



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **MEETING NOTICE**

### **DENTAL THERAPY RULES OVERSIGHT COMMITTEE MEETING #3**

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

#### **ZOOM MEETING INFORMATION**

<https://us02web.zoom.us/j/83713951930?pwd=VXBUVzUvdK9adXdJMUUpaaGN2RkhJdz09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 837 1395 1930 • Passcode: 502184

**December 8, 2021**  
**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 Douglass – 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 November 10, 2021 meeting  
**Attachment #1**
2. Radiation Protection Service Staff were informed of dental therapy rule committee work as discussed at the last DTRO Committee Meeting  
**Attachment #2**
3. Process to initiate new fees  
**Attachment #3**
4. Stephen Bush, Permanente Dental Associates, Email to the Committee  
**Attachment #4**
5. Oregon Society of Oral and Maxillofacial Surgeons, Email to the Committee  
**Attachment #5**
6. Amy Coplen, Pacific University, Email to the Committee  
**Attachment #6**
7. Lori Lindley, OBD Sr, AAG, Advice Requested  
**Attachment #7**
8. Division 26 – OBD Staff proposed changes to Dental Therapy Rules  
**Attachment #8**
9. Dental Therapy Rules for review and discussion (***Committee to start work on line 623, as the document has been updated with all approved rule changes from last meeting, on 11.10.2021***)  
**Attachment #9**
10. Dental Therapy Bill HB 2528  
**Attachment #10**

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 next DTRO Meeting: January 19th 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

**DENTAL THERAPY RULES OVERSIGHT COMMITTEE #2  
Held as a Zoom Meeting**

**Minutes  
November 10, 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.  
Kari Douglass – 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, O.D.A.; Mary Harrison, CDA, EFDA, EFODA, FADAA - Oregon Dental Assistants' Association (ODAA); Sarah Kowalski, 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 5:02 p.m.

Chair Martinez noted that a stakeholder brought to her attention that they believed she may have a conflict of interest in serving as chair of this committee.

Due to that concern, she made the following statement on record:

“Generally, a conflict of interest is when a decision or recommendation as a public official could be to the private pecuniary benefit or detriment of the member of the committee.

Conflicts of interest do not apply to:

An interest or membership in a particular business, industry, occupation or other class required by law as a prerequisite to holding the position; or

Any action taken in the official capacity that would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of any occupation or other group including one in which the person is a member;

However, since a perceived conflict of interest concern has been voiced, I have decided to make this statement on the record of this committee. I do not believe that I have an actual or perceived conflict of interest. I do not see how chairing the DT committee is any different than me chairing the Hygiene committee. I am a licensed RDH and am taking part in a dental therapy educational program. I am not being paid by an outside organization to chair this committee and I know and understand what rules govern my participation in this committee. Being part of the pilot makes me a stakeholder along with every other person on this committee and there are also member on the committee that are or were participants in pilot #100. Any stakeholder is as welcome as I am, or any other member of the committee to request that the committee add items to the agenda. In the end it is not up to me or this committee to have the final say in the recommendations this committee makes to the Board. That power is the work of the full Board.”

Chair Martinez asked if any of the other committee members wanted to announce any conflict of interest or had any statement to issue as well.

The agenda was briefly reviewed.

Dr. Schwindt moved and Ms. Jorgensen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve the minutes from the October 7, 2021 DTRO Committee Meeting as presented. The motion passed unanimously.

Ms. Jorgensen discussed opportunities and boundaries for dental assistants to become dental therapists.

Committee members discussed the letter submitted by the ODA regarding foreign trained dental therapists. The committee directed staff to research the time frames for dental therapists to obtain licensure and bring recommendations to the next regularly scheduled meeting.

Ms. Douglass moved and Dr. Schwindt seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0080 – Renewal of License as presented. The motion passed unanimously.

#### **OAR 818-021-0080 Renewal of License**

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every person holding a current license. The licensee must return the completed renewal application along with current renewal fees prior to the 9 - Div. 21 expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry, [dental therapy](#) or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085 "Reinstatement of Expired Licenses."

- (1) Each dentist shall submit the renewal fee and completed and signed renewal application form by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years.
- (2) Each hygienist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and hygienists licensed in even numbered years shall apply for renewal in even numbered years.

(3) Each dental therapist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Dental Therapists licensed in odd numbered years shall apply for renewal in odd numbered years and dental therapists licensed in even numbered years shall apply for renewal in even numbered years.

~~(3)~~ (4) The renewal application shall contain:

- (a) Licensee's full name;
- (b) Licensee's mailing address;
- (c) Licensee's business address including street and number or if the licensee has no business address, licensee's home address including street and number;
- (d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number;
- (e) Licensee's employer or person with whom the licensee is on contract;
- (f) Licensee's assumed business name;
- (g) Licensee's type of practice or employment;
- (h) A statement that the licensee has met the educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-00XX;
- (i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
- (j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-00XX –Application for License to Practice Dental Therapy as presented. The motion passed unanimously.

#### 818-021-00XX

##### Application for License to Practice Dental Therapy

(1) 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.

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

(b) 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) Applicants must pass the Board's Jurisprudence Examination.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-00XX –Application for License to Practice Dental Therapy Without Further Examination as presented. The motion passed unanimously.

**818-021-00XX**

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

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

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

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

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

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

**(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and**

**(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and**

**(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.**

**(2) Applicants must pass the Board's Jurisprudence Examination.**

Dr. Schwindt moved and Ms. Douglass seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-001-0087– Fees as presented. The motion passed unanimously.

**818-001-0087**

**Fees**

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental —\$390;

(B) Dental — retired — \$0;

(C) Dental Faculty — \$335;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene —\$230;

(F) Dental Hygiene — retired — \$0;

November 10, 2021

Dental Therapy Rules Oversight Committee Meeting

Page 4 of 8

- (G) Volunteer Dental Hygienist — \$0;
- (H) Dental Therapy - \$300; (\$230)**
- (I) Dental Therapy - retired \$0.**
- (b) Biennial Permits, Endorsements or Certificates:
  - (A) Nitrous Oxide Permit — \$40;
  - (B) Minimal Sedation Permit — \$75;
  - (C) Moderate Sedation Permit — \$75;
  - (D) Deep Sedation Permit — \$75;
  - (E) General Anesthesia Permit — \$140;
  - (F) Radiology — \$75;
  - (G) Expanded Function Dental Assistant — \$50;
  - (H) Expanded Function Orthodontic Assistant — \$50;
  - (I) Instructor Permits — \$40;
  - (J) Dental Hygiene Restorative Functions Endorsement — \$50;
  - (K) Restorative Functions Dental Assistant — \$50;
  - (L) Anesthesia Dental Assistant — \$50;
  - (M) Dental Hygiene, Expanded Practice Permit — \$75;
  - (N) Non-Resident Dental Background Check - \$100.00;
- (c) Applications for Licensure:
  - (A) Dental — General and Specialty — \$345;
  - (B) Dental Faculty — \$305;
  - (C) Dental Hygiene — \$180;
  - (D) **Dental Therapy - \$250; (\$180)**
  - (D) (E) Licensure Without Further Examination — Dental, and Dental Hygiene and Dental Therapy — \$790.**
- (d) Examinations:
  - (A) Jurisprudence — \$0;
  - (e) Duplicate Wall Certificates — \$50.
- (2) Fees must be paid at the time of application and are not refundable.
- (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

The committee directed staff to contact Radiation Protection Services about updated their rules to include dental therapists.

Ms. Coplen moved and Dr. Schwindt 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 presented. 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 and dental therapy 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 818-026-0050(7) and (8).
- (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 818-026-0050(7) and (8).

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-026-0080 - Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia as amended. The motion died.

Dr. Davis continued the discussion regarding the proposed language. The committee directed staff to develop more specific language within the anesthesia rules and bring suggestions back to the next regularly scheduled DTRO committee meeting.

#### **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, ~~dental therapist~~ 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.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-038-0001 – Definitions as amended. The motion passed unanimously.

### 818-038-0001

#### Definitions

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

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

(3) "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.

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

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

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

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

Dr. Schwindt moved and Ms. Coplen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-0238-0010 –Authorization to Practice as amended. The motion passed unanimously.

**818-038-0010**

**Authorization to Practice**

**(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.**

**(2) 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.**

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

The committee discussed the legislative intent behind prohibiting administering Nitrous Oxide. Members were divided on whether Nitrous Oxide should be listed in Prohibited Acts and whether that would impact allowing dental therapists to administer Nitrous Oxide in the future. Ms. Lindley explained the appearance of the legislative intent, and would bring more information to the committee at the next regularly scheduled meeting.

Chair Martinez announced that the next DTRO Committee Meeting would be held December 8, 2021 from 5 p.m.-7 p.m.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 7:00 p.m.

### 333-106-0055

#### **General Requirements: X-ray Operator Training**

(1) The registrant shall assure that individuals who will be operating the X-ray equipment by physically positioning patients or animals, determining exposure parameters, or applying radiation for diagnostic purposes shall have adequate training in radiation safety.

(a) Radiation safety training records shall be maintained by the registrant for each individual who operates X-ray equipment. Records must be legible and meet the requirements in OAR 333-120-0690.

(b) When requested by the Authority, radiation safety training records shall be made available.

(2) Dental X-ray operators who meet the following requirements are considered to have met the requirements in section (1) of this rule:

(a) Currently licensed by the Oregon Board of Dentistry as a dentist or dental hygienist; or

(b) Is a dental assistant who is certified by the Oregon Board of Dentistry in radiologic proficiency.

(c) Dental radiology students in an approved Oregon Board of Dentistry dental radiology course are permitted to take dental radiographs on human patients during their clinical training, under the direct supervision of a dentist or dental hygienist currently licensed, or a dental assistant who has been certified in radiologic proficiency by the Oregon Board of Dentistry.

(3) Veterinary X-ray operators who meet the following requirements are considered to have met the requirements in section (1) of this rule:

(a) Currently licensed by the Oregon Veterinary Medical Examining Board as a veterinarian or a certified veterinary technician.

(b) Veterinary students enrolled in a radiology course approved by the Oregon Veterinary Medical Examining Board are permitted to take radiographs on animal patients during their clinical training under the direct supervision of a veterinarian or a certified veterinary technician who is currently licensed.

(4) Diagnostic medical X-ray operators who meet the following requirements are considered to have met the requirements of section (1) of this rule:

(a) Holds a current license from the Oregon Board of Medical Imaging; or

(b) Holds a current limited X-ray machine operator permit from the Oregon Board of Medical Imaging; or

(c) Is a student in an approved school of Radiologic Technology as defined in ORS 688.405 while practicing Radiologic Technology under the direct supervision of a radiologist who is currently licensed with the Oregon Medical Board or a radiologic technologist who is licensed with the Oregon Board of Medical Imaging; or

(d) Is a student in an Oregon Board of Medical Imaging approved limited permit program under a radiologic technologist who is licensed by the Oregon Board of Medical Imaging.

(5) All other types of X-ray operators must have completed an Authority approved radiation use and safety course.

(6) At a minimum, an Authority approved training course shall cover the following subjects:

(a) Nature of X-rays:

(A) Interaction of X-rays with matter;

(B) Radiation units;

(C) X-ray production;

(D) Biological effects of X-rays; and

(E) Risks of radiation exposure.

(b) Principles of the X-ray machine:

(A) External structures and operating console;

(B) Internal structures:

(i) Anode; and

(ii) Cathode.

(C) Operation of an X-ray machine;

(D) Tube warm up;

(E) Factors affecting X-ray emission:

(i) mA;

(ii) kVp;

(iii) Filtration; and

(iv) Voltage waveform.

(c) Principles of radiation protection:

(A) Collimation;

(B) Types of personal protection equipment and who must wear it;

(C) ALARA;

(D) Time, distance, shielding;

(E) Operator safety;

(F) Personal dosimetry:

(i) Types of dosimetry;

(ii) Proper placement of dosimetry; and

(iii) Situations that require dosimetry.

(G) Occupational and non-occupational dose limits.

(d) Radiographic technique:

(A) Factors affecting technique choice:

(i) Thickness of part;

(ii) Body composition;

(iii) Pathology; and

(iv) Film versus computed radiography (CR) and digital radiography (DR).

(B) How to develop an accurate chart;

(C) Low dose techniques;

(D) Pediatric techniques (does not apply to veterinary); and

(E) AEC Techniques.

(e) Darkroom:

(A) Safelights;

(B) Chemical storage;

(C) Film storage; and

(D) Darkroom cleanliness.

(f) Image processing:

(A) Automatic film processing;

(B) Dip tank film processing;

(C) Computed radiography (CR) processing; and

(D) Digital radiography (DR) processing.

(g) Image critique:

- (A) Reading room conditions;
- (B) Light box conditions;
- (C) Image identification;
- (D) Artifacts;
- (E) Exposure indicators for CR and DR;
- (F) Technical parameter evaluation; and
- (G) Positioning evaluation.

(h) Veterinary X-ray use (for veterinary courses only):

- (A) Types of animal restraints;
- (B) Small animal versus large animal;
- (C) Film holders; and
- (D) Portable X-ray machine safety.

(i) Applicable federal and state radiation regulations including those portions of chapter 333, divisions 100, 101, 103, 106, 111, 120, and 124.

