MEETING #4

Oregon Board of Dentistry
1500 SW 1st Ave.,
Portland, Oregon 97201

ZOOM MEETING INFORMATION

<https://us02web.zoom.us/j/86370403816?pwd=RE5nQVhQbkFzb2Q5eXdsb2tlSG5JZz09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 863 7040 3816 • Passcode: 228799

January 19, 2022
5:00 p.m. – 7:00 p.m.

Committee Members:

Yadira Martinez, R.D.H., Chair – OBD Rep.
Sheena Kansal, D.D.S. – OBD Rep.
Jennifer Brixey – OBD Rep.
Kaz Rafia, D.D.S. – OHA Rep.
Brandon Schwindt, D.M.D. - ODA Rep.
Amy Coplen, R.D.H. - ODHA Rep.
Ginny Jorgensen, CDA- ODAA Rep.
Miranda Davis, D.D.S. – Dental Therapy Rep.
Kari Kuntzelman – Dental Therapy Rep.
Jason Mecum – Dental Therapy Rep.

AGENDA

Call to Order Yadira Martinez, R.D.H., Chair

The work and purpose of this Committee is to make recommendations to the Oregon Board of Dentistry (OBD) on new and amended rules in the Dental Practice Act (DPA).

Welcome from the Chair

Roll Call

Review Agenda

1. Review and approve DTRO Committee meeting minutes from December 8, 2021 meeting.
 - **Attachment #1**
2. Northwest Portland Area Indian Health Board – Nitrous – Legislative Intent
 - **Attachment #2**
3. Review Dental Therapy Rules - Committee to start work on pg.14 at line 679 of document updated with all approved rule changes where the committee stopped at 12.9.2021 meeting
 - **Attachment # 3**
4. Current OBD form for Dental Hygiene with Expanded Practice Permit (EPP) – Collaborative Agreement
 - **Attachment #4**
5. Mockup of Dental Therapy Collaborative Agreement- prepared by OBD Staff to attempt to capture all the requirements of the legislation. The Committee is encouraged to discuss and share feedback on this cumbersome form.
 - **Attachment #5**
6. Update on OHA definition of Underserved Populations
 - **Attachment #6**
7. Dental Therapy Bill HB 2528
 - **Attachment #7**

Public Comment desired from the Tribes and those who have participated in Dental Pilot Project #100

Other Public Comment – as time permits since meeting needs to end no later than 7 p.m.

Consider date for DTRO Meeting #5: XXXXX from 5 pm – 7pm

General Information - making motions and board meeting dates.- Attachment

General Information - Committee created by the OBD on August 20, 2021 - Attachment

Adjourn

DRAFT

**DENTAL THERAPY RULES OVERSIGHT COMMITTEE #3
Held as a Zoom Meeting**

**Minutes
December 8, 2021**

MEMBERS PRESENT: Committee Members:
Yadira Martinez, R.D.H., Chair – OBD Rep.
Sheena Kansal, D.D.S. – OBD Rep.
Jennifer Brixey– OBD Rep.
Kaz Rafia, D.D.S. – OHA Rep.
Brandon Schwindt, D.M.D. - ODA Rep.
Amy Coplen, R.D.H. - ODHA Rep.
Ginny Jorgensen, CDA- ODAA Rep.
Miranda Davis, D.D.S. – Dental Therapy Rep.
Jason Mecum- Dental Therapy Rep.
Kari Kuntzelman – Dental Therapy Rep.

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Investigator
Haley Robinson, Office Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Jen Lewis-Goff, Oregon Dental Association (ODA); Lisa Rowley, RDH, Oregon Dental Hygienists' Association (ODHA); Mary Harrison, CDA, EFDA, EFODA, FADAA - Oregon Dental Assistants' Association (ODAA); Sarah Kowalski, Alicia Riedman, Teresa Haynes, Lisa Bozzetti, Sabrina Riggs, Andrea Love, George Okulitch, Pam Johnson.

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

Call to Order: The virtual meeting was called to order by Chair Martinez at 5:03 p.m.

The agenda was briefly reviewed and discussed.

Dr. Schwindt moved and Dr. Kansal seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve the minutes from the November 10, 2021 DTRO Committee Meeting as presented. The motion passed unanimously.

Lori Lindley, Sr. Assistant Attorney General assigned to the Board, discussed the legislative history and intent of excluding permitting dental therapists to provide nitrous oxide in HB 2528. Ms. Lindley did not feel confident that legislative intent was to allow dental therapists to provide nitrous.

Dr. Schwindt moved and Ms. Coplen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-026-0055 – Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation as amended. The motion passed

unanimously.

818-026-0055

Dental Hygiene, [Dental Therapy](#) and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

- (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
- (b) The permit holder, or an anesthesia monitor, monitors the patient; or
- (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.
- (d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with [Board rules](#).

(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

- (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
- (b) The permit holder, or an anesthesia monitor, monitors the patient; and
- (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with [Board rules](#).

(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:

- (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;**
- (b) The permit holder, or an anesthesia monitor, monitors the patient; and**
- (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.**

Dr. Rafia moved and Dr. Schwindt seconded that the Dental Therapy Rules Oversight (DTRO) Committee send OAR 818-026-0080 - Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia to the Board for recommendation to the Anesthesia Committee for further review and discussion. The motion passed unanimously.

Specifically, the DTRO Committee wanted the Anesthesia Committee to take into consideration allowing more than one patient to be sedated with Nitrous Oxide at any time, due to the safe nature of it and its application.

818-026-0080

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

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

anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

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

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

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

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

(6) 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 ~~her or his~~ their intent. Such notification need only be submitted once every licensing period.

The committee directed staff to take the scope of practice language directly from HB 2528 and bring 818-038-0020 – Scope of Practice back to the next regularly scheduled DTRO committee meeting with that exact language in the rule.

Dr. Davis moved and Ms. Jorgensen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-038-0025 –Prohibited Acts as amended. The motion passed unanimously.

Dr. Schwindt wanted it note on the record that his affirmative vote was not an endorsement to allow items removed from the prohibited acts list into the scope of dental therapists.

818-038-0025

Prohibited Acts

A dental therapist may not:

(2) Place or Restore Dental Implants or any other soft tissue surgery except as described in 818-041-XXXX

(3) Prescribe any drugs, unless permitted by ORS 679.010

(4) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(5) Perform any dental therapy procedure unless it is documented in the collaborative agreement and rendered under appropriate Oregon Licensed Dentist supervision.

(6) Operate a hard or soft tissue Laser

(7) Treat a patient under moderate, deep or general anesthesia.

Dr. Schwindt moved and Ms. Coplen seconded that the Dental Therapy Rules Oversight (DTRO) Committee take the collaborative agreement language directly from HB 2528 and approve OAR 818-038-0030 – Collaborative Agreements as amended. The motion passed unanimously.

818-038-0030

Collaborative Agreements

(1) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(2) A dental therapist may enter into a collaborative agreement with more than one dentist if each collaborative agreement includes the same supervision and requirements of scope of practice.

(3) The collaborative agreement must include at least the following information:

(a) The level of supervision required for each procedure performed by the dental therapist;

(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;

(c) The practice settings in which the dental therapist may provide care;

(d) Any limitation on the care the dental therapist may provide;

(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs by the dental therapist, (as described in ORS XXX) including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice (in accordance with ORS XXX), including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.

(2) (a) In addition to the information described in subsection (3) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III.

Ms. Coplen moved and Dr. Schwindt seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-038-0035 – Record Keeping as amended. The motion passed unanimously.

818-038-0035

Record Keeping

(1) A dental therapist shall annually submit a signed copy of their collaborative agreement (s) to the Oregon Board of Dentistry. If the collaborative agreement(s) are revised in between annual submissions, a signed and dated copy of the revised collaborative agreement(s) must be submitted to the board as soon as practicable after the revision is made.

(2) The annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.

(3) A dental therapist shall purchase and maintain liability insurance.

Chair Martinez asked if anyone representing the Tribes or Denta Pilot Projects wanted to offer any public comment. None was provided. She also asked if anyone else wanted to address the Committee.

Ms. Lewis-Goff - ODA representative, provided comments for the record regarding dental therapists' administration of nitrous oxide and ODA's recollection and understanding of negotiations during the legislative session. ODA believes that the proponents, legislators and ODA came together and agreed on fundamental principles for the new provider, with the promise that we would come back and make changes as necessary in the future. ODA stated that they negotiated with Health Equity Partners who represented the proponents' coalition. They negotiated removing nitrous oxide from scope. ODA stated that they are frustrated that agreements made during session are not now being honored, and that they feel using the language in the bill which allows the Board to add scope in the future for this purpose is disingenuous to the agreements they made during the legislative session.

Chair Martinez announced that the next DTRO Committee Meeting would be held January 19, 2022 from 5 p.m.-7 p.m.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 6:55 p.m.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Via Email: Stephen.Prisby@oregondentistry.org

December 14, 2021

Stephen Prisby, Executive Director
Oregon Board of Dentistry

Re: Oregon House Bill (HB) 2528

Dear Mr. Prisby:

The Northwest Portland Area Indian Health Board works with and for the 43 federally-recognized tribes of Oregon, Washington and Idaho. We are also a member of the Oregon Dental Access Campaign, a coalition of dental and healthcare organizations, community groups, educators and Tribes that worked together to advocate for the passage of HB 2528 in the 2021 Oregon State Legislative Session.

This purpose of this letter is to offer our analysis of the legislative intent regarding sections of the statute regarding the removal of Nitrous Oxide from the listed scope in statute, and the inclusion of “[o]ther services as specified by the board by rule.”¹ It is also in response to differing analysis presented to the Oregon Board of Dentistry’s (OBD) Dental Therapy Rules Oversight Committee in the memo from OBD counsel on this topic, dated November 22, 2021 (“Memo”).²

Plain Language & Legislative Intent. It is undisputed that Nitrous Oxide was removed from the scope in the bill in the legislative process. However, we disagree with the legislative interpretation that Nitrous Oxide can never be added to the dental therapy scope by the OBD by rule. We know and understand that it is best to look at the plain language and context in the bill to determine legislative intent as well as relevant caselaw specific to legislative intent. Given our review of these cases, and our own experience in negotiations on the bill, it seems a reach to conclude that Nitrous Oxide can never be added to the dental therapy scope by the OBD by rule.

Exclusion of Nitrous Oxide from the bill does not indicate that it was the intent of the legislature that it should never be in the dental therapist scope, or that it should be listed in rule as prohibited. It simply indicates that in the course of negotiations on the bill, that specific procedure was removed.

¹ HB 2528 Section (9)(1)(ii)

² Lori Lindley letter to Stephen Prisby, Re: HB2528 legislative history



In addition, nowhere in the bill is there a prohibited list or a requirement to create a prohibited list. To the contrary, Section (9)(1)(ii) of HB 2528 gives OBD the ability to add “[o]ther services as specified by the board by rule.” We believe this broad language was used to capture that:

- (1) There is an expectation that the scope of a dental therapist would change over time and that the board would have the authority to make those changes; and
- (2) These “other services” are part of the dental therapist scope under general supervision (it was in the -9 amendments adopted by House Health Care committee and stayed in the bill unchanged through final passage); and
- (3) That dental therapists have a scope of practice that responds to the needs of the patients, of clinics, of advances in education and research, and gives the Board of Dentistry the ability to be responsive to those needs and developments.

Moreover, there is no legislative record of any conversations about what kind of services can and cannot fall into “other services.” The legislature was clear that they wanted those discussions to happen at the Board of Dentistry.

OBD’s Memo. It is also clear from the Memo that counsel “did not find any discussion on record regarding the use of Nitrous Oxide.” It concerns us that even though there is no discussion on record, the analysis uses information provided by one professional organization, to determine legislative intent. The bill sponsor, committee chairs and the 18 organizations endorsing the bill were not contacted or asked for conversations, documents, etc. . . . resulting in the memo not reflecting the actual legislative discussions around that section of the bill.