(7) In addition to the training outlined in section (6) of this rule, medical X-ray equipment operators using diagnostic radiographic equipment on human patients, and who are not regulated by the Oregon Board of Medical Imaging, must have 100 hours or more of instruction in radiologic technology including, but not limited to:

- (a) Anatomy physiology, patient positioning, exposure and technique; and
- (b) Appropriate types of X-ray examinations that the individual will be performing; and in addition
- (c) Receive 200 hours or more of X-ray laboratory instruction and practice in the actual use of an energized X-ray unit, setting techniques and practicing positioning of the appropriate diagnostic radiographic procedures that they intend to administer.

(8) All X-ray operators shall be able to demonstrate competency in the safe use of the X-ray equipment and associated X-ray procedures.

(9) When required by the Authority, applications training must be provided to the operator before use of X-ray equipment on patients.

(a) Records of this training must be maintained and made available to the Authority for inspection.

(b) The training may be in any format such as hands-on training by a manufacturer's representative, video or DVD instruction, or a training manual.

(10) X-ray equipment operators who have received their radiation safety training outside of Oregon will be considered to have met the training requirements in section (5) of this rule, if the Authority's or applicable Oregon Licensing Board's evaluation of their training or training and experience, reveals that they substantially meet the intent of section (6) of this rule.

**Statutory/Other Authority:** ORS 453.605 - 453.807

**Statutes/Other Implemented:** ORS 453.605 - 453.807

**History:**

PH 19-2015, f. 9-30-15, cert. ef. 10-1-15

PH 32-2014, f. 12-22-14, cert. ef. 1-1-15

PH 24-2014, f. & cert. ef. 8-15-14

PH 10-2011, f. 9-30-11, cert. ef. 10-1-11

PH 20-2010, f. & cert. ef. 9-1-10

PH 14-2008, f. & cert. ef. 9-15-08

PH 12-2006, f. & cert. ef. 6-16-06

PH 5-2005, f. & cert. ef. 4-11-05

PH 36-2004, f. & cert. ef. 12-1-04

PH 31-2004(Temp), f. & cert. ef. 10-8-04 thru 4-5-05

PH 3-2003, f. & cert. ef. 3-27-03

HD 24-1994, f. & cert. ef. 9-6-94

HD 15-1994, f. & cert. ef. 5-6-94

HD 1-1991, f. & cert. ef. 1-8-91

HD 4-1985, f. & ef. 3-20-85

## Fee Approval Form

### REQUEST FOR FEE INCREASE/ESTABLISHMENT/DECREASE

**PART 1** (State agencies: Complete when requesting authority to increase or establish fees administratively, or when notifying DAS of a fee decrease.)

Date received:

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Division/Program: \_\_\_\_\_ Contact: \_\_\_\_\_

Brief Description of Fee Change: \_\_\_\_\_ (Name and phone number.)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Check one:

Fee Increase     Fee Establishment     Fee Decrease    Statutory Authority for fee: \_\_\_\_\_

Please check all statements that apply and provide the anticipated date(s) below:

Date proposed rule(s), or rule(s) change, to be filed with the Secretary of State: \_\_\_\_\_

Anticipated rule adoption date: \_\_\_\_\_

Date fee schedule becomes effective: \_\_\_\_\_

Date of proposed E-Board Action: \_\_\_\_\_

**REQUIRED - Attach Form 107BF22 and cover letter, with information on each fee affected. (See instructions on back.)**

Approved:     Denied:     Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    By: \_\_\_\_\_

Reviewed by: \_\_\_\_\_    Director, Department of Administrative Services

**PART 2** (State agencies: Complete following rule adoption or fee effective date.)

Administrative Rule Reference: \_\_\_\_\_    Date rule adopted or fee effective: \_\_\_\_/\_\_\_\_/\_\_\_\_\*

Actual fee amount(s) adopted: \_\_\_\_\_

Authorized agency signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Form must be returned to DAS within 10 days of the date rule is adopted or fee is effective.

DAS Contact for questions: Kristin Keith via email at: [Kristin.Keith@oregon.gov](mailto:Kristin.Keith@oregon.gov)

Note: Approval good only through July 1 of the next odd-numbered year or sine die, whichever is later, unless approved in legislation by the Regular Session of the Legislative Assembly.



## Instructions for completing the Fee Approval Form (107BF21)

### When to complete form 107BF21

ORS 291.055 requires agencies to get approval from DAS to establish, increase or decrease fees in certain cases, before the fees take effect. This requirement was originally passed by the 1995 Legislature in Senate Bill 333, and is still commonly known as the “SB 333 process.” Form 107BF21 must be completed, with few exceptions, any time an agency is establishing or changing fee amounts. However, DAS approval and form 107BF21 is **not** required for fees anticipated in the legislative budget process. Other exceptions can be found in ORS 291.055(2).

### Reporting Requirements

When establishing or changing a fee, an agency must submit the following information to their DAS, Chief Financial Office, Budget and Management Analyst:

1. Form 107BF21 – with Part 1 fully completed.
2. Form 107BF22 – Fee Change Detail Report fully completed.
3. A cover letter on agency letterhead that provides an overview of and provides context for the impact of the fee change or establishment. The cover letter should include the following information, when relevant, in order for DAS to review the proposal:
  - a. An explanation of why the fee change or new fee is required. For example, was the fee change necessary due to:
    - An increase or decrease in Federal Funds or Other Funds revenues?
    - Increased program costs? If so, please explain what factors have contributed to rising costs.
    - Changes in transaction volumes like number of fee payers or renewals? Please provide trend information and related FTE workload statistics.
    - A new fee created by statute?
    - Policy changes? Regulatory streamlining? Please explain.
    - Other?
  - b. A summary of program funding. For example, how much of the program is covered by fee revenues? How much by General Fund or Federal Funds? Will the new fee level allow replacement of General Fund? Do statutes/rules require General Fund to constitute a minimum proportion of overall program funding?
  - c. An estimate of the timeframe the proposed fee will sustain the program. Please explain the underlying assumptions.
  - d. A table showing calculations if the fee is based on a sliding scale.
  - e. A summary of who pays the fee and the stakeholders and recipients of the program.
  - f. An overview of stakeholder/fee payer participation in the fee-setting process, including: a summary of stakeholder impacts; any outreach done to garner stakeholder input prior to setting the new fee level; and whether there is stakeholder approval or opposition to the new rate. If opposition, summarize those comments. If the only outreach done was via public comment during rulemaking please state so. Also, please identify if the fees relate to policy discussions/concerns raised during the Legislative session, and provide a summary of those discussions/concerns.

### Process

After submission of required information, your CFO BAM Analyst will draft a recommendation memo and route it, along with forms 107BF21 and 107BF22 and the cover letter, through the DAS approval process. Once approved or denied, form 107BF21 will be returned to the agency. If approved, the agency must complete Part 2 and submit the form to DAS within 10 days of the date the rule is adopted or the proposed fee is effective.

## DTRO Committee - comments re proposed rulemaking

Stephen Bush <Stephen.C.Bush@kp.org>

Tue 11/2/2021 1:04 PM

To: PRISBY Stephen \*OBD <Stephen.PRISBY@oregondentistry.org>

Cc: John X. Snyder <John.J.Snyder@kp.org>; Lindsey G. Popov <Lindsey.G.Popov@kp.org>; Deepak X. Devarajan <Deepak.Devarajan@kp.org>; Cyrus X. Lee <Cyrus.J.Lee@kp.org>; Felix W. Lee <Felix.W.Lee@kp.org>; Daniel X. Pihlstrom <Dan.J.Pihlstrom@kp.org>

Dear Mr. Prisby,

I am writing on behalf of my client, Permanente Dental Associates, PC ("PDA") to provide comments on the DTRO's proposed rulemaking for Dental Therapists ("DTs"). I apologize for this stale submission – I was not able to attend the October 7<sup>th</sup> meeting, but I am grateful to be able to review its output. PDA offers these comments for the November 10<sup>th</sup> meeting.

- Regarding proposed OAR 818-038-0020(1), PDA respectfully urges that Dental Therapists should be eligible for permits to administer nitrous oxide. In particular, it would be highly limiting to a DT's practice – and contrary to the public policy rationale underlying the enacting legislation – if DTs were unable to administer nitrous oxide to children in underserved populations. If DTs are to emphasize underserved populations in their practice as HB 2528 commands, then that will include children with Medicaid-based coverage or possibly no dental coverage at all who are seeking care at a low cost or no-cost dental clinic. These children may not have seen a dentist in years and frequently present with significant carious lesions and other dental pathology that is often most easily treated with the administration of nitrous oxide. In our brief research, several other states, including Arizona, Maine, and Minnesota, allow nitrous oxide administered by dental therapists under varying levels of dentist supervision. PDA would respectfully propose that DTs should be permitted to administer nitrous oxide under indirect supervision. If, however, the DTRO or Board of Dentistry determines that DTs cannot be permit-holders, PDA would at a minimum recommend calling out dental therapists to perform procedures when a permitted dentist administers the nitrous oxide, like dental assistants do now:

OAR 818-026-0055(2): Under indirect supervision, a dental assistant or dental therapist may perform those procedures for which the dental assistant or dental therapist holds the appropriate certification for a patient who is under nitrous oxide...

- PDA also respectfully submits that the Proposed section OAR 818-038-XXXX re Collaborative Agreements is unnecessarily prescriptive and complex given that the enacting legislation, HB 2528, already contains substantial requirements. The original bill, HB 2528, contains 22 subsections on the required contents in collaborative agreements between dentists and DTs. Yet, subsection 3 in the proposed rulemaking would add another 11 requirements. In speaking with several dentists about this proposed language, almost all have said words to the effect of: "I would probably just give up than try to meet all these requirements." Another told me: "I shouldn't have to hire a lawyer in order to hire a dental therapist." Given how prescriptive HB 2528 already is, PDA submits that the additional requirements for Collaborative Agreement in the proposed rulemaking are excessively burdensome and should be eliminated.
- Last, PDA asks that DTRO Committee consider providing written guidance for multi-party collaborative agreements between dentists and dental therapists to accommodate medium and large-sized group practices, which are, frankly, often in the best position to provide OHP/Medicaid services to underserved populations, especially children. If you review the [sample Collaborative Agreement for EPDHs](#) on the Board of Dentistry's website, it contemplates a 1:1 dentist to EPDH relationship. It seems likely that a DT would be used as a "dentist extender" in medium or large group dental practices where multiple dentists are supervising one or more dental therapists.

I am grateful to the DTRO Committee for its consideration of these comments. Thank you.

**Steve Bush, JD** ("he/him")

Vice-President, Legal Services & Government Relations  
Compliance, Privacy & Security Official

**Permanente Dentistry**

Permanente Dental Associates

971-221-6615 (mobile)  
503-813-2724 (office)  
49-2724 (tie-line)  
stephen.c.bush@kp.org

Office Hours: M-F 8-2  
Upcoming PTO:

[pda-dental.com](http://pda-dental.com)

[Facebook](#) | [Twitter](#)

**Kaiser Permanente**  
[kp.org](http://kp.org)

**PRIVILEGED & CONFIDENTIAL COMMUNICATION:** This message, including attachments, is confidential and may contain information protected by the attorney-client privilege or attorney work product doctrine. If you are not the addressee, any disclosure, copying, distribution, or use of the contents of this message are prohibited. If you have received this email in error, please destroy it without reading, forwarding or saving, and notify the sender immediately. Any tax advice contained in this message is not intended or written with the intent that it be used, and cannot be used, for the purpose of (1) avoiding penalties under the Internal Revenue Code or (2) promoting, marketing, or recommending to others any tax-related matter(s) addressed here.

**NOTICE TO RECIPIENT:** If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. v.173.295 Thank you.



Oregon Board of Dentistry

Dental Therapy Rules Oversight Committee

1500 SW 1st Ave #770, Portland, OR 97201

Delivered via email

November 8, 2021

Dear Committee members:

On behalf of the Oregon Society of Oral and Maxillofacial Surgeons, I would like to share some comments we have regarding the dental therapy (DT) proposed rules.

HB 2528 (page 45) requires a dental therapist to consult with the supervising dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. We would recommend a definition of "severe systemic disease," Specifically, we recommend that "severe systemic disease" should be defined as ASA class III or greater. The American Society of Anesthesiologists definition of ASA III clearly spells out "A patient with severe systemic disease," which is consistent with the wording in HB2528.

In general, we have reservations about DTs performing any irreversible procedure on an ASA III patient under general supervision and would prefer it to be under indirect supervision. ASA III patients are often times frail and more likely to experience a medical emergency during dental treatment. In addition, they have lower physiologic reserves, and require rapid intervention by qualified medical personnel in these situations.

OSOMS believes that rules for dental therapists working with patients under anesthesia should be consistent with existing rules allowing treatment by a dental hygienist or an Expanded Function Dental Assistant (EFDA) who perform procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA. We also strongly recommend the DT rules oversight committee refer anesthesia related rules to the Board of Dentistry's existing Anesthesia Committee to review given the potential negative complications sedation can have on patients. This recommendation aligns with all other anesthesia related policies that go before that committee prior to rule adoption.

Additionally, we recommend that DTs who perform procedures on a patient under sedation (even with anesthesia provided by a separate anesthesia provider as mentioned above) should be required to maintain Basic Life Support certification and have access to appropriate emergency equipment. This is required for dentists performing procedures on patients receiving anesthesia from separate anesthesia

providers (as noted in the excerpt from OBD 818-026-0080 (3) below), and we believe the same should be true for DTs (and dental hygienists or EFDAs for that matter).

*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.*

In regard to scope clarification, OSOMS also believes that procedures falling into (1)(m) Emergency palliative treatment of dental plan; need to be limited to the approved scope of practice based on the training/license and included in the collaborative agreement of the DT. As it is now written, the guideline is vague and needs further explanation. We believe this is a critical piece to define within rule.

Please contact me for further clarification or if there is anything we can help with in providing further guidance for this rule making process. We are committed to ensuring the success of this new provider and believe our expertise is critical in this process.

Warm Regards,

A handwritten signature in black ink, appearing to read 'TK', followed by a horizontal line extending to the right.

Thomas Kolodge, DDS, MD  
President

November 19, 2021

Mr. Stephen Prisby  
Executive Director  
Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, OR 97201-5828

Dear Mr. Prisby,

On behalf of myself and The School of Dental Hygiene Studies at Pacific University I would like to provide support for including nitrous oxide in the scope of practice for Dental Therapists and, at the very least, remove it from proposed prohibited acts of a dental therapist (818-038-0020).

I was heavily involved in the 2021 legislative session by serving on the workgroup convened by Senator Monnes Andersen over the summer and provided testimony in all committee hearings prior to the House and Senate floor votes. In addition, I have read submitted testimony on the bill. To my knowledge, there was no specific discussion about removing nitrous in any hearings or through written testimony. I do recall discussions about extractions, pulp capping, tooth reimplantation, and sutures which are all procedures that were brought under indirect supervision or removed from the bill. However, I don't recall anything about nitrous. I believe that the proponents of this bill did not advocate strongly to add nitrous back into the scope of practice because they (and legislators) knew that the Board of Dentistry would have the ability to add it in by rule based on Section 9 (1)(y).

Administration of nitrous oxide is a vital tool in treating historically underserved populations with higher disease rates and higher levels of trauma. Ninety percent of pediatric dentists routinely use nitrous. Nitrous is a safe way to provide a positive dental experience for a child and thus set them up for continuing dental care throughout their lifetime. Many of the individuals trained in the dental therapy pilot projects already have a nitrous oxide permit, because they are licensed dental hygienists. A dental hygienist who moves to Oregon who did not receive training in administration of nitrous oxide during their education is able to obtain it through an approved continuing education course. Dental hygienists are even able to administer nitrous for a dentist who does not have a nitrous oxide permit, providing similar procedures as what a dental therapist provides. I believe a dental therapist should be able to follow the same process, and that a dental hygienist who holds a nitrous oxide permit and is a licensed dental therapist should be able to use their permit to perform the dental hygiene and dental therapy scope of practice to provide the best care to their patients.

I want to thank the Board of Dentistry for their continued efforts to improve oral health care as well as maintain the safety of all Oregonians. I respectfully request that the Dental Therapy Rules Committee strongly consider adding nitrous to the scope of practice for dental therapists based on HB 2528 Section 9 (1)(y).

Regards,

Amy Coplen, RDH, EPDH, MS  
Program Director, School of Dental Hygiene Studies  
Pacific University  
222 SE 8<sup>th</sup> Ave, Ste 271  
Hillsboro, OR 97123  
(734) 834-7644  
[amy.coplen@pacificu.edu](mailto:amy.coplen@pacificu.edu)



DEPARTMENT OF JUSTICE  
GENERAL COUNSEL DIVISION

November 22, 2021

Stephen Prisby, Executive Director  
Oregon Board of Dentistry  
1500 SW First Suite 770  
Portland OR 97201

RE: HB 2528 legislative history

Dear Mr. Prisby:

**THIS DOCUMENT IS A CONFIDENTIAL COMMUNICATION FROM ATTORNEY TO CLIENT. NEITHER THE DOCUMENT NOR ITS CONTENTS SHOULD BE ROUTINELY CIRCULATED BEYOND THE IMMEDIATE ADDRESSES UNLESS COUNSEL IS FIRST CONSULTED. THE DOCUMENT SHOULD NOT BE ATTACHED TO, NOR MADE A PART OF AN AGENDA FOR ANY PUBLIC MEETING, NOR SHOULD IT BE DISCUSSED BY THE PUBLIC BODY INVOLVED IN OPEN SESSION WITHOUT FIRST CONSULTING WITH COUNSEL.**

The Board's Dental Therapy Rules Oversight Committee has requested I compile legislative history on HB 2528 as it relates to administration of Nitrous Oxide.

**Nitrous Oxide;**

For the use at the meeting, I have attached the introduced bill as Exhibit 1 that originally included Nitrous Oxide. The language was originally included in Section 9 as follows:

**(r) Administration of nitrous oxide with a valid permit issued by the Oregon Board of Dentistry;**

On April 19, 2021, the amendments to section 9 indicate nitrous oxide was removed from the language. This occurred very early on in the bill progression. In some of the early House Health Committee meetings, I listened to the meetings and Representative Hayden mentions a couple of times that he was working very closely with the ODA to make changes to the "scope of practice" for Dental Therapists o the ODA would be on board with the bill. I did not find any discussion on record regarding the use of Nitrous Oxide.



Not finding much via the legislative history compilation, I contacted the ODA. They provided me with additional documents as discussed below.

There is an e mail from Equity Action Partners attached to this document as Exhibit 2. That e mail says that Nitrous Oxide should be removed from the scope. This was what the parties agreed to, and this was sent to legislative counsel to draft the amendments.

Also provided by the ODA in Exhibit 3 is a chart that was kept as the bill went through the legislative process. On page 3 of the document note the highlighted area that removes Nitrous Oxide. This is a document that the proponents and the ODA were working from during the legislative amendment process. This information was shared with Rep. Prusak, the Chair of the Health Committee. The ODA believed that these compromises were reflected in both Rep. Prusak (proposed) and Rep. Hayden's (adopted) amendments. Even the Chief sponsor, Rep. Sanchez, who continued to propose new amendments, did not go back to including administration of nitrous oxide.

**Other services catchall:**

In the meeting recently, one of the committee members indicated that the bill has language about other services that would allow the Board to add nitrous oxide at a later date. In order to see if that was supported by the legislative intent, we need to review what the intent of "other services" as specified by the Oregon Board of Dentistry by rule in section 9 section (1)(y) of the bill meant.

I reviewed the legislative history and did not find anything on point connecting the use of other services with the use of nitrous oxide by a DT. I also inquired with ODA if they had anything that could shed more light on this. The ODA provided me with Exhibit 4, a copy of the bill at that time with comments written in the margin by Pam Johnson from Northwest Portland Area's Native Dental Therapy Initiative. These are the proposed amendments by Rep. Hayden that Pam Johnson comments on. Under the "additional procedures to be approved by the BOD," she mentions these being "new and simple procedures that come along later." The explanation given to the ODA at that time was there may be additional procedures that didn't require statutory change because they weren't very complicated. It may be helpful from someone from the ODA to give additional insight as to these negotiations and understandings during the DTRO meeting.

Based on this information, I don't believe the legislative intent supports that section (y) other services were intended to include nitrous oxide.

**Analysis;**

Legally, the legislative statutes are to be reviewed through the framework given in PGE v. Bureau of Labor and Industries, 317 Or 606, 859 P2d 1143 (1993), we first look at the text of

the statute and its context which includes other provisions of the same statute and related statutes. In doing so, we consider statutory and judicially developed rules of construction that bear directly on how to read the text, such as the rule that "where there are several provisions of particulars such construction is, if possible, to be adopted as will give effect to all." ORS 174.010. Additionally, we follow the directive of the legislature itself to "ascertain and declare what is, in terms or in substance, contained therein, not to insert what has been omitted, or to omit what has been inserted." If the legislative intent is clear from the text and context, our search ends there. Only if the legislative intent is not clear from the text and context of the statute will we look to the legislative history to attempt to discern the intent. If after considering the text, context and legislative history, the intent of the legislature remains unclear, we may resort to general maxims of statutory construction.

Post the PGE v. BOLI case, in *State v. Gaines* 211 Or App 356 (2009) the Appellate Court found in the court's judgment, it was best to serve the paramount goal of discerning the legislature's intent. In that regard, as this court and other authorities long have observed, there is no more persuasive evidence of the intent of the legislature than "the words by which the legislature undertook to give expression to its wishes." *State ex rel Cox v. Wilson*, 277 Or 747, 750, 562 P2d 172 (1977) (quoting *U. S. v. American Trucking Ass'ns.*, 310 US 534, 542-44, 60 S Ct 1059, 84 L Ed 1345 (1940)). Only the text of a statute receives the consideration and approval of a majority of the members of the legislature, as required to have the effect of law. Or Const, Art IV, § 25. The formal requirements of lawmaking produce the best source from which to discern the legislature's intent, for it is not the intent of the individual legislators that governs, but the intent of the legislature as formally enacted into law:

"[N]ot only is it important that the will of the law-makers be expressed, but it is also essential that it be express in due form of law; since nothing is law simply and solely because the legislators will that it shall be, unless they have expressed their determination to that effect, in the mode pointed out by the instrument which invests them with the power, and under all the forms which that instrument has rendered essential."

The court concluded that, in light of the 2001 amendments to ORS 174.020, the appropriate methodology for interpreting a statute is as follows. The first step remains an examination of text and context. PGE, 317 Or at 610-11. But, contrary to this court's pronouncement in PGE, we no longer will require an ambiguity in the text of a statute as a necessary predicate to the second step -- consideration of pertinent legislative history that a party may proffer. Instead, a party is free to proffer legislative history to the court, and the court will consult it after examining text and context, even if the court does not perceive an ambiguity in the statute's text, where that legislative history appears useful to the court's analysis. However, the extent of the court's consideration of that history, and the evaluative weight that the court gives it, is for the court to determine. The third, and final step, of the interpretative methodology is unchanged. If the legislature's intent remains unclear after examining text, context, and legislative history, the court may resort to general maxims of statutory construction to aid in resolving the remaining uncertainty.

With regard to this changed methodology, the Court clarified that a party seeking to overcome seemingly plain and unambiguous text with legislative history has a difficult task

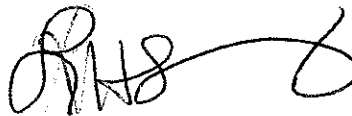
before it. Legislative history may be used to confirm seemingly plain meaning and even to illuminate it; a party also may use legislative history to attempt to convince a court that superficially clear language actually is not so plain at all -- that is, that there is a kind of latent ambiguity in the statute. For those or similar purposes, whether the court will conclude that the particular legislative history on which a party relies is of assistance in determining legislative intent will depend on the substance and probative quality of the legislative history itself. We emphasize again that ORS 174.020 obligates the court to consider proffered legislative history only for whatever it is worth-- and what it is worth is for the court to decide. When the text of a statute is truly capable of only one meaning, no weight can be given to legislative history that suggests -- or even confirms -- that legislature intended something different.

In reviewing this topic, I also reviewed the scope of practice generally in the enrolled bill. The scope of practice was spelled out in intricate detail for the DT's in this bill. More detailed than a dentist or hygienist in the board's general statutory authority. If the legislature was so specific in what a DT could do, the logical conclusion is, if they wanted a DT to do it, they would have included it in the scope in Section 9 of the bill.

The enrolled bill that was passed did not include Nitrous Oxide administration. The introduced bill originally did. Since it was removed, and there is not a lot of legislative intent besides what ODA has provided, the legal conclusion I make based on the above information is the legislature intended that DT's are not able to administer Nitrous Oxide. There was no in depth discussion about "other services" including nitrous oxide.

I will be available to discuss this issue in the DTRO meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "LH Lindley", with a long horizontal flourish extending to the right.

Lori H. Lindley  
Senior Assistant Attorney General  
Business Activities Section

LXL:lx1/DOCUMENT3

Four Exhibits attached 1-4.

# House Bill 2528

Sponsored by Representative SANCHEZ (Pre-session filed.)

## SUMMARY

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

Directs Oregon Board of Dentistry to issue dental therapist license to qualified applicant. Prohibits unlicensed use of title "dental therapist" and practice of dental therapy. Provides exceptions to prohibition. Adds dental therapist member to board.

Takes effect on 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to dental therapy; creating new provisions; amending ORS 679.010, 679.140, 679.170, 679.230  
3 and 679.250 and section 1, chapter 716, Oregon Laws 2011; and prescribing an effective date.

4 Whereas good oral health is an integral piece of overall health and well-being, and untreated  
5 dental disease compromises overall health and requires increasingly costly interventions; and

6 Whereas most dental disease can be prevented at little cost through routine dental care and  
7 disease prevention; and

8 Whereas dental-related issues are a leading reason that Oregonians seek care in hospital emer-  
9 gency departments, which have become the source of care for many Oregonians, especially in  
10 uninsured and low-income populations; and

11 Whereas dental therapists are evidence-based primary dental care providers that expand access  
12 to oral health care for all Oregonians, and dental therapy is a strategy to address racial, ethnic and  
13 economic disparities in overall health and rural health care access gaps; and

14 Whereas the employment of dental therapists increases workforce diversity in health care and  
15 expands career opportunities for new and existing members of the dental care workforce; and

16 Whereas dental therapists will meet the needs of local communities as they work under the di-  
17 rection of licensed dentists, and they will be incorporated into the dental care workforce and used  
18 to effectively treat more patients; and

19 Whereas incorporating the Commission on Dental Accreditation's standards for new dental  
20 therapy education will pave the way for Oregon educational institutions to create accredited pro-  
21 grams for which students can qualify for financial aid; and

22 Whereas it is critical that communities with access to dental therapists through the Oregon  
23 Health Authority's dental pilot projects not be adversely affected and that dental therapists cur-  
24 rently serving in their own communities through these pilot projects be able to continue their  
25 practice uninterrupted; now, therefore,

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

27 **SECTION 1. Sections 2 to 11 of this 2021 Act are added to and made a part of ORS**  
28 **chapter 679.**

29 **SECTION 2. As used in sections 2 to 11 of this 2021 Act:**

30 **(1) "Dental pilot project" means an Oregon Health Authority dental pilot project devel-**

NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted.  
New sections are in boldfaced type.