The track changes comment cited in Memo was only to point out that it should go in the bill under the category of “general supervision” instead of “indirect supervision,” so as not to limit all added services in statute to indirect supervision. Additionally, the actual comment is misquoted in the Memo. The comment reads “This should be in general. If there is a new simple procedure that comes along, this requires it to be under indirect.” This in no way conveys that only new simple procedures should be added to scope. Just an example of the unnecessary limitations that version of the bill would have placed on those services in particular.

Beyond this one track-changes comment by one person on one of 19 amendments, we are not aware of any discussion ODAC had with ODA or any legislators about this piece of the bill.

Thank you for your consideration of this information in the deliberations of the rulemaking process regarding HB2528. If you have any questions, please contact Pam Johnson, Native Dental Therapy Initiative Project Manager, pjohnson@npaihb.org.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Sincerely,

Laura Platero (Dec 17, 2021 09:47 PST)

Laura Platero, J.D.
Executive Director
Northwest Portland Area Indian Health Board






NPAIHB OR 2528 N20 legal intent letter to OBD

Final Audit Report

2021-12-17

Created:	2021-12-16
By:	Laura Palomo (lpalomo@npaihb.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAq-OJ5p561ugvEe9_yMJ-DasT3e_VM_jn

"NPAIHB OR 2528 N20 legal intent letter to OBD" History

-  Document created by Laura Palomo (lpalomo@npaihb.org)
2021-12-16 - 3:09:17 AM GMT
-  Document emailed to Laura Platero (lplatero@npaihb.org) for signature
2021-12-16 - 3:09:50 AM GMT
-  Email viewed by Laura Platero (lplatero@npaihb.org)
2021-12-16 - 7:46:39 AM GMT
-  Document e-signed by Laura Platero (lplatero@npaihb.org)
Signature Date: 2021-12-17 - 5:47:18 PM GMT - Time Source: server
-  Agreement completed.
2021-12-17 - 5:47:18 PM GMT

1 **818-001-0002**

2 **Definitions**

3 As used in OAR chapter 818:

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

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

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

9 (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice
10 dental hygiene.

11 (5) "Dental Therapist" means a person licensed pursuant to ORS 679 to practice dental
12 therapy.

13 (6) "Dental Therapy" means the provision of preventative care, restorative dental
14 treatment and other educational, clinical and therapeutic patient services as part of a
15 dental care team.

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

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

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

25 (10) "Informed Consent" means the consent obtained following a thorough and easily
26 understood

27 explanation to the patient, or patient's guardian, of the proposed procedures, any available
28 alternative procedures and any risks associated with the procedures. Following the explanation,
29 the licensee shall ask the patient, or the patient's guardian, if there are any questions. The
30 licensee shall provide thorough and easily understood answers to all questions asked.

31 (11) "Licensee" means a dentist, hygienist or dental therapist.

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

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

36 (14) "Specialty." The specialty definitions are added to more clearly define the scope of the
37 practice as it pertains to the specialty areas of dentistry.

38 (a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain
39 through the use of advanced local and general anesthesia techniques.

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

46 (c) "Endodontics" is the specialty of dentistry which is concerned with the morphology,
47 physiology and pathology of the human dental pulp and periradicular tissues. Its study and
48 practice encompass the basic and clinical sciences including biology of the normal pulp, the

49 etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and
50 associated periradicular conditions.

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

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

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

63 (g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically
64 complex patients and for the diagnosis and management of medically-related diseases,
65 disorders and conditions affecting the oral and maxillofacial region.

66 (h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis,
67 management and treatment of pain disorders of the jaw, mouth, face, head and neck. The
68 specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying
69 pathophysiology, etiology, prevention, and treatment of these disorders and improving access to
70 interdisciplinary patient care.

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

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

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

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

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

96 **(16)** For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either

97 authorized treatment for, supervised treatment of or provided treatment for the patient in clinical
98 settings of the institution described in 679.020(3).
99 **(17)** “Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-
100 0070 is defined as a group of licensees who come together for clinical and non-clinical
101 educational study for the purpose of maintaining or increasing their competence. This is not
102 meant to be a replacement for residency requirements.
103 **(18)** “Physical Harm” as used in OAR 818-001-0083(2) is defined as any physical injury that
104 caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical
105 harm include mental pain, anguish, or suffering, or fear of injury.
106 **(19)** “Teledentistry” is defined as the use of information technology and telecommunications to
107 facilitate the providing of dental primary care, consultation, education, and public awareness in
108 the same manner as telehealth and telemedicine.
109 **(20)** “BLS for Healthcare Providers or its Equivalent” the BLS/CPR certification standard is the
110 American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined
111 by the Board. This initial BLS/CPR course must be a hands-on course; online BLS/CPR courses
112 will not be approved by the Board for initial BLS/CPR certification: After the initial BLS/CPR
113 certification, the Board will accept a Board-approved BLS for Healthcare Providers or its
114 equivalent Online Renewal course for license renewal. A BLS/CPR certification card with an
115 expiration date must be received from the BLS/CPR provider as documentation of BLS/CPR
116 certification. The Board considers the BLS/CPR expiration date to be the last day of the month
117 that the BLS/CPR instructor indicates that the certification expires.

118 **818-001-0087**

119 **Fees**

- 120
- 121 (1) The Board adopts the following fees:
- 122 (a) Biennial License Fees:
- 123 (A) Dental —\$390;
- 124 (B) Dental — retired — \$0;
- 125 (C) Dental Faculty — \$335;
- 126 (D) Volunteer Dentist — \$0;
- 127 (E) Dental Hygiene —\$230;
- 128 (F) Dental Hygiene — retired — \$0;
- 129 (G) Volunteer Dental Hygienist — \$0;
- 130 **(H) Dental Therapy - (\$230)**
- 131 **(I) Dental Therapy - retired \$0.**
- 132 (b) Biennial Permits, Endorsements or Certificates:
- 133 (A) Nitrous Oxide Permit — \$40;
- 134 (B) Minimal Sedation Permit — \$75;
- 135 (C) Moderate Sedation Permit — \$75;
- 136 (D) Deep Sedation Permit — \$75;
- 137 (E) General Anesthesia Permit — \$140;
- 138 (F) Radiology — \$75;
- 139 (G) Expanded Function Dental Assistant — \$50;
- 140 (H) Expanded Function Orthodontic Assistant — \$50;
- 141 (I) Instructor Permits — \$40;
- 142 (J) Dental Hygiene Restorative Functions Endorsement — \$50;
- 143 (K) Restorative Functions Dental Assistant — \$50;
- 144 (L) Anesthesia Dental Assistant — \$50;
- 145 (M) Dental Hygiene, Expanded Practice Permit — \$75;

- 146 (N) Non-Resident Dental Background Check - \$100.00;
147 (c) Applications for Licensure:
148 (A) Dental — General and Specialty — \$345;
149 (B) Dental Faculty — \$305;
150 (C) Dental Hygiene — \$180;
151 (D) **Dental Therapy - (\$180)**
152 **(E) Licensure Without Further Examination — Dental, Dental Hygiene and**
153 **Dental Therapy — \$790.**
154 (d) Examinations:
155 (A) Jurisprudence — \$0;
156 (e) Duplicate Wall Certificates — \$50.
157 (2) Fees must be paid at the time of application and are not refundable.
158 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due
159 or to which the Board has no legal interest unless the person who made the payment or
160 the person's legal representative requests a refund in writing within one year of payment
161 to the Board.

162
163 **OAR 818-012-0020**

164 **Additional Methods of Discipline for Unacceptable Patient Care**

165 In addition to other discipline, the Board may order a licensee who engaged in or permitted
166 unacceptable patient care to:

- 167 (1) Make restitution to the patient in an amount to cover actual costs in correcting the
168 unacceptable care.
169 (2) Refund fees paid by the patient with interest.
170 (3) Complete a Board-approved course of remedial education.
171 (4) Discontinue practicing in specific areas of dentistry, dental therapy, or hygiene.
172 (5) Practice under the supervision of another licensee.

173
174 **OAR 818-012-0030**

175 **Unprofessional Conduct**

176 The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional
177 conduct includes, but is not limited to, the following in which a licensee does or knowingly
178 permits any person to:

- 179 (1) Attempt to obtain a fee by fraud, or misrepresentation.
180 (2) Obtain a fee by fraud, or misrepresentation.
181 (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to
182 make, a material, false statement intending that a recipient, who is unaware of the truth, rely
183 upon the statement.
184 (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or
185 permitting any person to make a material, false statement.
186 (c) Giving cash discounts and not disclosing them to third party payers is not fraud or
187 misrepresentation.
188 (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person
189 other than a partner, employee, or employer.
190 (4) Accept rebates, split fees, or commissions for services rendered to a patient from any
191 person other than a partner, employee, or employer.
192 (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior
193 can include but is not limited to, inappropriate physical touching; kissing of a sexual nature;
194 gestures or expressions, any of which are sexualized or sexually demeaning to a patient;

195 inappropriate procedures, including, but not limited to, disrobing and draping practices that
196 reflect a lack of respect for the patient's privacy; or initiating inappropriate communication,
197 verbal or written, including, but not limited to, references to a patient's body or clothing that are
198 sexualized or sexually demeaning to a patient; and inappropriate comments or queries about
199 the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual
200 problems, or sexual preferences.

201 (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

202 (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient
203 or to a patient's guardian upon request of the patient's guardian.

204 (8) Misrepresent any facts to a patient concerning treatment or fees.

205 (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

206 (A) Legible copies of records; and

207 (B) Duplicates of study models, radiographs of the same quality as the originals, and
208 photographs if they have been paid for.

209 (b) The licensee may require the patient or guardian to pay in advance a fee reasonably
210 calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee
211 not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per
212 page for pages 11 through 50 and no more than \$0.25 for each additional page (including
213 records copied from microfilm), plus any postage costs to mail copies requested and actual
214 costs of preparing an explanation or summary of information, if requested. The actual cost of
215 duplicating radiographs may also be charged to the patient. Patient records or summaries may
216 not be withheld from the patient because of any prior unpaid bills, except as provided in
217 (9)(a)(B) of this rule.

218 (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee,
219 employer, contractor, or agent who renders services.

220 (11) Use prescription forms pre-printed with any Drug Enforcement Administration number,
221 name of controlled substances, or facsimile of a signature.

222 (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a
223 blank prescription form.

224 (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C.
225 Sec. 812, for office use on a prescription form.

226 (14) Violate any Federal or State law regarding controlled substances.

227 (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or
228 mind altering substances, or practice with an untreated substance use disorder diagnosis that
229 renders the licensee unable to safely conduct the practice of dentistry, dental hygiene [or dental](#)
230 [therapy](#).

231 (16) Practice dentistry, dental hygiene [or dental therapy](#) in a dental office or clinic not owned
232 by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and
233 dental hygienists practicing pursuant to ORS 680.205(1)(2).

234 (17) Make an agreement with a patient or person, or any person or entity representing patients
235 or persons, or provide any form of consideration that would prohibit, restrict, discourage or
236 otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to
237 truthfully and fully answer any questions posed by an agent or representative of the Board; or to
238 participate as a witness in a Board proceeding.

239 (18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its
240 equivalent.

241 (19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including
242 conduct contrary to the recognized standards of ethics of the licensee's profession or conduct
243 that endangers the health, safety or welfare of a patient or the public.

244 (20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an
245 agent of the Board in any application or renewal, or in reference to any matter under
246 investigation by the Board. This includes but is not limited to the omission, alteration or
247 destruction of any record in order to obstruct or delay an investigation by the Board, or to omit,
248 alter or falsify any information in patient or business records.
249 (21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable
250 to safely conduct the practice of dentistry, dental hygiene or dental therapy.
251 (22) Take any action which could reasonably be interpreted to constitute harassment or
252 retaliation towards a person whom the licensee believes to be a complainant or witness.
253 (23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have
254 access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement
255 Administration (DEA) registration.
256

257 **818-021-00XX**

258 **Application for License to Practice Dental Therapy**

259 **(1) The Oregon Board of Dentistry may require an applicant for a license to practice**
260 **dental therapy to pass written, laboratory or clinical examinations to test the professional**
261 **knowledge and skills of the applicant.**

262 **(a) The examinations may not be affiliated with or administered by a dental pilot project**
263 **or a dental therapy education program.**

264 **(b) The examinations must:**

265 **(A) Be elementary and practical in character, and sufficiently thorough to test the fitness**
266 **of the applicant to practice dental therapy;**

267 **(B) Be written in English; and**

268 **(C) Include questions on subjects pertaining to dental therapy.**

269 **(2) If a test or examination was taken within five years of the date of application and the**
270 **applicant received a passing score on the test or examination, as established by the**
271 **Board by rule, the Board:**

272 **(a) To satisfy the written examination authorized under this section, may accept the**
273 **results of national standardized examinations.**

274 **(b) To satisfy the laboratory or clinical examination authorized under this section:**

275 **(A) Shall accept the results of regional and national testing agencies or clinical board**
276 **examinations administered by other states; and**

277 **(B) May accept the results of Board-recognized testing agencies.**

278 **(3) Applicants must pass the Board's Jurisprudence Examination.**
279

280 **818-021-00XX**

281 **Application for License to Practice Dental Therapy Without Further Examination**

282 **(1) The Oregon Board of Dentistry may grant a license without further examination to a**
283 **dental therapist who holds a license to practice dental therapy in another state or states**
284 **if the dental therapist meets the requirements set forth in**

285 **ORS 679 and submits to the Board satisfactory evidence of:**

286 **(a) Having graduated from a dental therapy program accredited by the Commission on**
287 **Dental Accreditation of the American Dental Association; or**

288 **(b) Having completed or graduated from an Oregon Health Authority dental pilot**
289 **project, and**

290 **(c) Having passed the clinical dental therapy examination conducted by a regional**
291 **testing agency or by a state dental or dental therapy licensing authority, by a national**
292 **testing agency or other Board-recognized testing agency; and**

- 293 (d) Holding an active license to practice dental therapy, without restrictions, in any state;
294 including documentation from the state dental board(s) or equivalent authority, that the
295 applicant was issued a license to practice dental therapy, without restrictions, and
296 whether or not the licensee is, or has been, the subject of any final or pending
297 disciplinary action; and
298 (e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed
299 Forces of the United States, the United States Public Health Service, the United States
300 Department of Veterans Affairs for a minimum of 3,500 hours in the five years
301 immediately preceding application. Licensed clinical practice could include hours
302 devoted to teaching by dental therapists employed by a CODA accredited dental therapy
303 program with verification from the dean or appropriate administration of the institution
304 documenting the length and terms of employment, the applicant's duties and
305 responsibilities, the actual hours involved in teaching clinical dental therapy, and any
306 adverse actions or restrictions; and
307 (f) Having completed 36 hours of continuing education in accordance with the Board's
308 continuing education requirements contained in these rules within the two years
309 immediately preceding application.
310 (2) Applicants must pass the Board's Jurisprudence Examination.

311
312 **818-021-0026**

313 **State and Nationwide Criminal Background Checks, Fitness Determinations**

- 314 (1) The Board requires fingerprints of all applicants for a dental, dental therapy or dental
315 hygiene license to determine the fitness of an applicant. The purpose of this rule is to provide for
316 the reasonable screening of dental and dental hygiene applicants and licensees in order to
317 determine if they have a history of criminal behavior such that they are not fit to be granted or
318 hold a license that is issued by the Board.
- 319 (2) These rules are to be applied when evaluating the criminal history of all licensees and
320 applicants for a dental, dental therapy or dental hygiene license and for conducting fitness
321 determinations consistent with the outcomes provided in OAR 125-007-0260.
- 322 (3) Criminal records checks and fitness determinations are conducted according to ORS
323 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.
- 324 (a) The Board will request the Oregon Department of State Police to conduct a state and
325 nationwide criminal records check. Any original fingerprint cards will subsequently destroyed.
- 326 (b) All background checks must include available state and national data, unless obtaining one
327 or the other is an acceptable alternative.
- 328 (c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of
329 the outcome or date of occurrence. Disclosure includes but is not limited to military, dismissed
330 or set aside criminal records.
- 331 (4) If the applicant or licensee has potentially disqualifying criminal offender information, the
332 Board will consider the following factors in making a fitness determination:
- 333 (a) The nature of the crime;
- 334 (b) The facts that support the conviction or pending indictment or that indicates the making of
335 the false statement;
- 336 (c) The relevancy, if any, of the crime or the false statement to the specific requirements of the
337 subject individual's present or proposed position, services, employment, license, or permit; and
- 338 (d) Intervening circumstances relevant to the responsibilities and circumstances of the position,
339 services, employment, license, or permit. Intervening circumstances include but are not limited
340 to:
- 341 (A) The passage of time since the commission of the crime;

- 342 (B) The age of the subject individual at the time of the crime;
343 (C) The likelihood of a repetition of offenses or of the commission of another crime;
344 (D) The subsequent commission of another relevant crime;
345 (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and
346 (F) A recommendation of an employer.
347 (e) Any false statements or omissions made by the applicant or licensee; and
348 (f) Any other pertinent information obtained as part of an investigation.
349 (5) The Board will make a fitness determination consistent with the outcomes provided in OAR
350 125-007-0260.
351 (a) A fitness determination approval does not guarantee the granting or renewal of a license.
352 (b) An incomplete fitness determination results if the applicant or licensee refuses to consent to
353 the criminal history check, refuses to be fingerprinted or respond to written correspondence, or
354 discontinues the criminal records process for any reason. Incomplete fitness determinations
355 may not be appealed.
356 (6) The Board may require fingerprints of any licensed Oregon dentist, [dental therapist](#) or
357 dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting
358 a state or nationwide criminal records background check.
359 (7) All background checks shall be requested to include available state and national data,
360 unless obtaining one or the other is an acceptable alternative.
361 (8) Additional information required. In order to conduct the Oregon and National Criminal History
362 Check and fitness determination, the Board may require additional information from the
363 licensee/applicant as necessary, such but not limited to, proof of identity; residential history;
364 names used while living at each residence; or additional criminal, judicial or other background
365 information.
366 (9) Criminal offender information is confidential. Dissemination of information received may be
367 disseminated only to people with a demonstrated and legitimate need to know the information.
368 The information is part of the investigation of an applicant or licensee and as such is confidential
369 pursuant to ORS 676.175(1).
370 (10) The Board will permit the individual for whom a fingerprint-based criminal records check
371 was conducted, to inspect the individual's own state and national criminal offender records and,
372 if requested by the individual, provide the individual with a copy of the individual's own state and
373 national criminal offender records.
374 (11) The Board shall determine whether an individual is fit to be granted a license or permit,
375 based on fitness determinations, on any false statements made by the individual regarding
376 criminal history of the individual, or any refusal to submit or consent to a criminal records check
377 including fingerprint identification, and any other pertinent information obtained as a part of an
378 investigation. If an individual is determined to be unfit, then the individual may not be granted a
379 license or permit. The Board may make fitness determinations conditional upon applicant's
380 acceptance of probation, conditions, or limitations, or other restrictions upon licensure.
381 (12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-
382 007-0300. Challenges to the accuracy of completeness of criminal history information must be
383 made in accordance with OAR 125-007-0030(7).

384 [818-021-00XX](#)

385 [Continuing Education — Dental Therapists](#)

386 [\(1\) Each dental therapist must complete 36 hours of continuing education every two](#)
387 [years. Continuing education \(C.E.\) must be directly related to clinical patient care or the](#)
388 [practice of dental public health.](#)
389

- 390 (2) Dental therapists must maintain records of successful completion of continuing
391 education for at least four licensure years consistent with the licensee's licensure cycle.
392 (A licensure year for dental therapists is October 1 through September 30.) The licensee,
393 upon request by the Board, shall provide proof of successful completion of continuing
394 education courses.
- 395 (3) Continuing education includes:
- 396 (a) Attendance at lectures, dental study groups, college post-graduate courses, or
397 scientific sessions at conventions.
- 398 (b) Research, graduate study, teaching or preparation and presentation of scientific
399 sessions. No more than six hours may be in teaching or scientific sessions. (Scientific
400 sessions are defined as scientific presentations, table clinics, poster sessions and
401 lectures.)
- 402 (c) Correspondence courses, videotapes, distance learning courses or similar self-study
403 course, provided that the course includes an examination and the dental therapist
404 passes the examination.
- 405 (d) Continuing education credit can be given for volunteer pro bono dental therapy
406 services provided in the state of Oregon; community oral health instruction at a public
407 health facility located in the state of Oregon; authorship of a publication, book, chapter
408 of a book, article or paper published in a professional journal; participation on a state
409 dental board, peer review, or quality of care review procedures; successful completion of
410 the National Board Dental Therapy Examination, taken after initial licensure; or test
411 development for clinical dental therapy examinations. No more than 6 hours of credit
412 may be in these areas.
- 413 (4) At least three hours of continuing education must be related to medical emergencies
414 in a dental office. No more than two hours of Practice Management and Patient Relations
415 may be counted toward the C.E. requirement in any renewal period.
- 416 (5) At least two (2) hours of continuing education must be related to infection control.
417 (6) At least two (2) hours of continuing education must be related to cultural competency.
418 (7) At least one (1) hour of continuing education must be related to pain management.

419
420 **818-021-0080**

421 **Renewal of License**

422 Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of
423 license to the last mailing address on file in the Board's records to every licensee holding a
424 current license. The licensee must complete the online renewal application and pay the current
425 renewal fees prior to the expiration of said license. Licensees who fail to renew their license
426 prior to the expiration date may not practice dentistry, dental therapy or dental hygiene until the
427 license is reinstated and are subject to the provisions of OAR 818-021-0085, "Reinstatement of
428 Expired Licenses."

429 (1) Each dentist shall submit the renewal fee and completed online renewal application by
430 March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in
431 odd numbered years and dentists licensed in even numbered years shall apply for renewal in
432 even numbered years.

433 (2) Each dental hygienist must submit the renewal fee and completed online renewal application
434 ~~form~~ by September 30 every other year. Dental hygienists licensed in odd numbered years shall
435 apply for renewal in odd numbered years and dental hygienists licensed in even numbered
436 years shall apply for renewal in even numbered years.

437 (3) Each dental therapist must submit the renewal fee and completed and signed
438 renewal application form by September 30 every other year. Dental Therapists Licensed

439 [in odd numbered years shall apply for renewal in odd numbered years and dental](#)
440 [therapists licensed in even numbered years shall apply for renewal in even numbered](#)
441 [years.](#)

442 **(4)** The renewal application shall contain:

443 (a) Licensee's full name;

444 (b) Licensee's mailing address;

445 (c) Licensees business address including street and number or if the licensee has no business
446 address, licensee's home address including street and number;

447 (d) Licensee's business telephone number or if the licensee has no business telephone number,
448 licensee's home telephone number;

449 (e) Licensee's employer or person with whom the licensee is on contract;

450 (f) Licensee's assumed business name;

451 (g) Licensee's type of practice or employment;

452 (h) A statement that the licensee has met the continuing educational requirements for [their](#)
453 [specific license](#) renewal set forth in OAR 818-021-0060 or [OAR](#) 818-021-0070 [or OAR 818-](#)
454 [021-00XX](#);

455 (i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and

456 (j) A statement that the licensee has not been disciplined by the licensing board of any other
457 jurisdiction or convicted of a crime.

458

459 **818-021-0085**

460 **Renewal or Reinstatement of Expired License**

461 Any person whose license to practice as a dentist, dental hygienist [or dental therapist](#) has
462 expired, may apply for reinstatement under the following circumstances:

463 (1) If the license has been expired 30 days or less, the applicant shall:

464 (a) Pay a penalty fee of \$50;

465 (b) Pay the biennial renewal fee; and

466 (c) Submit a completed renewal application and certification of having completed the Board's
467 continuing education requirements.