1 oped and operated by the authority.

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

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

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

7 (a) Is at least 18 years of age;

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

9 (c) Demonstrates the completion of a dental therapy education program that is:

10 (A) Accredited by the Commission on Dental Accreditation of the American Dental As-  
11 sociation, or its successor organization, and approved by the board by rule;

12 (B) Part of a dental pilot project; or

13 (C) Determined by the board to be substantially equivalent to a dental therapy education  
14 program described in subparagraph (A) or (B) of this paragraph;

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

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

17 (2)(a) An individual who completed a dental therapy education program in another state  
18 or jurisdiction may apply for licensure under this section.

19 (b) The board shall determine whether the training and education of an applicant de-  
20 scribed in this subsection is sufficient to meet the requirements of subsection (1) of this  
21 section.

22 (3) If an applicant holds a current or expired authorization to practice dental therapy  
23 issued by another state, the federal government or a tribal authority, the applicant shall in-  
24 clude with the application a copy of the authorization and an affidavit from the dental reg-  
25 ulatory body of the other jurisdiction that demonstrates the applicant was authorized to  
26 practice dental therapy in that jurisdiction.

27 **SECTION 4.** (1) The Oregon Board of Dentistry may require an applicant for a license to  
28 practice dental therapy to pass written, laboratory or clinical examinations to test the pro-  
29 fessional knowledge and skills of the applicant. The examination must:

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

32 (b) Be written in English; and

33 (c) Include questions on subjects pertaining to dental therapy.

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

37 (a) To satisfy the written examination authorized under this section, may accept the re-  
38 sults of national standardized examinations.

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

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

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

43 (3) The board shall accept the results of regional and national testing agencies or of  
44 clinical board examinations administered by other states, and may accept results of board-  
45 recognized testing agencies, in satisfaction of the examinations authorized under this section

1 for applicants who have engaged in the active practice of dental therapy in Oregon, another  
2 state, the Armed Forces of the United States, the United States Public Health Service or the  
3 United States Department of Veterans Affairs for a period of at least 3,500 hours in the five  
4 years immediately preceding application and who meet all other requirements for licensure.

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

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

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

11 (2) Has been disciplined by a state licensing or regulatory agency of this state or another  
12 state regarding a health care profession if, in the judgment of the board, the acts or conduct  
13 resulting in the disciplinary action bears a demonstrable relationship to the ability of the  
14 applicant or licensee to practice dental therapy in accordance with sections 2 to 11 of this  
15 2021 Act. A certified copy of the disciplinary action is conclusive evidence of the disciplinary  
16 action.

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

18 (4) Has violated any provision of sections 2 to 11 of this 2021 Act or a rule adopted under  
19 sections 2 to 11 of this 2021 Act.

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

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

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

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

31 (c) The practice of dental therapy pursuant to an educational program described in sec-  
32 tion 3 of this 2021 Act.

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

37 (e) Bona fide students of dental therapy from engaging in clinical studies during the pe-  
38 riod of their enrollment and as a part of the course of study in a dental therapy education  
39 program described in section 3 (1)(c)(A) of this 2021 Act. The clinical studies may be con-  
40 ducted on the premises of the program or in a clinical setting located off the premises. The  
41 facility, instructional staff and course of study at an off-premises location must meet mini-  
42 mum requirements established by the board by rule. The clinical studies at the off-premises  
43 location must be performed under the direct supervision of a member of the program faculty.

44 (f) Bona fide full-time students of dental therapy, during the period of their enrollment  
45 and as a part of the course of study in a dental therapy education program located outside

1 of Oregon that is accredited by the Commission on Dental Accreditation of the American  
 2 Dental Association or its successor agency, from engaging in community-based or clinical  
 3 studies as an elective or required rotation in a clinical setting located in Oregon, if the  
 4 community-based or clinical studies meet minimum requirements established by the board  
 5 by rule and are performed under the direct supervision of a member of the faculty of the  
 6 Oregon Health and Science University School of Dentistry.

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

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

- 14 (a) Application for licensure;
- 15 (b) Examinations;
- 16 (c) Biennial dental therapy licenses, both active and inactive;
- 17 (d) Licensure renewal fees;
- 18 (e) Permits; and
- 19 (f) Delinquency.

20 (2) Subject to prior approval of the Oregon Department of Administrative Services and  
 21 a report to the Emergency Board prior to adopting fees and charges, the fees and charges  
 22 established under sections 2 to 11 of this 2021 Act may not exceed the cost of administering  
 23 sections 2 to 11 of this 2021 Act as authorized by the Legislative Assembly within the Oregon  
 24 Board of Dentistry budget and as modified by the Emergency Board.

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

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

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

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

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

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

43 **SECTION 8.** (1) A dental therapist may practice dental therapy only under the super-  
 44 vision of a dentist and pursuant to a practice agreement with the dentist. The practice  
 45 agreement must include at least the following information:

- 1 (a) The level of supervision required;
- 2 (b) Circumstances under which the prior knowledge and consent of the dentist is required
- 3 to allow the dental therapist to provide a certain service or perform a certain procedure;
- 4 (c) The practice settings in which the dental therapist may provide care;
- 5 (d) Any limitation on the care the dental therapist may provide;
- 6 (e) Patient age- and procedure-specific practice protocols, including case selection crite-
- 7 ria, assessment guidelines and imaging frequency;
- 8 (f) Procedures for creating and maintaining dental records for patients treated by the
- 9 dental therapist;
- 10 (g) Guidelines for the management of medical emergencies in each of the practice set-
- 11 tings in which the dental therapist provides care;
- 12 (h) A quality assurance plan for monitoring care provided by the dental therapist, in-
- 13 cluding chart review, patient care review and referral follow-up;
- 14 (i) Protocols for the dispensation and administration of drugs, as described in section 10
- 15 of this 2021 Act, by the dental therapist, including circumstances under which the dental
- 16 therapist may dispense and administer drugs;
- 17 (j) Criteria for the provision of care to patients with specific medical conditions or com-
- 18 plex medical histories, including any requirements for consultation with the dentist prior to
- 19 the provision of care; and
- 20 (k) Protocols for when a patient requires treatment outside the dental therapist's scope
- 21 of practice, including for referral of the patient for evaluation and treatment by the dentist,
- 22 a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375
- 23 to 678.390 or other licensed health care provider.
- 24 (2) A dentist who enters into a practice agreement with a dental therapist shall:
- 25 (a) Directly provide care to a patient that is outside the scope of practice of the dental
- 26 therapist or arrange for the provision of care by another dentist; and
- 27 (b) Ensure that the dentist, or another dentist, is available to the dental therapist for
- 28 timely communication during the dental therapist's provision of care to a patient.
- 29 (3) A dental therapist may perform and provide only those procedures and services au-
- 30 thorized by the dentist and set out in the practice agreement, and shall maintain with the
- 31 dentist an appropriate level of contact, as determined by the dentist.
- 32 (4) A dental therapist and a dentist who enter into a practice agreement together shall
- 33 each maintain a physical copy of the practice agreement.
- 34 (5)(a) A dental therapist may enter into a practice agreement that allows for supervision
- 35 by more than one dentist.
- 36 (b) A dentist may supervise and enter into practice agreements with up to five dental
- 37 therapists at any one time.
- 38 (6)(a) A practice agreement must be signed by the dentist and dental therapist.
- 39 (b) A dental therapist shall submit the signed practice agreement to the Oregon Board
- 40 of Dentistry. A practice agreement is not valid until approved by the board. The board may
- 41 require changes to the practice agreement submitted under this paragraph prior to approval.
- 42 (c) A dental therapist shall submit a copy of the signed practice agreement with each
- 43 application for license renewal. Any changes to the practice agreement require renewed ap-
- 44 proval by the board.

45 **SECTION 9.** (1) A dental therapist may provide, pursuant to the dental therapist's prac-



1 tice agreement, the following services:

2 (a) Oral health instruction and disease prevention education, including nutritional coun-  
3 seling and dietary analysis;

4 (b) Comprehensive charting of the oral cavity;

5 (c) Exposure and evaluation of radiographic images;

6 (d) Mechanical polishing;

7 (e) Prophylaxis;

8 (f) Periodontal scaling;

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

11 (h) Pulp vitality testing;

12 (i) Application of desensitizing medication or resin;

13 (j) Fabrication of athletic mouth guards;

14 (k) Placement of temporary restorations;

15 (L) Fabrication of soft occlusal guards;

16 (m) Tissue conditioning and soft relines;

17 (n) Atraumatic restorative therapy and interim restorative therapy;

18 (o) Dressing changes;

19 (p) Tooth reimplantation and stabilization;

20 (q) Administration of local anesthetic;

21 (r) Administration of nitrous oxide with a valid permit issued by the Oregon Board of  
22 Dentistry;

23 (s) Emergency palliative treatment of dental pain;

24 (t) Placement and removal of space maintainers;

25 (u) Cavity preparation;

26 (v) Restoration of primary and permanent teeth;

27 (w) Fabrication and placement of temporary crowns;

28 (x) Preparation and placement of preformed crowns;

29 (y) Pulpotomies on primary teeth;

30 (z) Indirect and direct pulp capping on primary and permanent teeth;

31 (aa) Recementing of permanent crowns;

32 (bb) Extractions of primary teeth;

33 (cc) Simple extractions of periodontally diseased permanent teeth with advanced mobility;

34 (dd) Suture placement and removal;

35 (ee) Brush biopsies;

36 (ff) Minor adjustments and repair of defective prosthetic devices;

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

40 (hh) Oral examination, evaluation and diagnosis of conditions within the supervising  
41 dentist's authorization; and

42 (ii) Other services as specified by the board by rule.

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

45 (a) Instruction in the service through the dental therapist's dental therapy education

1 program; or

2 (b) Additional training approved by the board.

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

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

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

9 (a) Nonnarcotic analgesics;

10 (b) Anti-inflammatories;

11 (c) Preventive agents; and

12 (d) Antibiotics.

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

15 (3) A practice agreement may impose greater restrictions on the dispensation and ad-  
16 ministration of drugs by a dental therapist than specified under this section.

17 SECTION 11. A person licensed under section 3 of this 2021 Act is subject to the pro-  
18 visions of ORS 679.140.

19 SECTION 12. The Oregon Board of Dentistry shall adopt rules necessary to administer  
20 sections 2 to 11 of this 2021 Act.

21 SECTION 13. ORS 679.010 is amended to read:

22 679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires other-  
23 wise:

24 (1) "Dental assistant" means a person who, under the supervision of a dentist or dental ther-  
25 apist, renders assistance to a dentist, dental therapist, dental hygienist, dental technician or an-  
26 other dental assistant or who, under the supervision of a dental hygienist, renders assistance to a  
27 dental hygienist providing dental hygiene.

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

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

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

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

36 (3) "Dental hygienist" means a person who, under the supervision of a dentist, practices dental  
37 hygiene.

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

42 (5) "Dental therapist" means a person licensed to practice dental therapy under section  
43 3 of this 2021 Act.

44 (6) "Dental therapy" means the provision of preventive dental care, restorative dental  
45 treatment and other educational, clinical and therapeutic patient services as part of a dental

1 **care team, including the services described under section 9 of this 2021 Act.**

2 [(5)] (7) "Dentist" means a person who may perform any intraoral or extraoral procedure re-  
3 quired in the practice of dentistry.

4 [(6)] (8) "Dentist of record" means a dentist that either authorizes treatment for, supervises  
5 treatment of or provides treatment for a patient in a dental office or clinic owned or operated by  
6 an institution as described in ORS 679.020 (3).

7 [(7)(a)] (9)(a) "Dentistry"-means the healing art concerned with:

8 (A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions  
9 within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tis-  
10 sues and structures; and

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

13 (b) "Dentistry" includes, but is not limited to:

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

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

19 (ii) Post-graduate training programs; or

20 (iii) Continuing education courses.

21 (B) The prescription and administration of vaccines.

22 [(8)] (10) "Direct supervision" means supervision requiring that a dentist diagnose the condition  
23 to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in  
24 the dental treatment room while the procedures are performed.

25 [(9)] (11) "Expanded practice dental hygienist" means a dental hygienist who performs dental  
26 hygiene services in accordance with ORS 680.205 as authorized by an expanded practice dental  
27 hygienist permit issued by the board under ORS 680.200.

28 [(10)] (12) "General supervision" means supervision requiring that a dentist authorize the pro-  
29 cedures by standing orders, practice agreements or collaboration agreements, but not requiring that  
30 a dentist be present when the authorized procedures are performed. The authorized procedures may  
31 also be performed at a place other than the usual place of practice of the dentist.