468 (2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:

469 (a) Pay a penalty fee of \$100;

470 (b) Pay the biennial renewal fee; and

471 (c) Submit a completed renewal application and certification of having completed the continuing
472 education requirements.

473 (3) If the license has been expired more than 60 days, but less than one year, the applicant
474 shall:

475 (a) Pay a penalty fee of \$150;

476 (b) Pay a fee equal to the renewal fees that would have been due during the period the license
477 was expired;

478 (c) Pay a reinstatement fee of \$500; and

479 (d) Submit a completed application for reinstatement provided by the Board, including
480 certification of having completed continuing education credits as required by the Board during
481 the period the license was expired. The Board may request evidence of satisfactory completion
482 of continuing education courses.

483 (4) If the license has been expired for more than one year but less than four years, the applicant
484 shall:

485 (a) Pay a penalty fee of \$250;

486 (b) Pay a fee of equal to the renewal fees that would have been due during the period the
487 license was expired;

- 488 (c) Pay a reinstatement fee of \$500;
489 (d) Pass the Board's Jurisprudence Examination;
490 (e) Pass any other qualifying examination as may be determined necessary by the Board after
491 assessing the applicant's professional background and credentials;
492 (f) Submit evidence of good standing from all states in which the applicant is currently licensed;
493 and
494 (g) Submit a completed application for reinstatement provided by the Board including
495 certification of having completed continuing education credits as required by the Board during
496 the period the license was expired. The Board may request evidence of satisfactory completion
497 of continuing education courses.
498 (5) If a [Licensee](#) fails to renew or reinstate [their](#) license within four years from expiration, the
499 [Licensee](#) must apply for licensure under the current statute and rules of the Board.
500

501 **818-021-0090**

502 **Retirement of License**

- 503 (1) A [Licensee](#) who no longer practices in any jurisdiction may retire [their](#) license by submitting
504 a request to retire such license on a form provided by the Board.
505 (2) A license that has been retired may be reinstated if the applicant:
506 (a) Pays a reinstatement fee of \$500;
507 (b) Passes the Board's Jurisprudence Examination;
508 (c) Passes any other qualifying examination as may be determined necessary by the Board
509 after assessing the applicant's professional background and credentials;
510 (d) Submits evidence of good standing from all states in which the applicant is currently
511 licensed; and
512 (e) Submits a completed application for reinstatement provided by the Board including
513 certification of having completed continuing education credits as required by the Board during
514 the period the license was expired. The Board may request evidence of satisfactory completion
515 of continuing education courses.
516 (3) If the [Licensee](#) fails to reinstate [their](#) license within four years from retiring the license, the
517 [Licensee](#) must apply for licensure under the current statute and rules of the Board.
518

519 **818-021-0095**

520 **Resignation of License**

- 521 (1) The Board may allow a dentist, dental hygienist [or dental therapist](#) who no longer practices
522 in Oregon to resign [their](#) license, unless the Board determines the license should be revoked.
523 (2) Licenses that are resigned under this rule may not be reinstated.
524

525 **818-021-0110**

526 **Reinstatement Following Revocation**

- 527 (1) Any person whose license has been revoked for a reason other than failure to pay the
528 annual fee may petition the Board for reinstatement after five years from the date of revocation.
529 (2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that
530 reinstatement of the license will not be detrimental to the health or welfare of the public, the
531 Board may allow the petitioner to retake the Board examination.
532 (3) If the license was revoked for unacceptable patient care, the petitioner shall provide the
533 Board with satisfactory evidence that the petitioner has completed a course of study sufficient to
534 remedy the petitioner's deficiencies in the practice of dentistry, [dental therapy](#) or dental
535 hygiene.

536 (4) If the petitioner passes the Board examination, the Board may reinstate the license, place
537 the petitioner on probation for not less than two years, and impose appropriate conditions of
538 probation.

539
540 **818-026-0055**

541 **Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under**
542 **Nitrous Oxide or Minimal Sedation**

543 (1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is
544 under nitrous oxide or minimal sedation under the following conditions:

545 (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General
546 Anesthesia Permit administers the sedative agents;

547 (b) The permit holder, or an anesthesia monitor, monitors the patient; or

548 (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a
549 patient and then performs authorized procedures on the patient, an anesthesia monitor is not
550 required to be present during the time the patient is sedated unless the permit holder leaves the
551 patient.

552 (d) The permit holder performs the appropriate pre- and post-operative evaluation and
553 discharges the patient in accordance with Board rules.

554 (2) Under indirect supervision, a dental assistant may perform those procedures for which the
555 dental assistant holds the appropriate certification for a patient who is under nitrous oxide or
556 minimal sedation under the following conditions:

557 (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General
558 Anesthesia Permit administers the sedative agents;

559 (b) The permit holder, or an anesthesia monitor, monitors the patient; and

560 (c) The permit holder performs the appropriate pre- and post-operative evaluation and
561 discharges the patient in accordance with Board rules.

562 (3) Under indirect supervision, a dental therapist may perform procedures for which they
563 hold the appropriate license for a patient who is under nitrous oxide or minimal sedation
564 under the following conditions:

565 (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General
566 Anesthesia Permit administers the sedative agents;

567 (b) The permit holder, or an anesthesia monitor, monitors the patient; and

568 (c) The permit holder performs the appropriate pre- and post-operative evaluation and
569 discharges the patient in accordance with Board rules.

570
571 **818-038-0001**

572 **Définitions**

573 **(1) "Dental Therapist" means a person licensed pursuant to ORS 679 to practice dental**
574 **therapy.**

575 **(2) "Dental Therapy" means the provision of preventative care, restorative dental**
576 **treatment and other educational, clinical and therapeutic patient services as part of a**
577 **dental care team, pursuant to a collaborative agreement, including the services**
578 **described in ORS 679 and (new scope section)-section XXX**

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

582 **(4) "General Supervision" means supervision requiring that a dentist authorize the**
583 **procedures, but not requiring that a dentist be present when the authorized procedures**

584 are performed. The authorized procedures may also be performed at a place other than
585 the usual place of practice of the dentist.

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

588 (6) "Informed Consent" means the consent obtained following a thorough and easily
589 understood explanation to the patient, or patient's guardian, of the proposed procedures,
590 any available alternative procedures and any risks associated with the procedures.
591 Following the explanation, the licensee shall ask the patient, or the patient's guardian, if
592 there are any questions. The licensee shall provide thorough and easily understood
593 answers to all questions asked.

594 (7) "Collaborative Agreement" means a written, signed and dated agreement entered into
595 between an Oregon Licensed Dentist and an Oregon Licensed Dental Therapist meeting
596 the requirements of ORS 679 and (new collaborative agreement section) OAR 818-038-
597 XXXX

598
599 818-038-0010

600 Authorization to Practice

601 (1) A dental therapist may practice dental therapy only under the supervision of a dentist
602 and pursuant to a collaborative agreement with the dentist that outlines the supervision
603 logistics and requirements for the dental therapist's practice.

604 (2) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice
605 to patients who represent underserved populations, as defined by the Oregon Health
606 Authority by rule, or patients located in dental care health professional shortage areas,
607 as determined by the authority.

608 (3) A dental therapist may perform the procedures list in OAR 818-038- XXXX so long as
609 the procedures were included in the dental therapist's education program or the dental
610 therapist has received additional training in the procedure through a Board approved
611 course.

612
613 818-038-0025

614 Prohibited Acts

615 A dental therapist may not:

616 (2) Place or Restore Dental Implants or any other soft tissue surgery except as described
617 in 818-041-XXXX

618 (3) Prescribe any drugs, unless permitted by ORS 679.010

619 (4) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over
620 Mouth Airway Restriction (HOMAR) on any patient.

621 (5) Perform any dental therapy procedure unless it is documented in the collaborative
622 agreement and rendered under appropriate Oregon Licensed Dentist supervision.

623 (6) Operate a hard or soft tissue Laser

624 (7) Treat a patient under moderate, deep or general anesthesia.

625
626 818-038-0030

627 Collaborative Agreements

628 (1) A dentist may supervise and enter into collaborative agreements with up to three
629 dental therapists at any one time.

630 (2) A dental therapist may enter into a collaborative agreement with more than one
631 dentist if each collaborative agreement includes the same supervision and requirements
632 of scope of practice.

633 (3) The collaborative agreement must include at least the following information:
634 (a) The level of supervision required for each procedure performed by the dental
635 therapist;
636 (b) Circumstances under which the prior knowledge and consent of the dentist is
637 required to allow the dental therapist to provide a certain service or perform a certain
638 procedure;
639 (c) The practice settings in which the dental therapist may provide care;
640 (d) Any limitation on the care the dental therapist may provide;
641 (e) Patient age-specific and procedure-specific practice protocols, including case
642 selection criteria, assessment guidelines and imaging frequency;
643 (f) Procedures for creating and maintaining dental records for patients treated by the
644 dental therapist;
645 (g) Guidelines for the management of medical emergencies in each of the practice
646 settings in which the dental therapist provides care;
647 (h) A quality assurance plan for monitoring care provided by the dental therapist,
648 including chart review, patient care review and referral follow-up;
649 (i) Protocols for the dispensation and administration of drugs by the dental therapist, (as
650 described in ORS XXX) including circumstances under which the dental therapist may
651 dispense and administer drugs;
652 (j) Criteria for the provision of care to patients with specific medical conditions or
653 complex medical histories, including any requirements for consultation with the dentist
654 prior to the provision of care; and
655 (k) Protocols for when a patient requires treatment outside the dental therapist's scope
656 of practice (in accordance with ORS XXX), including for referral of the patient for
657 evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a
658 nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care
659 provider.
660 (2) (a) In addition to the information described in subsection (3) of this section, a
661 collaborative agreement must include a provision that requires the dental therapist to
662 consult with a dentist if the dental therapist intends to perform an irreversible surgical
663 procedure under general supervision on a patient who has a severe systemic disease.
664 Severe systemic disease is defined as ASA III.

665
666 818-038-0035
667 Record Keeping

668 (1) A dental therapist shall annually submit a signed copy of their collaborative
669 agreement (s) to the Oregon Board of Dentistry. If the collaborative agreement(s) are
670 revised in between annual submissions, a signed and dated copy of the revised
671 collaborative agreement(s) must be submitted to the board as soon as practicable after
672 the revision is made.

673 (2) The annual submission of the collaborative agreement shall coincide with the license
674 renewal period between August 1 and September 30 each year.

675 (3) A dental therapist shall purchase and maintain liability insurance.
676

677 **Committee Left Off Here at 12/8/2021 Meeting**

678
679 **818-042-0010**
680 **Definitions**

- 681 (1) "Dental Assistant" means a person who, under the supervision of a dentist, renders
682 assistance to a dentist, dental hygienist, [dental therapist](#), dental technician or another dental
683 assistant or renders assistance under the supervision of a dental hygienist providing dental
684 hygiene services.
- 685 (2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to
686 perform expanded function duties.
- 687 (3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board
688 to perform expanded orthodontic function duties.
- 689 (4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be
690 treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the
691 dental treatment room while the procedures are performed.
- 692 (5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures
693 and that a dentist be on the premises while the procedures are performed.
- 694 (6) "General Supervision" means supervision requiring that a dentist authorize the procedures,
695 but not requiring that a dentist be present when the authorized procedures are performed. The
696 authorized procedures may also be performed at a place other than the usual place of practice
697 of the dentist.

698
699 **818-042-0020**

700 **Dentist, [Dental Therapist](#) and Dental Hygienist Responsibility**

- 701 (1) A dentist is responsible for assuring that a dental assistant has been properly trained, has
702 demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental
703 office. Unless otherwise specified, dental assistants shall work under indirect supervision in the
704 dental office.
- 705 (2) A dental hygienist who works under general supervision may supervise dental assistants in
706 the dental office if the dental assistants are rendering assistance to the dental hygienist in
707 providing dental hygiene services and the dentist is not in the office to provide indirect
708 supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental
709 assistants who will render assistance to the dental hygienist in providing dental hygiene
710 services.
- 711 **(3) A dental therapist who works under general supervision may supervise dental**
712 **assistants in the dental office if the dental assistants are rendering assistance to the**
713 **dental therapist in providing dental therapy services and a dentist has authorized it.**
- 714 (4) The supervising dentist, [dental therapist](#) or dental hygienist is responsible for assuring that
715 all required licenses, permits or certificates are current and posted in a conspicuous place.
- 716 ~~(4)~~ **(5)** Dental assistants who are in compliance with written training and screening protocols
717 adopted by the Board may perform oral health screenings under general supervision.

718
719
720 **818-042-0050**

721 **Taking of X-Rays — Exposing Radiographic Images**

- 722 (1) A ~~dentist~~ [Licensee](#) may authorize the following persons to place films/sensors, adjust
723 equipment preparatory to exposing films/sensors, and expose the films and create the images
724 under general supervision:
- 725 (a) A dental assistant certified by the Board in radiologic proficiency; or
- 726 (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified
727 by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board
728 approved dental radiology course.
- 729 (2) A dentist, [dental therapist](#) or dental hygienist may authorize a dental assistant who has

730 completed a course of instruction approved by the Oregon Board of Dentistry, and who has
731 passed the written Dental Radiation Health and Safety Examination administered by the
732 Dental Assisting National Board, or comparable exam administered by any other testing entity
733 authorized by the Board, or other comparable requirements approved by the Oregon Board of
734 Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and
735 expose the films and create the images under the indirect supervision of a dentist, [dental](#)
736 [therapist](#), dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency
737 Certificate. The dental assistant must submit within six months, certification by an Oregon
738 licensed dentist, [dental therapist](#) or dental hygienist that the assistant is proficient to take
739 radiographic images.

740 **(3) A dental therapist may not order a computerized tomography scan**

741
742 **818-042-0060**

743 **Certification — Radiologic Proficiency**

744 (1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance
745 with OAR 818-042-0120, or if the assistant:

746 (2) Submits an application on a form approved by the Board, pays the application fee and:

747 (a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance
748 with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for
749 Health Protection, Radiation Protection Services recognizes that the equivalent training has
750 been successfully completed;

751 (b) Passes the written Dental Radiation Health and Safety Examination administered by the
752 Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other
753 testing entity authorized by the Board, or other comparable requirements approved by the
754 Oregon Board of Dentistry; and

755 (c) Certification by an Oregon licensed dentist, [dental therapist](#) or dental hygienist that the
756 assistant is proficient to take radiographs.

757
758 **818-042-0090**

759 **Additional Functions of EFDAs**

760 Upon successful completion of a course of instruction in a program accredited by the Commission
761 on Dental Accreditation of the American Dental Association, or other
762 course of instruction approved by the Board, a certified Expanded Function Dental Assistant may
763 perform the following functions under the indirect supervision of a dentist, [dental](#)
764 [therapist](#) or dental hygienist providing that the procedure is checked by the dentist or
765 dental hygienist prior to the patient being dismissed:

766 (1) Apply pit and fissure sealants provided the patient is examined before the sealants
767 are placed. The sealants must be placed within 45 days of the procedure being authorized by a
768 dentist, [dental therapist](#) or dental hygienist.

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

770 (3) Place retraction material subgingivally.

771
772 **818-042-0114**

773 **Additional Functions of EFPDAs**

774 (1) Upon successful completion of a course of instruction in a program accredited by the
775 Commission on Dental Accreditation of the American Dental Association, or other course of
776 instruction approved by the Board, a certified Expanded Function Preventive Dental Assistant
777 may perform the following functions under the indirect supervision of a dentist or dental
778 hygienist providing that the procedure is checked by the dentist, [dental therapist](#) or dental

779 hygienist prior to the patient being dismissed:
780 (2) Apply pit and fissure sealants provided the patient is examined before the sealants are
781 placed. The sealants must be placed within 45 days of the procedure being authorized by a
782 dentist, [dental therapist](#) or dental hygienist.

783
784 **818-012-0040 Infection Control**
785 **A dental therapist is responsible for meeting all requirements under 818-012-0040**
786

787 **[Division 12 encompasses all licensees, (which includes DTs) so OBD staff does not**
788 **recommend adding a separate rule for DTs. See below.]**
789

790 **818-012-0040**
791 **Infection Control Guidelines**

792 In determining what constitutes unacceptable patient care with respect to infection control, the
793 Board may consider current infection control guidelines such as those of the Centers for
794 Disease Control and Prevention and the American Dental Association.

795 (1) Additionally, licensees must comply with the following requirements:

796 (a) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or
797 when handling blood or saliva contaminated instruments or equipment. Appropriate hand
798 hygiene shall be performed prior to gloving.

799 (b) Masks and protective eyewear or chin-length shields shall be worn by licensees and other
800 dental care workers when spattering of blood or other body fluids is likely.

801 (c) Between each patient use, instruments or other equipment that come in contact with body
802 fluids shall be sterilized.

803 (d) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a
804 chemical germicide which is mycobactericidal at use.

805 (e) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that
806 may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover
807 shall be replaced between patients.

808 (f) All contaminated wastes and sharps shall be disposed of according to any governmental
809 requirements.

810 (2) Licensees must comply with the requirement that heat sterilizing devices shall be tested for
811 proper function by means of a biological monitoring system that indicates micro-organisms kill
812 each calendar week in which scheduled patients are treated. Testing results shall be retained by
813 the licensee for the current calendar year and the two preceding calendar years.

814
815 **818-001-0082**

816 **Access to Public Records**

817 (1) Public records not exempt from disclosure may be inspected during office hours at the Board
818 office upon reasonable notice.

819 (2) Copies of public records not exempt from disclosure may be purchased upon receipt of a
820 written request. The Board may withhold copies of public records until the requestor pays for the
821 copies.

822 (3) The Board follows the Department of Administrative Service's statewide policy (107-001-
823 030) for fees in regards to public records request; in addition, the Board establishes the
824 following fees:

825 (a) \$0.10 per name and address for computer-generated lists on paper; \$0.20 per name and
826 address for computer-generated lists on paper sorted by specific zip code;

827 (b) Data files submitted electronically or on a device:

- 828 (A) All Licensed Dentists — \$50;
829 (B) All Licensed Dental Hygienists [and Dental Therapists](#) — \$50;
830 (C) All Licensees — \$100.
831 (c) Written verification of licensure — \$2.50 per name; and
832 (d) Certificate of Standing — \$20.

833
834 **818-021-0088**

835 **Volunteer License**

- 836 (1) An Oregon licensed dentist, [dental therapist](#) or dental hygienist who will be practicing for a
837 supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a
838 volunteer license provided licensee completes the following:
839 (a) Licensee must register with the Board as a health care professional and provide a statement
840 as required by ORS 676.345.
841 (b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
842 (c) Licensee must provide the health care service without compensation.
843 (d) Licensee shall not practice dentistry, [dental therapy](#) or dental hygiene for remuneration in
844 any capacity
845 under the volunteer license.
846 (e) Licensee must comply with all continuing education requirements for active licensed dentist,
847 [dental therapist](#),
848 or dental hygienist.
849 (f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.
850 (2) Licensee may surrender the volunteer license designation at anytime and request a return to
851 an active license. The Board will grant an active license as long as all active license
852 requirements have been met.

853
854 **818-038-0020**

855 **[Scope of Practice](#)**

- 856 **[\(1\) A dental therapist may perform, pursuant to the dental therapist's collaborative](#)**
857 **[agreement, the following procedures under the general supervision of the dentist:](#)**
858 **[\(a\) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a](#)**
859 **[physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS](#)**
860 **[678.375 to 678.390 or other licensed health care provider;](#)**
861 **[\(b\) Comprehensive charting of the oral cavity;](#)**
862 **[\(c\) Oral health instruction and disease prevention education, including nutritional](#)**
863 **[counseling and dietary analysis;](#)**
864 **[\(d\) Exposing and evaluation of radiographic images;](#)**
865 **[\(e\) Dental prophylaxis, including subgingival scaling and polishing procedures;](#)**
866 **[\(f\) Application of topical preventive or prophylactic agents, including fluoride varnishes](#)**
867 **[and pit and fissure sealants;](#)**
868 **[\(g\) Administering local anesthetic, except intra osseous and intrapulpal delivery.](#)**
869 **[\(h\) Pulp vitality testing;](#)**
870 **[\(i\) Application of desensitizing medication or resin;](#)**
871 **[\(j\) Fabrication of athletic mouth guards;](#)**
872 **[\(k\) Changing of periodontal dressings;](#)**
873 **[\(L\) Simple extractions of erupted primary anterior teeth and coronal remnants of any](#)**
874 **[primary teeth;](#)**
875 **[\(m\) Emergency palliative treatment of dental pain;](#)**
876 **[\(n\) Preparation and placement of direct restoration in primary and permanent teeth;](#)**

877 (o) Fabrication and placement of single-tooth temporary crowns;
878 (p) Preparation and placement of preformed crowns on primary teeth;
879 (q) Indirect pulp capping on permanent teeth;
880 (r) Indirect pulp capping on primary teeth;
881 (s) Suture removal;
882 (t) Minor adjustments and repairs of removable prosthetic devices;
883 (u) Atraumatic restorative therapy and interim restorative therapy;
884 (v) Oral examination, evaluation and diagnosis of conditions within the scope of practice
885 of the dental therapist and with the supervising dentist's authorization;
886 (w) Removal of space maintainers;
887 (x) The dispensation and oral or topical administration of:
888 (A) Nonnarcotic analgesics;
889 (B) Anti-inflammatories; and
890 (C) Antibiotics; and
891 (D) Other services as specified by the Oregon Board of Dentistry by rule;
892 (2) A dental therapist may perform, pursuant to the dental therapist's collaborative
893 agreement, the following procedures under the indirect supervision of the dentist:
894 (a) Placement of temporary restorations;
895 (b) Fabrication of soft occlusal guards;
896 (c) Tissue reconditioning and soft relines;
897 (d) Tooth reimplantation and stabilization;
898 (e) Recementing of permanent crowns;
899 (f) Pulpotomies on primary teeth;
900 (g) Simple extractions of:
901 (A) Erupted posterior primary teeth; and
902 (B) Permanent teeth that have horizontal movement of greater than two millimeters or
903 vertical movement and that have at least 50 percent periodontal bone loss;
904 (h) Brush biopsies; and
905 (i) Direct pulp capping on permanent teeth.
906 (3) The supervising dentist described in subsection (2) of this rule shall review a
907 procedure described in subsection (2) of this rule that is performed by the dental
908 therapist and the patient chart that contains information regarding the procedure.
909

Oregon Board of Dentistry
Expanded Practice Dental Hygiene Permit
Verification of Collaborative Agreement

I _____, License No. _____ have entered into a collaborative agreement with _____, a dental hygienist with an expanded practice permit, License No. _____. The collaborative agreement sets forth the agreed-upon scope of the dental hygienist's practice with regard to the following:

Check all that apply:

- Administer local anesthesia.
- Administer temporary restorations without excavation.
- Prescribing prophylactic antibiotics and non-steroidal anti-inflammatory drugs:
 - * On your Collaborative Agreement you must specify either ALL prophylactic antibiotics or non-steroidal anti-inflammatory drugs, or if limiting prescribing abilities, list specific drugs allowed.
- Referral Parameters.