32 [(11)] (13) "Indirect supervision" means supervision requiring that a dentist authorize the pro-  
33 cedures and that a dentist be on the premises while the procedures are performed.

34 **SECTION 14.** ORS 679.140 is amended to read:

35 679.140. (1) The Oregon Board of Dentistry may discipline as provided in this section any person  
36 licensed to practice dentistry in this state for any of the following causes:

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

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

43 (c) Unprofessional conduct.

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

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

4 (f) Incapacity to practice safely.

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

6 (a) Obtaining any fee by fraud or misrepresentation.

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

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

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

12 (e) Impairment as defined in ORS 676.303.

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

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

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

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

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

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

34 (a) Suspend judgment.

35 (b) Place a licensee on probation.

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

37 (d) Revoke a license to practice dentistry in this state.

38 (e) Place limitations on a license to practice dentistry in this state.

39 (f) Refuse to renew a license to practice dentistry in this state.

40 (g) Accept the resignation of a licensee to practice dentistry in this state.

41 (h) Assess a civil penalty.

42 (i) Reprimand a licensee.

43 (j) Impose any other disciplinary action the board in its discretion finds proper, including as-  
 44 sessment of the costs of the disciplinary proceedings as a civil penalty.

45 (6) If the board places any person upon probation as set forth in subsection (5)(b) of this section,

1 the board may determine and may at any time modify the conditions of the probation and may in-  
 2 clude among them any reasonable condition for the purpose of protection of the public and for the  
 3 purpose of the rehabilitation of the probationer or both. Upon expiration of the term of probation,  
 4 further proceedings shall be abated by the board if the person holding the license furnishes the  
 5 board with evidence that the person is competent to practice dentistry and has complied with the  
 6 terms of probation. If the evidence fails to establish competence to the satisfaction of the board or  
 7 if the evidence shows failure to comply with the terms of the probation, the board may revoke or  
 8 suspend the license.

9 (7) If a license to practice dentistry in this state is suspended, the person holding the license  
 10 may not practice during the term of suspension. Upon the expiration of the term of suspension, the  
 11 license shall be reinstated by the board if the board finds, based upon evidence furnished by the  
 12 person, that the person is competent to practice dentistry and has not practiced dentistry in this  
 13 state during the term of suspension. If the evidence fails to establish to the satisfaction of the board  
 14 that the person is competent or if any evidence shows the person has practiced dentistry in this  
 15 state during the term of suspension, the board may revoke the license after notice and hearing.

16 (8) Upon receipt of a complaint under this chapter or ORS 680.010 to 680.205, the board shall  
 17 conduct an investigation as described under ORS 676.165.

18 (9) Information that the board obtains as part of an investigation into licensee or applicant  
 19 conduct or as part of a contested case proceeding, consent order or stipulated agreement involving  
 20 licensee or applicant conduct is confidential as provided under ORS 676.175. Notwithstanding ORS  
 21 676.165 to 676.180, the board may disclose confidential information regarding a licensee or an ap-  
 22 plicant to persons who may evaluate or treat the licensee or applicant for drug abuse, alcohol abuse  
 23 or any other health related conditions.

24 (10) The board may impose against any person who violates the provisions of this chapter or  
 25 ORS 680.010 to 680.205 or rules of the board a civil penalty of up to \$5,000 for each violation. Any  
 26 civil-penalty imposed under this section shall be imposed in the manner provided in ORS 183.745.

27 (11) Notwithstanding the expiration, suspension, revocation or surrender of the license, or the  
 28 resignation or retirement of the licensee, the board may:

29 (a) Proceed with any investigation of, or any action or disciplinary proceedings against, the  
 30 dentist [or], dental hygienist or dental therapist; or

31 (b) Revise or render void an order suspending or revoking the license.

32 (12)(a) The board may continue with any proceeding or investigation for a period not to exceed  
 33 four years from the date of the expiration, suspension, revocation or surrender of the license, or the  
 34 resignation or retirement of the licensee; or

35 (b) If the board receives a complaint or initiates an investigation within that four-year period,  
 36 the board's jurisdiction continues until the matter is concluded by a final order of the board fol-  
 37 lowing any appeal.

38 (13) Withdrawing the application for license does not close any investigation, action or pro-  
 39 ceeding against an applicant.

40 **SECTION 15.** ORS 679.170 is amended to read:

41 679.170. [No person shall] **A person may not:**

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

45 (2) Purchase or procure by barter, any such diploma, certificate or transcript, with intent that

1 it be used as evidence of the holder's qualification to practice dentistry, or in fraud of the laws  
2 regulating such practice.

3 (3) With fraudulent intent, alter in a material regard any such diploma, certificate or transcript.

4 (4) Use or attempt to use any such diploma, certificate or transcript, which has been purchased,  
5 fraudulently issued, counterfeited or materially altered, either as a license or color of license to  
6 practice dentistry, or in order to procure registration as a dentist.

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

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

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

16 **SECTION 16.** ORS 679.230 is amended to read:

17 679.230. (1) The Oregon Board of Dentistry consists of [10] **11** members appointed by the Gov-  
18 ernor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565.  
19 All members of the board must be residents of this state. Of the members of the board:

20 (a) Six must be Oregon active licensed dentists, of which at least one must be a dentist prac-  
21 ticing in a dental specialty recognized by the American Dental Association;

22 (b) Two must be Oregon active licensed dental hygienists; [and]

23 (c) **One must be an Oregon active dental therapist or, if no dental therapist is available,**  
24 **a supervising dentist to a dental therapist or an instructor in an Oregon dental therapy ed-**  
25 **ucation program described in section 3 of this 2021 Act; and**

26 [(c)] (d) Two must be members of the public who are not:

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

28 (B) A spouse, domestic partner, child, parent or sibling of a dentist or dental hygienist.

29 (2)(a) Board members required to be Oregon active licensed dentists [or], dental hygienists **or**  
30 **dental therapists** may be selected by the Governor from a list of three to five nominees for each  
31 vacancy, submitted by:

32 (A) The Oregon Dental Association, if the vacancy is in a dentist position;

33 (B) The Oregon Dental Hygienists' Association, if the vacancy is in a dental hygienist position;

34 [or]

35 (C) Any of the professional organizations representing a dental specialty, if the vacancy is in a  
36 dental specialty position[.]; **or**

37 **(D) A professional organization representing dental therapists, if the vacancy is in a**  
38 **dental therapist position.**

39 (b) In selecting the members of the board, the Governor shall strive to balance the represen-  
40 tation on the board according to:

41 (A) Geographic areas of this state; and

42 (B) Ethnic group.

43 (3)(a) The term of office of each member is four years, but a member serves at the pleasure of  
44 the Governor. The terms must be staggered so that no more than three terms end each year. Terms  
45 of office begin on the first Monday of April after the time of appointment. A member is eligible for

1 reappointment. If there is a vacancy in the membership of the board for any reason, the Governor  
 2 shall make an appointment to become immediately effective for the unexpired term.

3 (b) A board member shall be removed immediately from the board if, during the member's term,  
 4 the member:

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

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

8 (C) Is not a licensed dentist or a retired dentist whose license was in good standing at the time  
 9 of retirement, if the board member was appointed to serve on the board as a dentist or a dental  
 10 specialist; [or]

11 (D) Is not a licensed dental hygienist or a retired dental hygienist whose license was in good  
 12 standing at the time of retirement, if the board member was appointed to serve on the board as a  
 13 dental hygienist[.]; or

14 **(E) Is not a dental therapist or a retired dental therapist whose license was in good**  
 15 **standing at the time of retirement, if the board member was appointed to serve on the board**  
 16 **as a dental therapist.**

17 (4) Members of the board are entitled to compensation and expenses as provided in ORS 292.495.  
 18 The board may provide by rule for compensation to board members for the performance of official  
 19 duties at a rate that is greater than the rate provided in ORS 292.495.

20 **SECTION 17.** ORS 679.250 is amended to read:

21 679.250. The powers and duties of the Oregon Board of Dentistry are as follows:

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

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

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

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

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

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

43 (6) To keep an accurate record of all proceedings of the board and of all its meetings, of all  
 44 receipts and disbursements, of all prosecutions for violation of this chapter, of all examinations for  
 45 license to practice dentistry, with the names and qualifications for examination of any person ex-

1 amined, together with the addresses of those licensed and the results of such examinations, a record  
2 of the names of all persons licensed to practice dentistry in Oregon together with the addresses of  
3 all such persons having paid the license fee prescribed in ORS 679.120 and the names of all persons  
4 whose license to practice has been revoked or suspended.

5 (7) To make and enforce rules necessary for the procedure of the board, for the conduct of ex-  
6 aminations, for regulating the practice of dentistry, and for regulating the services of dental  
7 hygienists and dental auxiliary personnel not inconsistent with the provisions of this chapter. As  
8 part of such rules, the board may require the procurement of a permit or other certificate. Any  
9 permit issued may be subject to periodic renewal. In adopting rules, the board shall take into ac-  
10 count all relevant factors germane to an orderly and fair administration of this chapter and of ORS  
11 680.010 to 680.205, the practices and materials generally and currently used and accepted by persons  
12 licensed to practice dentistry in this state, dental techniques commonly in use, relevant technical  
13 reports published in recognized dental journals, the curriculum at accredited dental schools, the  
14 desirability of reasonable experimentation in the furtherance of the dental arts, and the desirability  
15 of providing the highest standard of dental care to the public consistent with the lowest economic  
16 cost.

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

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

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

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

45 **SECTION 18.** Section 1, chapter 716, Oregon Laws 2011, is amended to read:



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

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

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

8       (c) Achieve at least one of the following:

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

10       (B) Develop new categories of dental personnel;

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

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

13       (2) The authority shall adopt rules:

14       (a) Establishing an application process for pilot projects;

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

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

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

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

20       (C) The nature of program data that will be collected and the methods for collecting and ana-  
 21 lyzing the data;

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

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

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

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

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

33       (5) The authority may accept gifts, grants or contributions from any public or private source for  
 34 the purpose of carrying out this section. Funds received under this subsection shall be deposited in  
 35 the Dental Pilot Projects Fund established under section 17 *[of this 2011 Act]*, **chapter 716, Oregon**  
 36 **Laws 2011.**

37       **SECTION 19.** The amendments to ORS 679.230 by section 16 of this 2021 Act apply to  
 38 members appointed to the Oregon Board of Dentistry on or after the operative date specified  
 39 in section 20 of this 2021 Act.

40       **SECTION 20.** (1) Sections 2 to 11 of this 2021 Act and the amendments to ORS 679.010,  
 41 679.140, 679.170, 679.230 and 679.250 and section 1, chapter 716, Oregon Laws 2011, by sections  
 42 13 to 18 of this 2021 Act become operative on January 1, 2022.

43       (2) The Oregon Board of Dentistry may take any action before the operative date speci-  
 44 fied in subsection (1) of this section that is necessary to enable the board to exercise, on and  
 45 after the operative date specified in subsection (1) of this section, all of the duties, functions

1 and powers conferred on the board by ORS 679.010, 679.140, 679.170, 679.230 and 679.250 and  
2 section 1, chapter 716, Oregon Laws 2011, by sections 13 to 18 of this 2021 Act.

3 SECTION 21. This 2021 Act takes effect on the 91st day after the date on which the 2021  
4 regular session of the Eighty-first Legislative Assembly adjourns sine die.

5

---

**From:**

**Sent:** Tuesday, April 6, 2021 11:19 AM

**Subject:** SOP shifts

Thanks for chatting today. As it relates to moving some items to indirect and removing some entirely, here's where our folks have landed:

Keep in scope under indirect supervision (dentist must be ON SITE)  
Tooth reimplantation and stabilization;  
Pulpotomies on primary teeth  
Simple extractions of periodontally diseased permanent teeth with advanced mobility  
Suture placement  
Brush biopsies

2. Remove from scope:

Administration of nitrous oxide with a valid permit issued by the OBD  
Placement of space maintainers

I'm checking with my folks on the "substantial equivalent" language and DTs supervising assistants, will get back to you ASAP.