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD immediately.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dentist's Signature: _____ Date: _____

Dental Hygienist's Signature: _____ Date: _____

Rev.7/2017

Oregon Board of Dentistry

Dental Therapist

Verification of Collaborative Agreement

I, (print your name) _____, an Oregon licensed Dentist, license number D _____, have entered into a Collaborative Agreement with _____ (print your name) _____, an Oregon licensed Dental Therapist, license number DT _____. The Collaborative Agreement sets forth the agreed-upon scope of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure:

Please define the practice settings in which the dental therapist may provide care:

Please describe any limitation on the care the dental therapist may provide:

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care, (attach copy of guidelines):

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care:

Please describe protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider, (attach protocols):

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease:

General Supervision: requires that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: _____

*****If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.**

Specific Supervision Levels	GS	IS	DS	Not Allowed
Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390				
Comprehensive charting of the oral cavity				
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis				
Exposing and evaluation of radiographic images				
Dental prophylaxis, including subgingival scaling and polishing procedures				
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants				
Administering local anesthetic				
Pulp vitality testing				
Application of desensitizing medication or resin				
Fabrication of athletic mouth guards				
Changing of periodontal dressings				
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth				
Emergency palliative treatment of dental pain				
Preparation and placement of direct restoration in primary and permanent teeth				

Fabrication and placement of single-tooth temporary crowns				
Preparation and placement of preformed crowns on primary teeth				
Indirect pulp capping in permanent teeth				
Indirect pulp capping on primary teeth				
Suture removal				
Minor adjustments and repairs of removable prosthetic devices				
Atraumatic restorative therapy and interim restorative therapy				
Oral examination, evaluation and diagnosis of conditions within the supervising dentist' s authorization				
Removal of space maintainers				
The dispensation and oral or topical administration of: <ul style="list-style-type: none"> o Non-narcotic analgesics o Anti-inflammatories o Antibiotics 				

The below listed duties may be performed under **indirect supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **indirect supervision**, please initial here: _____

*****If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.**

Specific Supervision Levels	IS	DS	Not Allowed
Placement of temporary restorations			
Fabrication of soft occlusal guards			
Tissue reconditioning and soft relines			
Tooth reimplantation and stabilization			
Recementing of permanent crowns			
Pulpotomies on primary teeth			
Simple extractions of: <ul style="list-style-type: none"> o Erupted posterior primary teeth; and o Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss 			
Brush biopsies			
Direct pulp capping on permanent teeth			

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dentist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dental Therapist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

STOP – Did you remember to attach your....

- 1. Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?**

2. Medical emergency guidelines?
3. Quality assurance plan?
4. Protocols for when a patient requires treatment outside the dental therapist's scope of practice?

From HB 2528 (2021) Sections 8 - 10

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a practice agreement with the dentist. The practice agreement must include at least the following information:

(a) The level of supervision required;

(b) Circumstances under which the prior knowledge and consent of the dentist is required

to allow the dental therapist to provide a certain service or perform a certain procedure;

(c) The practice settings in which the dental therapist may provide care;

(d) Any limitation on the care the dental therapist may provide;

(e) Patient age- and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs, as described in section 10 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist,

a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375

to 678.390 or other licensed health care provider.

(2) A dentist who enters into a practice agreement with a dental therapist shall:

(a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and

(b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.

(3) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the practice agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(4) A dental therapist and a dentist who enter into a practice agreement together shall each maintain a physical copy of the practice agreement.

(5)(a) A dental therapist may enter into a practice agreement that allows for supervision by more than one dentist.

(b) A dentist may supervise and enter into practice agreements with up to five dental therapists at any one time.

(6)(a) A practice agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall submit the signed practice agreement to the Oregon Board of Dentistry. A practice agreement is not valid until approved by the board. The board may require changes to the practice agreement submitted under this paragraph prior to approval.

(c) A dental therapist shall submit a copy of the signed practice agreement with each

application for license renewal. Any changes to the practice agreement require renewed approval by the board.

SECTION 9. (1) A dental therapist may provide, pursuant to the dental therapist's practice agreement, the following services:

- (a) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;**
- (b) Comprehensive charting of the oral cavity;**
- (c) Exposure and evaluation of radiographic images;**
- (d) Mechanical polishing;**
- (e) Prophylaxis;**
- (f) Periodontal scaling;**
- (g) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;**
- (h) Pulp vitality testing;**
- (i) Application of desensitizing medication or resin;**
- (j) Fabrication of athletic mouth guards;**
- (k) Placement of temporary restorations;**
- (L) Fabrication of soft occlusal guards;**
- (m) Tissue conditioning and soft relines;**
- (n) Atraumatic restorative therapy and interim restorative therapy;**
- (o) Dressing changes;**
- (p) Tooth reimplantation and stabilization;**
- (q) Administration of local anesthetic;**
- (r) Administration of nitrous oxide with a valid permit issued by the Oregon Board of Dentistry;**
- (s) Emergency palliative treatment of dental pain;**
- (t) Placement and removal of space maintainers;**
- (u) Cavity preparation;**
- (v) Restoration of primary and permanent teeth;**
- (w) Fabrication and placement of temporary crowns;**
- (x) Preparation and placement of preformed crowns;**
- (y) Pulpotomies on primary teeth;**
- (z) Indirect and direct pulp capping on primary and permanent teeth;**
- (aa) Recementing of permanent crowns;**
- (bb) Extractions of primary teeth;**
- (cc) Simple extractions of periodontally diseased permanent teeth with advanced mobility;**
- (dd) Suture placement and removal;**
- (ee) Brush biopsies;**
- (ff) Minor adjustments and repair of defective prosthetic devices;**
- (gg) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;**
- (hh) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization; and**
- (ii) Other services as specified by the board by rule.**

(2) A dental therapist may provide a service listed in subsection (1) of this section that is outside the dental therapist's scope of practice if the dental therapist has received:

- (a) Instruction in the service through the dental therapist's dental therapy education program; or**
- (b) Additional training approved by the board.**

(3)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.

(b) A dental therapist may supervise up to four individuals under this subsection.

SECTION 10. (1) A dental therapist may, pursuant to the practice agreement, dispense and orally administer the following drugs:

(a) Nonnarcotic analgesics;

(b) Anti-inflammatories;

(c) Preventive agents; and

(d) Antibiotics.

(2) A dental therapist may, pursuant to the practice agreement, dispense samples of the drugs described in subsection (1) of this section.

(3) A practice agreement may impose greater restrictions on the dispensation and administration of drugs by a dental therapist than specified under this section

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Sent: Wednesday, December 22, 2021 10:53 AM
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Cc: rafia kaz <kaz.rafia@dhsosha.state.or.us>
Subject: Definition of Underserved Populations Follow-Up

Hello Underserved Population Rules Advisory Committee Members,
Our team wanted to inform you that we have heard back from the Department of Justice on what is acceptable and appropriate related to a definition of “underserved”, and we are accepting their recommendations for a reworded definition in full. Please see this revised language (attached).

We wanted to share this language with you right away, and to confirm our intention is to move forward with the rulemaking process and not hold an additional RAC meeting, but proceed with public comment period and then file the Rule with the Secretary of State, assuming we do not hear any further, substantial comments from the public.

OHA sincerely thanks you for offering your time and expertise to craft a definition that best serves the people of Oregon.

Please feel free to share your thoughts with us or ask us any questions.

Respectfully yours,

Jon McElfresh
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For the purposes of ORS XXX.XXX, the term “Underserved Population” refers to populations experiencing a shortage of dental health services due to systemic inequities causing an inability to pay, lack of access to culturally responsive, linguistically appropriate, and comprehensive care, or other inequities for reasons of race, ethnicity, national origin, language, disability, age, gender, gender identity, sexual orientation, socioeconomic class, religion, intersections among these communities or identities, or other socially determined circumstances. These populations include, but are not limited to:

- Latino/a/x populations
- Black or African American populations
- American Indian/Alaska Native populations
- Asian populations
- Middle Eastern and North African populations
- Native Hawaiian and Pacific Islander populations
- Slavic and Eastern European populations
- Immigrants and Refugees
- Individuals with limited English proficiency (LEP)
- Persons with disabilities
- LGBTQ+ populations
- Pregnant women, new mothers, and women with children
- Individuals transitioning out of incarceration
- Members of religious minorities
- People experiencing unstable housing/houselessness/homelessness
- Migrant and seasonal farmworkers, and related family members
- Young adults and postsecondary graduating students who do not have coverage options through a parent's plan, a student plan, or an employer plan
- Government program-eligible consumers, regardless of whether they are actually enrolled in the program, including those eligible for OHP, Cover All Kids/Cover All Oregonians, DHS foster children
- Uninsured or under-insured individuals, including those receiving coverage through community-based programs or funds
- Other populations not listed above experiencing inequities

Enrolled
House Bill 2528

Sponsored by Representatives SANCHEZ, BYNUM; Representatives ALONSO LEON, CAMPOS, DEXTER, MEEK, PRUSAK, SOLLMAN, WILLIAMS, WITT, Senator DEMBROW (Pre-session filed.)

CHAPTER

AN ACT

Relating to dental therapy; creating new provisions; amending ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011; and prescribing an effective date.

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

SECTION 1. Sections 2 to 12 of this 2021 Act are added to and made a part of ORS chapter 679.

SECTION 2. As used in sections 2 to 12 of this 2021 Act:

(1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.

(2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.

(3) "Dentist" means a person licensed to practice dentistry under this chapter.

SECTION 3. (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

(a) Is at least 18 years of age;

(b) Submits to the board a completed application form;

(c) Demonstrates the completion of a dental therapy education program;

(d) Passes an examination described in section 4 of this 2021 Act; and

(e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

SECTION 3a. Section 3 of this 2021 Act is amended to read:

Sec. 3. (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

- (a) Is at least 18 years of age;
- (b) Submits to the board a completed application form;
- (c) Demonstrates:

(A) The completion of a dental therapy education program that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the board by rule; or

(B) That the applicant is or was a participant in a dental pilot project;

- (d) Passes an examination described in section 4 of this 2021 Act; and
- (e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

SECTION 4. (1)(a) **The Oregon Board of Dentistry may require an applicant for a license to practice dental therapy to pass written, laboratory or clinical examinations to test the professional knowledge and skills of the applicant.**

(b) The examinations may not be affiliated with or administered by a dental pilot project or a dental therapy education program described in section 3 of this 2021 Act.

(c) The examinations must:

(A) Be elementary and practical in character, and sufficiently thorough to test the fitness of the applicant to practice dental therapy;

(B) Be written in English; and

(C) Include questions on subjects pertaining to dental therapy.

(2) **If a test or examination was taken within five years of the date of application and the applicant received a passing score on the test or examination, as established by the board by rule, the board:**

(a) To satisfy the written examination authorized under this section, may accept the results of national standardized examinations.

(b) To satisfy the laboratory or clinical examination authorized under this section:

(A) Shall accept the results of regional and national testing agencies or clinical board examinations administered by other states; and

(B) May accept the results of board-recognized testing agencies.

(3) The board shall accept the results of regional and national testing agencies or of clinical board examinations administered by other states, and may accept results of board-recognized testing agencies, in satisfaction of the examinations authorized under this section for applicants who have engaged in the active practice of dental therapy in Oregon, another state, the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a period of at least 3,500 hours in the five years immediately preceding application and who meet all other requirements for licensure.

(4) The board shall establish rules related to reexamination for an applicant who fails an examination.

SECTION 5. **The Oregon Board of Dentistry may refuse to issue or renew a license to practice dental therapy if the applicant or licensee:**

(1) Subject to ORS 670.280, has been convicted of a violation of the law. A certified copy of the record of conviction is conclusive evidence of conviction.

(2) Has been disciplined by a state licensing or regulatory agency of this state or another state regarding a health care profession if, in the judgment of the board, the acts or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the applicant or licensee to practice dental therapy in accordance with sections 2 to 12 of this 2021 Act. A certified copy of the disciplinary action is conclusive evidence of the disciplinary action.

(3) Has falsified an application for issuance or renewal of licensure.

(4) Has violated any provision of sections 2 to 12 of this 2021 Act or a rule adopted under sections 2 to 12 of this 2021 Act.

SECTION 6. (1) A person may not practice dental therapy or assume or use any title, words or abbreviations, including the title or designation “dental therapist,” that indicate that the person is authorized to practice dental therapy unless the person is licensed under section 3 of this 2021 Act.

(2) Subsection (1) of this section does not prohibit:

(a) The practice of dental therapy by a health care provider performing services within the health care provider’s authorized scope of practice.

(b) The practice of dental therapy in the discharge of official duties on behalf of the United States government, including but not limited to the Armed Forces of the United States, the United States Coast Guard, the United States Public Health Service, the United States Bureau of Indian Affairs or the United States Department of Veterans Affairs.

(c) The practice of dental therapy pursuant to an educational program described in section 3 of this 2021 Act.

(d) A dental therapist authorized to practice in another state or jurisdiction from making a clinical presentation sponsored by a bona fide dental or dental therapy association or society or an accredited dental or dental therapy education program approved by the Oregon Board of Dentistry.

(e) Bona fide students of dental therapy from engaging in clinical studies during the period of their enrollment and as a part of the course of study in a dental therapy education program described in section 3 (1) of this 2021 Act. The clinical studies may be conducted on the premises of the program or in a clinical setting located off the premises. The facility, instructional staff and course of study at an off-premises location must meet minimum requirements established by the board by rule. The clinical studies at the off-premises location must be performed under the indirect supervision of a member of the program faculty.

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

(g) The performance of duties by a federally certified dental health aide therapist or tribally authorized dental therapist in a clinic operated by the Indian Health Service, including, as described in 25 U.S.C. 1603, an Indian Health Service Direct Service Tribe clinic, a clinic operated under an Indian Self-Determination and Education Assistance Act of 1975 (P.L. 93-638) contract or a clinic operated under an urban Indian organization.

SECTION 7. (1) The Oregon Board of Dentistry may impose nonrefundable fees for the following:

(a) Application for licensure;

(b) Examinations;

- (c) Biennial dental therapy licenses, both active and inactive;
- (d) Licensure renewal fees;
- (e) Permits; and
- (f) Delinquency.

(2) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting fees and charges, the fees and charges established under sections 2 to 12 of this 2021 Act may not exceed the cost of administering sections 2 to 12 of this 2021 Act as authorized by the Legislative Assembly within the Oregon Board of Dentistry budget and as modified by the Emergency Board.

(3)(a) The Oregon Board of Dentistry may waive a license fee for a licensee who provides to the board satisfactory evidence that the licensee has discontinued the practice of dental therapy because of retirement.

(b) A licensee described in this subsection may apply to the board for reinstatement of the license pursuant to rules adopted by the board. An application under this paragraph must include a fee. If the licensee has been retired or inactive for more than one year from the date of application, the licensee shall include with the application satisfactory evidence of clinical competence, as determined by the board.

(4)(a) A license to practice dental therapy is valid for two years and may be renewed. A licensee shall submit to the board an application for renewal and payment of the fee.

(b) A dental therapist issued a license in an even-numbered year must apply for renewal by September 30 of each even-numbered year thereafter. A dental therapist issued a license in an odd-numbered year must apply for renewal by September 30 of each odd-numbered year thereafter.

(c) The board may charge a reasonable fee if the application for renewal or the fee is submitted more than 10 days delinquent.

(5) A dental therapist shall inform the board of a change of the dental therapist's address within 30 days of the change.

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

(a) The level of supervision required for each procedure performed by the dental therapist;

(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;

(c) The practice settings in which the dental therapist may provide care;

(d) Any limitation on the care the dental therapist may provide;

(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs, as described in section 9 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

(3) A dentist who enters into a collaborative agreement with a dental therapist shall:

(a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and

(b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.

(4) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the collaborative agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(5) A dental therapist and a dentist who enter into a collaborative agreement together shall each maintain a physical copy of the collaborative agreement.

(6)(a) A dental therapist may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

(b) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(7)(a) A collaborative agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual submissions, a signed copy of the revised collaborative agreement must be submitted to the board as soon as practicable after the revision is made.

SECTION 9. (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:

(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;

(b) Comprehensive charting of the oral cavity;

(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;

(d) Exposing and evaluation of radiographic images;

(e) Dental prophylaxis, including subgingival scaling and polishing procedures;

(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;

(m) Emergency palliative treatment of dental pain;

(n) Preparation and placement of direct restoration in primary and permanent teeth;

(o) Fabrication and placement of single-tooth temporary crowns;

(p) Preparation and placement of preformed crowns on primary teeth;

- (q) Indirect pulp capping on permanent teeth;
 - (r) Indirect pulp capping on primary teeth;
 - (s) Suture removal;
 - (t) Minor adjustments and repairs of removable prosthetic devices;
 - (u) Atraumatic restorative therapy and interim restorative therapy;
 - (v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;
 - (w) Removal of space maintainers;
 - (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
 - (y) Other services as specified by the Oregon Board of Dentistry by rule.
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
- (a) Placement of temporary restorations;
 - (b) Fabrication of soft occlusal guards;
 - (c) Tissue reconditioning and soft reline;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.

(3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.

(4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.

(b) A dental therapist may supervise up to two individuals under this subsection.

SECTION 10. (1) A dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3 (1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry.

(2) A dental therapist shall purchase and maintain liability insurance as determined sufficient by the board.

(3) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

SECTION 11. A person licensed under section 3 of this 2021 Act is subject to the provisions of ORS 679.140.

SECTION 12. The Oregon Board of Dentistry shall adopt rules necessary to administer sections 2 to 12 of this 2021 Act. In adopting rules under this section, the board shall consult with dental therapists and organizations that represent dental therapists in this state.

SECTION 13. ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:

(1) “Dental assistant” means a person who, under the supervision of a dentist **or dental therapist**, renders assistance to a dentist, **dental therapist**, dental hygienist, dental technician or another dental assistant or who, under the supervision of a dental hygienist, renders assistance to a dental hygienist providing dental hygiene.

(2) “Dental hygiene” is that portion of dentistry that includes, but is not limited to:

(a) The rendering of educational, preventive and therapeutic dental services and diagnosis and treatment planning for such services;

(b) Prediagnostic risk assessment, scaling, root planing, curettage, the application of sealants and fluoride and any related intraoral or extraoral procedure required in the performance of such services; and

(c) Prescribing, dispensing and administering prescription drugs for the services described in paragraphs (a) and (b) of this subsection.

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

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

(5) “Dental therapist” means a person licensed to practice dental therapy under section 3 of this 2021 Act.

(6) “Dental therapy” means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under section 9 of this 2021 Act.

~~[(5)]~~ (7) “Dentist” means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

~~[(6)]~~ (8) “Dentist of record” means a dentist that either authorizes treatment for, supervises treatment of or provides treatment for a patient in a dental office or clinic owned or operated by an institution as described in ORS 679.020 (3).

~~[(7)(a)]~~ (9)(a) “Dentistry” means the healing art concerned with:

(A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tissues and structures; and

(B) The prescribing, dispensing and administering of prescription drugs for purposes related to the activities described in subparagraph (A) of this paragraph.

(b) “Dentistry” includes, but is not limited to:

(A) The cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of:

(i) Dental schools accredited by the Commission on Dental Accreditation of the American Dental Association;

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

~~[(8)]~~ (10) “Direct supervision” means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

~~[(9)]~~ (11) “Expanded practice dental hygienist” means a dental hygienist who performs dental hygiene services in accordance with ORS 680.205 as authorized by an expanded practice dental hygienist permit issued by the board under ORS 680.200.

~~[(10)]~~ (12) “General supervision” means supervision requiring that a dentist authorize the procedures by standing orders, practice agreements or collaboration agreements, but not requiring that

a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

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

SECTION 14. ORS 679.140 is amended to read:

679.140. (1) The Oregon Board of Dentistry may discipline as provided in this section any person licensed to practice dentistry in this state for any of the following causes:

(a) Conviction of any violation of the law for which the court could impose a punishment if the board makes the finding required by ORS 670.280. The record of conviction or a certified copy thereof, certified by the clerk of the court or by the judge in whose court the conviction is entered, is conclusive evidence of the conviction.

(b) Renting or lending a license or diploma of the dentist to be used as the license or diploma of another person.

(c) Unprofessional conduct.

(d) Any violation of this chapter or ORS 680.010 to 680.205, of rules adopted pursuant to this chapter or ORS 680.010 to 680.205 or of an order issued by the board.

(e) Engaging in or permitting the performance of unacceptable patient care by the dentist or by any person working under the supervision of the dentist due to a deliberate or negligent act or failure to act by the dentist, regardless of whether actual injury to the patient is established.

(f) Incapacity to practice safely.

(2) "Unprofessional conduct" as used in this chapter includes but is not limited to the following:

(a) Obtaining any fee by fraud or misrepresentation.

(b) Willfully betraying confidences involved in the patient-dentist relationship.

(c) Employing, aiding, abetting or permitting any unlicensed personnel to practice dentistry [or], dental hygiene **or dental therapy**.

(d) Making use of any advertising statements of a character tending to deceive or mislead the public or that are untruthful.

(e) Impairment as defined in ORS 676.303.

(f) Obtaining or attempting to obtain a controlled substance in any manner proscribed by the rules of the board.

(g) Prescribing or dispensing drugs outside the scope of the practice of dentistry or in a manner that impairs the health and safety of an individual.

(h) Disciplinary action by a state licensing or regulatory agency of this or another state regarding a license to practice dentistry, dental hygiene, **dental therapy** or any other health care profession when, in the judgment of the board, the act or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the licensee or applicant to practice dentistry [or], dental hygiene **or dental therapy** in accordance with the provisions of this chapter. A certified copy of the record of the disciplinary action is conclusive evidence of the disciplinary action.

(3) The proceedings under this section may be taken by the board from the matters within its knowledge or may be taken upon the information of another, but if the informant is a member of the board, the other members of the board shall constitute the board for the purpose of finding judgment of the accused.

(4) In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice dentistry in this state, the current teachings at accredited dental schools, relevant technical reports published in recognized dental journals and the desirability of reasonable experimentation in the furtherance of the dental arts.

(5) In disciplining a person as authorized by subsection (1) of this section, the board may use any or all of the following methods:

(a) Suspend judgment.

(b) Place a licensee on probation.

(c) Suspend a license to practice dentistry in this state.

- (d) Revoke a license to practice dentistry in this state.
 - (e) Place limitations on a license to practice dentistry in this state.
 - (f) Refuse to renew a license to practice dentistry in this state.
 - (g) Accept the resignation of a licensee to practice dentistry in this state.
 - (h) Assess a civil penalty.
 - (i) Reprimand a licensee.
 - (j) Impose any other disciplinary action the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty.
- (6) If the board places any person upon probation as set forth in subsection (5)(b) of this section, the board may determine and may at any time modify the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public and for the purpose of the rehabilitation of the probationer or both. Upon expiration of the term of probation, further proceedings shall be abated by the board if the person holding the license furnishes the board with evidence that the person is competent to practice dentistry and has complied with the terms of probation. If the evidence fails to establish competence to the satisfaction of the board or if the evidence shows failure to comply with the terms of the probation, the board may revoke or suspend the license.
- (7) If a license to practice dentistry in this state is suspended, the person holding the license may not practice during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated by the board if the board finds, based upon evidence furnished by the person, that the person is competent to practice dentistry and has not practiced dentistry in this state during the term of suspension. If the evidence fails to establish to the satisfaction of the board that the person is competent or if any evidence shows the person has practiced dentistry in this state during the term of suspension, the board may revoke the license after notice and hearing.
- (8) Upon receipt of a complaint under this chapter or ORS 680.010 to 680.205, the board shall conduct an investigation as described under ORS 676.165.
- (9) Information that the board obtains as part of an investigation into licensee or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving licensee or applicant conduct is confidential as provided under ORS 676.175. Notwithstanding ORS 676.165 to 676.180, the board may disclose confidential information regarding a licensee or an applicant to persons who may evaluate or treat the licensee or applicant for drug abuse, alcohol abuse or any other health related conditions.
- (10) The board may impose against any person who violates the provisions of this chapter or ORS 680.010 to 680.205 or rules of the board a civil penalty of up to \$5,000 for each violation. Any civil penalty imposed under this section shall be imposed in the manner provided in ORS 183.745.
- (11) Notwithstanding the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee, the board may:
- (a) Proceed with any investigation of, or any action or disciplinary proceedings against, the dentist [*or*], dental hygienist **or dental therapist**; or
 - (b) Revise or render void an order suspending or revoking the license.
- (12)(a) The board may continue with any proceeding or investigation for a period not to exceed four years from the date of the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee; or
- (b) If the board receives a complaint or initiates an investigation within that four-year period, the board's jurisdiction continues until the matter is concluded by a final order of the board following any appeal.
- (13) Withdrawing the application for license does not close any investigation, action or proceeding against an applicant.