HOUSE BILL 2528 COMPARISON

	HB 2528 Introduced	-3 Amendments	-4 Amendments	ODA COMMENTS
<b>Definitions</b>	<p><u>Section 2</u>                      “Dental pilot project”                      “Dentist”                      “Practice agreement”</p>	<p><u>Section 2</u>                      Substitutes “collaborative agreement” for “practice agreement”</p> <p>Adds to definition of “dental pilot project”</p>	<p><u>Section 2</u>                      Substitutes “collaborative agreement” for “practice agreement” (-3 amend)</p> <p>Keeps “dental pilot project” definition in Introduced version</p>	<p><u>Section 2</u>                      Substitutes “collaborative agreement” for “practice agreement” (-3 amend)</p> <p>Keeps “dental pilot project” definition in Introduced version</p>
<b>Licensing</b>	<p><u>Section 3</u>                      Allows qualification for license through:</p> <ul style="list-style-type: none"> <li>• CODA accredited education program</li> <li>• Dental pilot project (grandfather)</li> <li>• “Substantially equivalent” to above</li> </ul>	<p><u>Section 3</u>                      Removes ability to qualify based on “substantially equivalent” education program as determined by Board (page 2, lines 13-14 of Introduced version)</p>	<p><u>Section 3</u>  <i>Same as Introduced</i> (keeps ability to qualify based on “substantially equivalent” education program as determined by Board)</p>	<p>But at least has to be above or at the CODA accredited program.</p>
<b>Licensing for qualified dental hygienists</b>	N/A	<p><u>Section 4</u>                      Requires dental hygienist licensure to qualify for licensure as dental therapist effective January 1, 2027 (see Section 19 of -3)</p>	<p><i>Same as Introduced</i> (no dental therapy licensure requirement beginning 2027)</p>	<p><i>Same as Introduced</i></p>
<b>Examinations</b>	<p><u>Section 4</u></p>	<p><u>Section 5</u>                      Adds requirement that examinations may not be affiliated with educational institution</p>	<p><u>Section 4</u>                      Incorporates -3 amend addition</p>	<p>Adds requirement that examinations may not be affiliated with educational institution</p>

GRAY = Stay with Introduced

YELLOW = Adopt -3 changes

BLUE = “Compromise” between Introduced and -3 amendment

343

**HOUSE BILL 2528 COMPARISON**

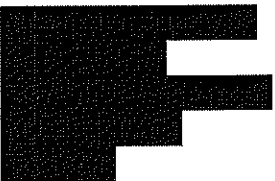

<b>Refusal to issue/renew license</b>	<u>Section 5</u>	<u>Section 6</u> – same language, but incorporates new requirement to have liability insurance and have majority of practice dedicated to underserved population (See Section 11 of -3)	<u>Section 5</u> Incorporates liability and practice requirements from new Section 11	<u>Section 5</u> Incorporates liability and practice requirements from new Section 11
<b>Prohibition against practicing or using title</b>	<u>Section 6</u>	<u>Section 7</u> – No changes	<u>Section 6</u>	<u>No Changes</u>
<b>Fees</b>	<u>Section 7</u>	<u>Section 8</u> – No changes	<u>Section 7</u>	<u>No Changes</u>
<b>Supervision of dentist</b>	<u>Section 8</u> <ul style="list-style-type: none"> <li>Specifies elements of required practice agreement between dental therapist and supervising dentist</li> <li>Allows dentist to supervise <b>up to 5</b> DTs (page 5, lines 36-37)</li> <li>Requires Board to approve practice agreements</li> </ul>	<u>Section 9</u> <ul style="list-style-type: none"> <li>Substitutes “collaborative agreement” for “practice agreement”</li> <li>Specifies that DTs with collaborative agreement with more than 1 dentist must have same supervision requirements and scope (page 9, lines 26-29)</li> <li>Specifies that DTs may not be supervised by more than 1 dentist in a day (page 9, line 30 – page 10, line 1)</li> <li>Allows dentist to supervise <b>up to 2</b> DTs (page 10, lines 2-3)</li> <li>Does not require Board approval of collaborative agreement</li> </ul>	<u>Section 8</u> <ul style="list-style-type: none"> <li>Incorporates substitution of “collaborative agreement” for “practice agreement”</li> <li><b>No limitation on DTs being supervised by more than 1 dentist in a day (page 9, lines 20-21)</b></li> <li>Allows dentist to supervise <b>up to 3</b> DTs (page 9, lines 22-23)</li> <li>Removes requirement that Board approve collaborative agreement</li> </ul>	Incorporates substitution of “collaborative agreement” for “practice agreement”  Removes requirement that Board approve collaborative agreement  <b>Allows dentist to supervise up to 3 DTs</b>  <b>No limitation on DTs being supervised by more than 1 dentist in a day,</b>
<b>Scope of Practice</b>	<u>Section 9</u>	<u>Section 10</u>	<u>Section 9</u> <ul style="list-style-type: none"> <li><b>REMOVES</b> from scope</li> </ul>	Remove Scope:

**GRAY** = Stay with Introduced

**YELLOW** = Adopt -3 changes

**BLUE** = “Compromise” between Introduced and -3 amendment

HOUSE BILL 2528 COMPARISON

	<ul style="list-style-type: none"> <li>• Specifies list of <b>services</b> DTs are permitted to perform pursuant to practice agreement; no supervision requirements specified</li> <li>• Allows DTs to supervise <b>up to 4</b> dental assistants or expanded function dental assistants (page 7, line 6)</li> <li>• Allows performance of additional services if DT has received education or training (page 6, line 42 – page 7, line 2)</li> </ul>	<ul style="list-style-type: none"> <li>• Specifies <b>procedures</b> that DTs are allowed to perform under <b>general supervision</b> of dentist and <b>procedures</b> that may be performed under <b>direct or indirect supervision</b> of dentist</li> <li>• REMOVES             <ul style="list-style-type: none"> <li>○ Mechanical polishing</li> <li>○ Periodontal scaling</li> <li>○ Placement of temporary restorations</li> <li>○ Fabrication of soft occlusal guards</li> <li>○ Tissue conditioning and soft reline</li> <li>○ Atraumatic restorative therapy and interim restorative therapy</li> <li>○ Tooth reimplantation and stabilization</li> <li>○ Administration of nitrous oxide</li> <li>○ Placement of space maintainers</li> <li>○ Cavity preparation</li> <li>○ Restoration of primary and permanent teeth (allows prep and placement)</li> <li>○ Clarifies/limits authority re: crowns</li> <li>○ Pulpotomies on primary teeth</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Administration of nitrous oxide</li> <li>○ Placement of space maintainers</li> <li>• Clarifies that simple extractions of periodontally diseased permanent teeth with advanced mobility may be done under indirect supervision (page 11, lines 16-18)</li> <li>• Allows DTs to supervise up to 3 dental assistants or expanded function dental assistants (page 11, lines 28-29)</li> <li>• Substitutes "collaborative agreement" for "practice agreement" in dispensation and administration of drug provisions (Section 10, pages 11-12)</li> </ul>	<p>Nitrous Oxide Placement of space maintainers.</p>  <p>Supervision requirements: Direct, Indirect or General</p> 
--	---	---	--	---

GRAY = Stay with Introduced

YELLOW = Adopt -3 changes

BLUE = "Compromise" between Introduced and -3 amendment

HOUSE BILL 2528 COMPARISON

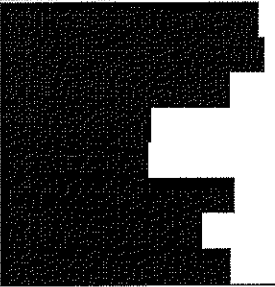
		<ul style="list-style-type: none"> <li>○ Extractions of primary teeth</li> <li>○ Simple extractions of periodontally diseased permanent teeth with advanced mobility</li> <li>○ Brush biopsies</li> <li>○ Minor adjustments and repair of defective prosthetic devices</li> <li>• Requires direct or indirect supervision of dispensation and administration of drugs</li> <li>• Allows DTs to supervise <b>up to 2</b> dental assistants or expanded function dental assistants (page 11, lines 23-24)</li> <li>• Specifies that procedures in scope must have been included in DTs education program (page 11, lines 25-28 (Section 11))</li> </ul>		
<b>Liability Insurance &amp; Population Served</b>	N/A	<p><u>Section 11</u></p> <ul style="list-style-type: none"> <li>• Requires DTs to purchase and maintain liability insurance</li> <li>• Requires DTs to dedicate 51% of practice to patients who represent underserved populations</li> </ul>	<p><u>Section 11</u></p> <ul style="list-style-type: none"> <li>• Requires DTs to purchase and maintain liability insurance</li> <li>• Requires DTs to practice only in dental health professional shortage areas or in settings where the dental therapist dedicates at least 51 percent of the dental therapist's practice to patients who</li> </ul>	<p><u>Section 11</u></p> <ul style="list-style-type: none"> <li>• Requires DTs to purchase and maintain liability insurance</li> <li>Requires DTs to practice only in dental health professional shortage areas or in settings where the dental therapist dedicates at least 51 percent of the dental</li> </ul>

**GRAY** = Stay with Introduced

**YELLOW** = Adopt -3 changes

**BLUE** = "Compromise" between Introduced and -3 amendment

HOUSE BILL 2528 COMPARISON

			represent underserved populations	therapist's practice to patients who represent underserved populations
<b>Board Membership</b>	<u>Section 16</u> <ul style="list-style-type: none"> <li>Adds DT representative to Board</li> </ul>	N/A	<u>Section 19</u> <ul style="list-style-type: none"> <li>Delays addition of DT to Board to 2027 (via Section 21)</li> </ul>	<u>Section 19</u> 

**GRAY** = Stay with Introduced

**YELLOW** = Adopt -3 changes

**BLUE** = "Compromise" between Introduced and -3 amendment



HB 2528-6  
(LC 2307)  
4/8/21 (SCT/ps)

Requested by Representative HAYDEN

PROPOSED AMENDMENTS TO  
HOUSE BILL 2528

1 On page 1 of the printed bill, line 2, delete “, 679.230”.  
2 Delete lines 4 through 25.  
3 Delete lines 27 through 30 and delete pages 2 through 15 and insert:  
4 **“SECTION 1. Sections 2 to 12 of this 2021 Act are added to and made**  
5 **a part of ORS chapter 679.**  
6 **“SECTION 2. As used in sections 2 to 12 of this 2021 Act:**  
7 **“(1) ‘Collaborative agreement’ means a written and signed agree-**  
8 **ment entered into between a dentist and a dental therapist under**  
9 **section 8 of this 2021 Act.**  
10 **“(2) ‘Dental pilot project’ means an Oregon Health Authority dental**  
11 **pilot project developed and operated by the authority.**  
12 **“(3) ‘Dentist’ means a person licensed to practice dentistry under**  
13 **this chapter.**  
14 **“SECTION 3. (1) The Oregon Board of Dentistry shall issue a license**  
15 **to practice dental therapy to an applicant who:**  
16 **“(a) Is at least 18 years of age;**  
17 **“(b) Submits to the board a completed application form;**  
18 **“(c) Demonstrates the completion of a dental therapy education**  
19 **program that is:**  
20 **“(A) Accredited by the Commission on Dental Accreditation of the**  
21 **American Dental Association, or its successor organization, and ap-**

Commented [P11]: Removes section adding dt from  
OBD

Commented [P12]: Removes intent

1 proved by the board by rule;

2 “(B) Determined by the board to be substantially equivalent to a  
3 dental therapy education program described in subparagraph (A) of  
4 this paragraph; or

5 “(C) Part of a dental pilot project;

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

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

10 “(2)(a) An individual who completed a dental therapy education  
11 program in another state or jurisdiction may apply for licensure under  
12 this section.

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

16 “(3) If an applicant holds a current or expired authorization to  
17 practice dental therapy issued by another state, the federal govern-  
18 ment or a tribal authority, the applicant shall include with the appli-  
19 cation a copy of the authorization and an affidavit from the dental  
20 regulatory body of the other jurisdiction that demonstrates the appli-  
21 cant was authorized to practice dental therapy in that jurisdiction.

22 “SECTION 4. (1)(a) The Oregon Board of Dentistry may require an  
23 applicant for a license to practice dental therapy to pass written, lab-  
24 oratory or clinical examinations to test the professional knowledge  
25 and skills of the applicant.

26 “(b) The examinations may not be affiliated with or administered  
27 by a dental pilot project or a dental therapy education program de-  
28 scribed in section 3 of this 2021 Act.

29 “(c) The examinations must:

30 “(A) Be elementary and practical in character, and sufficiently

1 thorough to test the fitness of the applicant to practice dental therapy;

2 “(B) Be written in English; and

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

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

7 “(a) To satisfy the written examination authorized under this sec-  
8 tion, may accept the results of national standardized examinations.

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

11 “(A) Shall accept the results of regional and national testing agen-  
12 cies or clinical board examinations administered by other states; and

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

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

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

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

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

1 of conviction.

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

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

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

12 “SECTION 6. (1) A person may not practice dental therapy or as-  
13 sume or use any title, words or abbreviations, including the title or  
14 designation ‘dental therapist,’ that indicate that the person is au-  
15 thorized to practice dental therapy unless the person is licensed under  
16 section 3 of this 2021 Act.

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

18 “(a) The practice of dental therapy by a health care provider per-  
19 forming services within the health care provider’s authorized scope of  
20 practice.

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

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

29 “(d) A dental therapist authorized to practice in another state or  
30 jurisdiction from making a clinical presentation sponsored by a bona

1 fide dental or dental therapy association or society or an accredited  
2 dental or dental therapy education program approved by the Oregon  
3 Board of Dentistry.

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

Commented [PJ3]: This was changed to indirect in the  
-4, and should be indirect to be aligned with the DPA

14 “(f) Bona fide full-time students of dental therapy, during the pe-  
15 riod of their enrollment and as a part of the course of study in a dental  
16 therapy education program located outside of Oregon that is accred-  
17 ited by the Commission on Dental Accreditation of the American  
18 Dental Association or its successor agency, from engaging in  
19 community-based or clinical studies as an elective or required rotation  
20 in a clinical setting located in Oregon, if the community-based or  
21 clinical studies meet minimum requirements established by the board  
22 by rule and are performed under the direct supervision of a member  
23 of the faculty of the Oregon Health and Science University School of  
24 Dentistry.