SECTION 15. ORS 679.170 is amended to read:
679.170. [*No person shall*] **A person may not:**

(1) Sell or barter, or offer to sell or barter, any diploma or document conferring or purporting to confer any dental degree, or any certificate or transcript made or purporting to be made, pursuant to the laws regulating the license and registration of dentists.

(2) Purchase or procure by barter, any [such] diploma, certificate or transcript **described in subsection (1) of this section**, with intent that it be used as evidence of the holder's qualification to practice dentistry, or in fraud of the laws regulating [such] **the practice of dentistry**.

(3) With fraudulent intent, alter in a material regard any [such] diploma, certificate or transcript **described in subsection (1) of this section**.

(4) Use or attempt to use any [such] diploma, certificate or transcript **described in subsection (1) of this section**, which has been purchased, fraudulently issued, counterfeited or materially altered, either as a license or color of license to practice dentistry, or in order to procure registration as a dentist.

(5) Willfully make a false written or recorded oral statement to the Oregon Board of Dentistry in a material regard.

(6) Within 10 days after demand made by the board, fail to respond to the board's written request for information or fail to furnish to the board the name and address of all persons practicing or assisting in the practice of dentistry in the office of such person at any time within 60 days prior to the notice, together with a sworn statement showing under and by what license or authority such person and employee are and have been practicing dentistry.

(7) Employ or use the services of any unlicensed person, to practice dentistry [or], dental hygiene **or dental therapy**, except as permitted by ORS 679.025, 679.176 and 680.010 to 680.205.

SECTION 16. ORS 679.250 is amended to read:

679.250. The powers and duties of the Oregon Board of Dentistry are as follows:

(1) To, during the month of April of each year, organize and elect from its membership a president who shall hold office for one year, or until the election and qualification of a successor.

(2) To authorize all necessary disbursements to carry out the provisions of this chapter, including but not limited to, payment for necessary supplies, office equipment, books and expenses for the conduct of examinations, payment for legal and investigative services rendered to the board, and such other expenditures as are provided for in this chapter.

(3) To employ such inspectors, examiners, special agents, investigators, clerical assistants, assistants and accountants as are necessary for the investigation and prosecution of alleged violations and the enforcement of this chapter and for such other purposes as the board may require. Nothing in this chapter shall be construed to prevent assistance being rendered by an employee of the board in any hearing called by it. However, all obligations for salaries and expenses incurred under this chapter shall be paid from the fees accruing to the board under this chapter and not otherwise.

(4)(a) To conduct examinations of applicants for license to practice dentistry [and], dental hygiene **and dental therapy** at least twice in each year.

(b) In conducting examinations for licensure, the board may enter into a compact with other states for conducting regional examinations with other board of dental examiners concerned, or by a testing service recognized by such boards.

(5) To meet for the transaction of other business at the call of the president. A majority of board members shall constitute a quorum. A majority vote of those present shall be a decision of the entire board. The board's proceedings shall be open to public inspection in all matters affecting public interest.

(6) To keep an accurate record of all proceedings of the board and of all its meetings, of all receipts and disbursements, of all prosecutions for violation of this chapter, of all examinations for license to practice dentistry, with the names and qualifications for examination of any person examined, together with the addresses of those licensed and the results of such examinations, a record of the names of all persons licensed to practice dentistry in Oregon together with the addresses of all such persons having paid the license fee prescribed in ORS 679.120 and the names of all persons whose license to practice has been revoked or suspended.

(7) To make and enforce rules necessary for the procedure of the board, for the conduct of examinations, for regulating the practice of dentistry, and for regulating the services of dental hygienists and dental auxiliary personnel not inconsistent with the provisions of this chapter. As part of such rules, the board may require the procurement of a permit or other certificate. Any permit issued may be subject to periodic renewal. In adopting rules, the board shall take into account all relevant factors germane to an orderly and fair administration of this chapter and of ORS 680.010 to 680.205, the practices and materials generally and currently used and accepted by persons licensed to practice dentistry in this state, dental techniques commonly in use, relevant technical reports published in recognized dental journals, the curriculum at accredited dental schools, the desirability of reasonable experimentation in the furtherance of the dental arts, and the desirability of providing the highest standard of dental care to the public consistent with the lowest economic cost.

(8) Upon its own motion or upon any complaint, to initiate and conduct investigations of and hearings on all matters relating to the practice of dentistry, the discipline of licensees, or pertaining to the enforcement of any provision of this chapter. In the conduct of investigations or upon the hearing of any matter of which the board may have jurisdiction, the board may take evidence, administer oaths, take the depositions of witnesses, including the person charged, in the manner provided by law in civil cases, and compel their appearance before it in person the same as in civil cases, by subpoena issued over the signature of an employee of the board and in the name of the people of the State of Oregon, require answers to interrogatories, and compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation or to the hearing. In all investigations and hearings, the board and any person affected thereby may have the benefit of counsel, and all hearings shall be held in compliance with ORS chapter 183. Notwithstanding ORS 676.165, 676.175 and 679.320, if a licensee who is the subject of an investigation or complaint is to appear before members of the board investigating the complaint, the board shall provide the licensee with a current summary of the complaint or the matter being investigated not less than five days prior to the date that the licensee is to appear. At the time the summary of the complaint or the matter being investigated is provided, the board shall provide to the licensee a current summary of documents or alleged facts that the board has acquired as a result of the investigation. The name of the complainant or other information that reasonably may be used to identify the complainant may be withheld from the licensee.

(9) To require evidence as determined by rule of continuing education or to require satisfactory evidence of operative competency before reissuing or renewing licenses for the practice of dentistry [or], dental hygiene **or dental therapy**.

(10) To adopt and enforce rules regulating administration of general anesthesia and conscious sedation by a dentist or under the supervision of a dentist in the office of the dentist. As part of such rules, the board may require the procurement of a permit which must be periodically renewed.

(11) To order an applicant or licensee to submit to a physical examination, mental examination or a competency examination when the board has evidence indicating the incapacity of the applicant or licensee to practice safely.

SECTION 17. Section 1, chapter 716, Oregon Laws 2011, is amended to read:

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

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

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

(c) Achieve at least one of the following:

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

(B) Develop new categories of dental personnel;

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

- (D) Teach new oral health care roles to previously untrained persons.
- (2) The authority shall adopt rules:
 - (a) Establishing an application process for pilot projects;
 - (b) Establishing minimum standards, guidelines and instructions for pilot projects; and
 - (c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:
 - (A) The process used to evaluate the progress and outcomes of the pilot project;
 - (B) The baseline data and information to be collected;
 - (C) The nature of program data that will be collected and the methods for collecting and analyzing the data;
 - (D) The provisions for protecting the safety of patients seen or treated in the project; and
 - (E) A statement of previous experience in providing related health care services.
- (3) The authority shall seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.
- (4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry [or], dental hygiene **or dental therapy** without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority.
 - (b) A person practicing dentistry [or], dental hygiene **or dental therapy** without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.
- (5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 [of this 2011 Act], **chapter 716, Oregon Laws 2011**.

SECTION 18. (1) Sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, by sections 13 to 17 of this 2021 Act become operative on January 1, 2022.

(2) The amendments to section 3 of this 2021 Act by section 3a of this 2021 Act become operative on January 1, 2025.

(3) The Oregon Board of Dentistry may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary to enable the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, and section 3 of this 2021 Act by sections 3a and 13 to 17 of this 2021 Act.

SECTION 19. This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.

Passed by House April 27, 2021

Repassed by House June 23, 2021

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Tina Kotek, Speaker of House

Passed by Senate June 22, 2021

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2021

Approved:

.....M.,....., 2021

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2021

.....
Shemia Fagan, Secretary of State

GENERAL INFORMATION ON MOTIONS:

How are Motions Presented?

1. Obtaining the floor
 - a. **Committee Members address the Chair by saying, "Madam Chair or Chair Martinez".**
 - b. Wait until the Chair recognizes you.
2. Make Your Motion
 - a. Speak in a clear and concise manner.
 - b. Always state a motion affirmatively. Say, **"I move that we..."** rather than, "I move that we do not..."
3. Wait for Someone to Second the Motion.
4. Another member will second your motion or the **Chair will call for a second.**
5. If there is no second to the motion it is lost.
6. **The Chair restates the Motion. The Chair will say, "It has been moved and seconded that we ..."** Thus placing your motion before the committee for consideration and action.
 - a. The committee then either debates your motion, or may move directly to a vote.
 - b. Once your motion is presented to the membership by the Chair it becomes "assembly property", time for discussion on the matter- and cannot be changed without the consent of the members.
 - c. The time for you to speak in favor of your motion is at this point in time, rather than at the time you present it.
 - d. The Mover is always allowed to speak first.
 - e. **All comments and debate must be directed to the Chair.**
 - f. The Mover may speak again only after other speakers are finished, **unless called upon by the Chair.**
7. Putting the Question to the Committee
 - a. **The Chair asks, "Any more discussion on the matter/motion?"**
 - b. If there is no more discussion, a vote is taken.
 - c. **The Chair asks those in favor to say, "aye", those opposed to say "no".**
 - d. Vote clearly and loud enough for staff to record the vote accurately.
 - e. **The Chair will confirm the vote and the outcome.**

OBD Board Meeting Dates:

Oct 22, 2021

Dec 17, 2021

Feb 25, 2022

April 22, 2022

June 17, 2022

Aug 19, 2022

At the August 20, 2021 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Committee named the “Dental Therapy Rules Oversight Committee” per ORS 679.280, to create, amend, review and discuss the implementation of dental therapy rules with the passage of HB 2528 (2021). This historic piece of legislation was signed by Governor Kate Brown on July 19, 2021.

This new Committee is being created because the OBD seeks a dedicated and focused group of committee members to draft new dental therapy rules in a deliberate, fair and equitable manner for the OBD to consider. This Committee will also consider cost of compliance and racial justice issues as well with the development of these rules.

The Dental Therapy Rules Oversight Committee shall be comprised of three current OBD Board Members, one who will serve as the Chair of the Committee.

The Committee shall include three representatives from the Oregon dental therapy community or organizations that represent dental therapists in Oregon. The Committee members must reside or work in Oregon and the OBD President will select the three members if more than three people volunteer to serve on this Committee. Ideally, Oregon licensed dental therapists will serve on this Committee in the future once licenses are issued.

The Committee shall include one representative from the Oregon Health Authority, ideally the Dental Director or their designee. This is to leverage their experience with dental pilot projects.

The Committee will also include one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists’ Association and the Oregon Dental Assistants Association.

All Committee meetings will be held virtually unless conditions allow for safe in person meetings. All OBD Committee and Board meetings are public meetings.

The Legislature requires that the OBD adopt rules necessary to administer certain provisions of the new legislation. In adopting rules, the board shall consult with dental therapists and organizations that represent dental therapists in Oregon.

The public, dental therapy communities and all interested parties can take part in the implementation of the new dental therapy rules as they will be subject to the OBD’s public rulemaking process.

Chair, Yadira Martinez, RDH - OBD Representative
Sheena Kansal, DDS - OBD Representative
Jennifer Brixey - OBD Representative
Kaz Rafia, DDS OHA - Representative
Brandon Schwindt, DMD - ODA Representative
Amy Coplen, RDH - ODHA Representative
Ginny Jorgensen, CDA - ODAA Representative
Miranda Davis, DDS - DT Representative
Kari Douglass - DT Representative
Jason Mecum - DT Representative

Inaugural meeting held October 7, 2021 from 5 pm – 7 pm

Second meeting held November 10, 2021 from 5 pm - 7 pm

Third meeting held December 8, 2021 from 5 pm - 7 pm

Fourth meeting scheduled for January 19, 2022 from 5 pm - 7 pm