Commented [PJ4]: Same as above. Needs to be  
indirect

25 “(g) The performance of duties by a federally certified dental health  
26 aide therapist or tribally authorized dental therapist in a clinic oper-  
27 ated by the Indian Health Service, including, as described in 25 U.S.C.  
28 1603, an Indian Health Service Direct Service Tribe clinic, a clinic op-  
29 erated under an Indian Self-Determination and Education Assistance  
30 Act of 1975 (P.L. 93-638) contract or a clinic operated under an urban

1 **Indian organization.**

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

4 **“(a) Application for licensure;**

5 **“(b) Examinations;**

6 **“(c) Biennial dental therapy licenses, both active and inactive;**

7 **“(d) Licensure renewal fees;**

8 **“(e) Permits; and**

9 **“(f) Delinquency.**

10 **“(2) Subject to prior approval of the Oregon Department of Admin-**  
11 **istrative Services and a report to the Emergency Board prior to**  
12 **adopting fees and charges, the fees and charges established under**  
13 **sections 2 to 12 of this 2021 Act may not exceed the cost of adminis-**  
14 **tering sections 2 to 12 of this 2021 Act as authorized by the Legislative**  
15 **Assembly within the Oregon Board of Dentistry budget and as modi-**  
16 **fied by the Emergency Board.**

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

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

28 **“(4)(a) A license to practice dental therapy is valid for two years**  
29 **and may be renewed. A licensee shall submit to the board an applica-**  
30 **tion for renewal and payment of the fee.**

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

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

8       “(5) A dental therapist shall inform the board of a change of the  
9 dental therapist’s address within 30 days of the change.

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

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

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

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

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

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

26       “(f) Procedures for creating and maintaining dental records for pa-  
27 tients treated by the dental therapist;

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

30       “(h) A quality assurance plan for monitoring care provided by the

1 dental therapist, including chart review, patient care review and re-  
2 ferral follow-up;

3 “(i) Protocols for the dispensation and administration of drugs, as  
4 described in section 9 of this 2021 Act, by the dental therapist, includ-  
5 ing circumstances under which the dental therapist may dispense and  
6 administer drugs;

7 “(j) Criteria for the provision of care to patients with specific med-  
8 ical conditions or complex medical histories, including any require-  
9 ments for consultation with the dentist prior to the provision of care;  
10 and

11 “(k) Protocols for when a patient requires treatment outside the  
12 dental therapist’s scope of practice, including for referral of the pa-  
13 tient for evaluation and treatment by the dentist, a physician licensed  
14 under ORS chapter 677, a nurse practitioner licensed under ORS 678.375  
15 to 678.390 or other licensed health care provider.

16 “(2) A dentist who enters into a collaborative agreement with a  
17 dental therapist shall:

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

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

24 “(3) A dental therapist may perform and provide only those proce-  
25 dures and services authorized by the dentist and set out in the  
26 collaborative agreement, and shall maintain with the dentist an ap-  
27 propriate level of contact, as determined by the dentist.

28 “(4) A dental therapist and a dentist who enter into a collaborative  
29 agreement together shall each maintain a physical copy of the  
30 collaborative agreement.



1       “(5)(a) Subject to paragraph (b) of this subsection, a dental thera-  
2       pist may enter into collaborative agreements with more than one  
3       dentist if each collaborative agreement includes the same supervision  
4       requirements and scope of practice.

5       “(b) A dental therapist may not be supervised by more than one  
6       dentist in a day.

Commented [PJ5]: This was deleted in 4

7       “(c) A dentist may supervise and enter into collaborative agree-  
8       ments with up to two dental therapists at any one time.

Commented [PJ6]: This was changed to 3 in 4

9       “(6)(a) A collaborative agreement must be signed by the dentist and  
10       dental therapist.

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

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

19       “(a) Identification of conditions requiring evaluation, diagnosis or  
20       treatment by a dentist, a physician licensed under ORS chapter 677, a  
21       nurse practitioner licensed under ORS 678.375 to 678.390 or other li-  
22       censed health care provider;

23       “(b) Comprehensive charting of the oral cavity;

24       “(c) Oral health instruction and disease prevention education, in-  
25       cluding nutritional counseling and dietary analysis;

26       “(d) Exposing of radiographic images;

Commented [PJ7]: And evaluation of

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

29       “(f) Application of topical preventive or prophylactic agents, in-  
30       cluding fluoride varnishes and pit and fissure sealants;

- 1     “(g) Administering local anesthetic;  
2     “(h) Pulp vitality testing;  
3     “(i) Application of desensitizing medication or resin;  
4     “(j) Fabrication of athletic mouth guards;  
5     “(k) Changing of periodontal dressings;  
6     “(L) Simple extractions of erupted primary teeth;  
7     “(m) Emergency palliative treatment of dental pain;  
8     “(n) Preparation and placement of direct restoration in primary and  
9 permanent teeth;  
10    “(o) Fabrication and placement of single-tooth temporary crowns;  
11    “(p) Preparation and placement of preformed crowns on primary  
12 teeth;  
13    “(q) Indirect and direct pulp capping on permanent teeth;  
14    “(r) Indirect pulp capping on primary teeth;  
15    “(s) Suture removal;  
16    “(t) Minor adjustments and repairs of removable prosthetic devices;  
17    “(u) Removal of space maintainers; and  
18    “(v) The dispensation and oral or topical administration of:  
19    “(A) Nonnarcotic analgesics;  
20    “(B) Anti-inflammatories; and  
21    “(C) Antibiotics.  
22    “(2) A dental therapist may perform, pursuant to the dental  
23 therapist’s collaborative agreement, the following procedures under  
24 the indirect supervision of the dentist:  
25    “(a) Placement of temporary restorations;  
26    “(b) Fabrication of soft occlusal guards;  
27    “(c) Tissue reconditioning and soft relines;  
28    “(d) ~~Atraumatic restorative therapy and interim restorative ther-~~  
29 ~~apy;~~  
30    “(e) Tooth reimplantation and stabilization;

Commented [PJ8]: Needs to be general

- 1     “(f) Recementing of permanent crowns;  
2     “(g) Pulpotomies on primary teeth;  
3     “(h) Simple extractions of periodontally diseased permanent teeth  
4 with advanced mobility;  
5     “(i) Brush biopsies;  
6     “(j) Oral examination, evaluation and diagnosis of conditions within  
7 the supervising dentist’s authorization; and  
8     “(k) Other services as specified by the board by rule.

Commented [PJ9]: Needs to be in general

Commented [PJ10]: This should be in general. If there is a new simple procedure that comes along, this requires it to be under indirect.

9     “(3)(a) A dental therapist may supervise a dental assistant and an  
10 expanded function dental assistant, as defined by the Oregon Board  
11 of Dentistry by rule, if the dental therapist is authorized to perform  
12 the services provided by the dental assistant or expanded function  
13 dental assistant.

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

16     “SECTION 10. (1) A dental therapist may perform the procedures  
17 listed in section 9 of this 2021 Act so long as the procedures are in-  
18 cluded in an education program described in section 3 (1) of this 2021  
19 Act or the dental therapist has received additional training in the  
20 procedure approved by the board.

21     “(2) A dental therapist shall purchase and maintain liability insur-  
22 ance as determined sufficient by the Oregon Board of Dentistry.

23     “(3) A dental therapist shall dedicate at least 51 percent of the  
24 dental therapist’s practice to patients who represent underserved pop-  
25 ulations, as defined by the Oregon Health Authority by rule.

Commented [PJ11]: This needs to include Dental Professional Shortage Areas

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

28     “SECTION 12. The Oregon Board of Dentistry shall adopt rules  
29 necessary to administer sections 2 to 12 of this 2021 Act. In adopting  
30 rules under this section, the board shall consult with dental therapists

1 **and organizations that represent dental therapists in this state.**

2 **“SECTION 13.** ORS 679.010 is amended to read:

3 “679.010. As used in this chapter and ORS 680.010 to 680.205, unless the  
4 context requires otherwise:

5 “(1) ‘Dental assistant’ means a person who, under the supervision of a  
6 dentist or **dental therapist**, renders assistance to a dentist, **dental thera-**  
7 **pist**, dental hygienist, dental technician or another dental assistant or who,  
8 under the supervision of a dental hygienist, renders assistance to a dental  
9 hygienist providing dental hygiene.

10 “(2) ‘Dental hygiene’ is that portion of dentistry that includes, but is not  
11 limited to:

12 “(a) The rendering of educational, preventive and therapeutic dental ser-  
13 vices and diagnosis and treatment planning for such services;

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

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

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

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

26 “(5) ‘**Dental therapist**’ means a person licensed to practice dental  
27 **therapy under section 3 of this 2021 Act.**

28 “(6) ‘**Dental therapy**’ means the provision of preventive dental care,  
29 **restorative dental treatment and other educational, clinical and**  
30 **therapeutic patient services as part of a dental care team, including**

1 **the services described under section 9 of this 2021 Act.**

2 “[5] (7) ‘Dentist’ means a person who may perform any intraoral or  
3 extraoral procedure required in the practice of dentistry.

4 “[6] (8) ‘Dentist of record’ means a dentist that either authorizes treat-  
5 ment for, supervises treatment of or provides treatment for a patient in a  
6 dental office or clinic owned or operated by an institution as described in  
7 ORS 679.020 (3).

8 “[7(a)] (9)(a) ‘Dentistry’ means the healing art concerned with:

9 “(A) The examination, diagnosis, treatment planning, treatment, care and  
10 prevention of conditions within the human oral cavity and maxillofacial re-  
11 gion, and of conditions of adjacent or related tissues and structures; and

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

15 “(b) ‘Dentistry’ includes, but is not limited to:

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

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

21 “(ii) Post-graduate training programs; or

22 “(iii) Continuing education courses.

23 “(B) The prescription and administration of vaccines.

24 “[8] (10) ‘Direct supervision’ means supervision requiring that a dentist  
25 diagnose the condition to be treated, that a dentist authorize the procedure  
26 to be performed, and that a dentist remain in the dental treatment room  
27 while the procedures are performed.

28 “[9] (11) ‘Expanded practice dental hygienist’ means a dental hygienist  
29 who performs dental hygiene services in accordance with ORS 680.205 as  
30 authorized by an expanded practice dental hygienist permit issued by the

1 board under ORS 680.200.

2 “[10] (12) ‘General supervision’ means supervision requiring that a den-  
3 tist authorize the procedures by standing orders, practice agreements or  
4 collaboration agreements, but not requiring that a dentist be present when  
5 the authorized procedures are performed. The authorized procedures may also  
6 be performed at a place other than the usual place of practice of the dentist.

7 “[11] (13) ‘Indirect supervision’ means supervision requiring that a den-  
8 tist authorize the procedures and that a dentist be on the premises while the  
9 procedures are performed.

10 “**SECTION 14.** ORS 679.140 is amended to read:

11 “679.140. (1) The Oregon Board of Dentistry may discipline as provided in  
12 this section any person licensed to practice dentistry in this state for any  
13 of the following causes:

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

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

21 “(c) Unprofessional conduct.

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

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

29 “(f) Incapacity to practice safely.

30 “(2) ‘Unprofessional conduct’ as used in this chapter includes but is not

1 limited to the following:

2     “(a) Obtaining any fee by fraud or misrepresentation.

3     “(b) Willfully betraying confidences involved in the patient-dentist re-  
4 lationship.

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

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

9     “(e) Impairment as defined in ORS 676.303.

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

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

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

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

27     “(4) In determining what constitutes unacceptable patient care, the board  
28 may take into account all relevant factors and practices, including but not  
29 limited to the practices generally and currently followed and accepted by  
30 persons licensed to practice dentistry in this state, the current teachings at

1 accredited dental schools, relevant technical reports published in recognized  
2 dental journals and the desirability of reasonable experimentation in the  
3 furtherance of the dental arts.

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

6 “(a) Suspend judgment.

7 “(b) Place a licensee on probation.

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

9 “(d) Revoke a license to practice dentistry in this state.

10 “(e) Place limitations on a license to practice dentistry in this state.

11 “(f) Refuse to renew a license to practice dentistry in this state.

12 “(g) Accept the resignation of a licensee to practice dentistry in this  
13 state.

14 “(h) Assess a civil penalty.

15 “(i) Reprimand a licensee.

16 “(j) Impose any other disciplinary action the board in its discretion finds  
17 proper, including assessment of the costs of the disciplinary proceedings as  
18 a civil penalty.

19 “(6) If the board places any person upon probation as set forth in sub-  
20 section (5)(b) of this section, the board may determine and may at any time  
21 modify the conditions of the probation and may include among them any  
22 reasonable condition for the purpose of protection of the public and for the  
23 purpose of the rehabilitation of the probationer or both. Upon expiration of  
24 the term of probation, further proceedings shall be abated by the board if the  
25 person holding the license furnishes the board with evidence that the person  
26 is competent to practice dentistry and has complied with the terms of pro-  
27 bation. If the evidence fails to establish competence to the satisfaction of the  
28 board or if the evidence shows failure to comply with the terms of the pro-  
29 bation, the board may revoke or suspend the license.

30 “(7) If a license to practice dentistry in this state is suspended, the person



1 holding the license may not practice during the term of suspension. Upon the  
2 expiration of the term of suspension, the license shall be reinstated by the  
3 board if the board finds, based upon evidence furnished by the person, that  
4 the person is competent to practice dentistry and has not practiced dentistry  
5 in this state during the term of suspension. If the evidence fails to establish  
6 to the satisfaction of the board that the person is competent or if any evi-  
7 dence shows the person has practiced dentistry in this state during the term  
8 of suspension, the board may revoke the license after notice and hearing.

9 “(8) Upon receipt of a complaint under this chapter or ORS 680.010 to  
10 680.205, the board shall conduct an investigation as described under ORS  
11 676.165.

12 “(9) Information that the board obtains as part of an investigation into  
13 licensee or applicant conduct or as part of a contested case proceeding,  
14 consent order or stipulated agreement involving licensee or applicant con-  
15 duct is confidential as provided under ORS 676.175. Notwithstanding ORS  
16 676.165 to 676.180, the board may disclose confidential information regarding  
17 a licensee or an applicant to persons who may evaluate or treat the licensee  
18 or applicant for drug abuse, alcohol abuse or any other health related con-  
19 ditions.

20 “(10) The board may impose against any person who violates the pro-  
21 visions of this chapter or ORS 680.010 to 680.205 or rules of the board a civil  
22 penalty of up to \$5,000 for each violation. Any civil penalty imposed under  
23 this section shall be imposed in the manner provided in ORS 183.745.

24 “(11) Notwithstanding the expiration, suspension, revocation or surrender  
25 of the license, or the resignation or retirement of the licensee, the board  
26 may:

27 “(a) Proceed with any investigation of, or any action or disciplinary pro-  
28 ceedings against, the dentist [or], dental hygienist or dental therapist; or

29 “(b) Revise or render void an order suspending or revoking the license.

30 “(12)(a) The board may continue with any proceeding or investigation for

1 a period not to exceed four years from the date of the expiration, suspension,  
2 revocation or surrender of the license, or the resignation or retirement of the  
3 licensee; or

4 “(b) If the board receives a complaint or initiates an investigation within  
5 that four-year period, the board’s jurisdiction continues until the matter is  
6 concluded by a final order of the board following any appeal.

7 “(13) Withdrawing the application for license does not close any investi-  
8 gation, action or proceeding against an applicant.

9 “**SECTION 15.** ORS 679.170 is amended to read:

10 “679.170. *[No person shall]* **A person may not:**

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

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

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

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

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

28 “(6) Within 10 days after demand made by the board, fail to respond to  
29 the board’s written request for information or fail to furnish to the board the  
30 name and address of all persons practicing or assisting in the practice of

1 dentistry in the office of such person at any time within 60 days prior to the  
2 notice, together with a sworn statement showing under and by what license  
3 or authority such person and employee are and have been practicing  
4 dentistry.

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

8 “**SECTION 16.** ORS 679.250 is amended to read:

9 “679.250. The powers and duties of the Oregon Board of Dentistry are as  
10 follows:

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

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

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

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

30 “(b) In conducting examinations for licensure, the board may enter into

1 a compact with other states for conducting regional examinations with other  
2 board of dental examiners concerned, or by a testing service recognized by  
3 such boards.

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

9 “(6) To keep an accurate record of all proceedings of the board and of all  
10 its meetings, of all receipts and disbursements, of all prosecutions for vio-  
11 lation of this chapter, of all examinations for license to practice dentistry,  
12 with the names and qualifications for examination of any person examined,  
13 together with the addresses of those licensed and the results of such exam-  
14 inations, a record of the names of all persons licensed to practice dentistry  
15 in Oregon together with the addresses of all such persons having paid the  
16 license fee prescribed in ORS 679.120 and the names of all persons whose li-  
17 cense to practice has been revoked or suspended.

18 “(7) To make and enforce rules necessary for the procedure of the board,  
19 for the conduct of examinations, for regulating the practice of dentistry, and  
20 for regulating the services of dental hygienists and dental auxiliary person-  
21 nel not inconsistent with the provisions of this chapter. As part of such  
22 rules, the board may require the procurement of a permit or other certificate.  
23 Any permit issued may be subject to periodic renewal. In adopting rules, the  
24 board shall take into account all relevant factors germane to an orderly and  
25 fair administration of this chapter and of ORS 680.010 to 680.205, the prac-  
26 tices and materials generally and currently used and accepted by persons li-  
27 censed to practice dentistry in this state, dental techniques commonly in use,  
28 relevant technical reports published in recognized dental journals, the cur-  
29 riculum at accredited dental schools, the desirability of reasonable exper-  
30 imentation in the furtherance of the dental arts, and the desirability of

1 providing the highest standard of dental care to the public consistent with  
2 the lowest economic cost.

3       “(8) Upon its own motion or upon any complaint, to initiate and conduct  
4 investigations of and hearings on all matters relating to the practice of  
5 dentistry, the discipline of licensees, or pertaining to the enforcement of any  
6 provision of this chapter. In the conduct of investigations or upon the hear-  
7 ing of any matter of which the board may have jurisdiction, the board may  
8 take evidence, administer oaths, take the depositions of witnesses, including  
9 the person charged, in the manner provided by law in civil cases, and compel  
10 their appearance before it in person the same as in civil cases, by subpoena  
11 issued over the signature of an employee of the board and in the name of the  
12 people of the State of Oregon, require answers to interrogatories, and compel  
13 the production of books, papers, accounts, documents and testimony per-  
14 taining to the matter under investigation or to the hearing. In all investi-  
15 gations and hearings, the board and any person affected thereby may have  
16 the benefit of counsel, and all hearings shall be held in compliance with ORS  
17 chapter 183. Notwithstanding ORS 676.165, 676.175 and 679.320, if a licensee  
18 who is the subject of an investigation or complaint is to appear before  
19 members of the board investigating the complaint, the board shall provide  
20 the licensee with a current summary of the complaint or the matter being  
21 investigated not less than five days prior to the date that the licensee is to  
22 appear. At the time the summary of the complaint or the matter being in-  
23 vestigated is provided, the board shall provide to the licensee a current  
24 summary of documents or alleged facts that the board has acquired as a re-  
25 sult of the investigation. The name of the complainant or other information  
26 that reasonably may be used to identify the complainant may be withheld  
27 from the licensee.

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

1 **dental therapy.**

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

6 “(11) To order an applicant or licensee to submit to a physical examina-  
7 tion, mental examination or a competency examination when the board has  
8 evidence indicating the incapacity of the applicant or licensee to practice  
9 safely.

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

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

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

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

21 “(c) Achieve at least one of the following:

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

23 “(B) Develop new categories of dental personnel;

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

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

26 “(2) The authority shall adopt rules:

27 “(a) Establishing an application process for pilot projects;

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

30 “(c) Requiring an approved pilot project to report to the authority on the

1 progress and outcomes of the pilot project, including:

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

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

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

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

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

11 “(3) The authority shall seek the advice of appropriate professional soci-  
12 eties and licensing boards before adopting rules under subsection (2) of this  
13 section.

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

19 “(b) A person practicing dentistry [or], dental hygiene or dental therapy  
20 without a license under this section is subject to the same standard of care  
21 and is entitled to the same immunities as a person performing the services  
22 with a license.

23 “(5) The authority may accept gifts, grants or contributions from any  
24 public or private source for the purpose of carrying out this section. Funds  
25 received under this subsection shall be deposited in the Dental Pilot Projects  
26 Fund established under section 17 [of this 2011 Act], chapter 716, Oregon  
27 Laws 2011.

28 “**SECTION 18. (1) Sections 2 to 12 of this 2021 Act and the amend-**  
29 **ments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter**  
30 **716, Oregon Laws 2011, by sections 13 to 19 of this 2021 Act become**

1 operative on January 1, 2022.

2       “(2) The Oregon Board of Dentistry may take any action before the  
3 operative date specified in subsection (1) of this section that is neces-  
4 sary to enable the board to exercise, on and after the operative date  
5 specified in subsection (1) of this section, all of the duties, functions  
6 and powers conferred on the board by sections 2 to 12 of this 2021 Act  
7 and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and  
8 section 1, chapter 716, Oregon Laws 2011, by sections 13 to 17 of this  
9 2021 Act.

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

13

---



## **DTRO Committee Voted to move forward on 11/10/21:**

**818-026-0055**

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

(1) Under indirect supervision, dental hygiene and [dental therapy](#) 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 818-026-0050(7) and (8).

(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 818-026-0050(7) and (8).

## **OBD STAFF Proposed changes for discussion at 12/8/21 DTRO Meeting:**

**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.**
- (4) A dental hygienist, dental therapist 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.**

**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.

1 **OAR 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) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental  
10 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 explanation to the patient, or patient's guardian, of the proposed procedures, any  
27 available alternative procedures and any risks associated with the procedures. Following the  
28 explanation, the licensee shall ask the patient, or the patient's guardian, if there are any  
29 questions. The licensee shall provide thorough and easily understood answers to all questions  
30 asked.**

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

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

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

36 **(13) "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 branch of dentistry which is concerned with the morphology, physiology  
47 and pathology of the human dental pulp and periradicular tissues. Its study and practice  
48 encompass the basic and clinical sciences including biology of the normal pulp, the etiology,

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

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

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

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

84 **(14)** "Full-time" as used in ORS 679.025 is defined by the Board as any student who is enrolled  
85 in an institution accredited by the Commission on Dental Accreditation of the American Dental  
86 Association or its successor agency in a course of study for dentistry, dental hygiene or dental  
87 therapy.

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

91 **(16)** "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-  
92 0070 is defined as a group of licensees who come together for clinical and non-clinical  
93 educational study for the purpose of maintaining or increasing their competence. This is not  
94 meant to be a replacement for residency requirements.

95 **(17)** "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that  
96 caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical  
97 harm include mental pain, anguish, or suffering, or fear of injury.

98 **(18)**“ Teledentistry” is defined as the use of information technology and telecommunications to  
99 facilitate the providing of dental primary care, consultation, education, and public awareness in  
100 the same manner as telehealth and telemedicine.

101 **(19)**“ BLS for Healthcare Providers or its Equivalent” the CPR certification standard is the  
102 American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined  
103 by the Board. This initial CPR course must be a hands-on course; online CPR courses will not  
104 be approved by the Board for initial CPR certification.

105 After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare  
106 Providers or its equivalent Online Renewal course for license renewal. A CPR certification card  
107 with an expiration date must be received from the CPR provider as documentation of CPR  
108 certification. The Board considers the CPR expiration date to be the last day of the month that  
109 the CPR instructor indicates that the certification expires.

110  
111 **818-001-0087**

112 **Fees**

113 (1) The Board adopts the following fees:

114 (a) Biennial License Fees:

115 (A) Dental —\$390;

116 (B) Dental — retired — \$0;

117 (C) Dental Faculty — \$335;

118 (D) Volunteer Dentist — \$0;

119 (E) Dental Hygiene —\$230;

120 (F) Dental Hygiene — retired — \$0;

121 (G) Volunteer Dental Hygienist — \$0;

122 **(H) Dental Therapy - (\$230)**

123 **(I) Dental Therapy - retired \$0.**

124 (b) Biennial Permits, Endorsements or Certificates:

125 (A) Nitrous Oxide Permit — \$40;

126 (B) Minimal Sedation Permit — \$75;

127 (C) Moderate Sedation Permit — \$75;

128 (D) Deep Sedation Permit — \$75;

129 (E) General Anesthesia Permit — \$140;

130 (F) Radiology — \$75;

131 (G) Expanded Function Dental Assistant — \$50;

132 (H) Expanded Function Orthodontic Assistant — \$50;

133 (I) Instructor Permits — \$40;

134 (J) Dental Hygiene Restorative Functions Endorsement — \$50;

135 (K) Restorative Functions Dental Assistant — \$50;

136 (L) Anesthesia Dental Assistant — \$50;

137 (M) Dental Hygiene, Expanded Practice Permit — \$75;

138 (N) Non-Resident Dental Background Check - \$100.00;

139 (c) Applications for Licensure:

140 (A) Dental — General and Specialty — \$345;

141 (B) Dental Faculty — \$305;

142 (C) Dental Hygiene — \$180;

143 **(D) Dental Therapy - (\$180)**

144 **(E) Licensure Without Further Examination — Dental, Dental Hygiene and**

145 **Dental Therapy — \$790.**

146 (d) Examinations:

- 147 (A) Jurisprudence — \$0;  
148 (e) Duplicate Wall Certificates — \$50.  
149 (2) Fees must be paid at the time of application and are not refundable.  
150 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due  
151 or to which the Board has no legal interest unless the person who made the payment or  
152 the person's legal representative requests a refund in writing within one year of payment  
153 to the Board.

154  
155 **OAR 818-012-0020**

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

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

- 159 (1) Make restitution to the patient in an amount to cover actual costs in correcting the  
160 unacceptable care.  
161 (2) Refund fees paid by the patient with interest.  
162 (3) Complete a Board-approved course of remedial education.  
163 (4) Discontinue practicing in specific areas of dentistry, [dental therapy](#), or hygiene.  
164 (5) Practice under the supervision of another licensee.

165  
166 **OAR 818-012-0030**

167 **Unprofessional Conduct**

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

- 171 (1) Attempt to obtain a fee by fraud, or misrepresentation.  
172 (2) Obtain a fee by fraud, or misrepresentation.  
173 (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to  
174 make, a material, false statement intending that a recipient, who is unaware of the truth, rely  
175 upon the statement.  
176 (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or  
177 permitting any person to make a material, false statement.  
178 (c) Giving cash discounts and not disclosing them to third party payers is not fraud or  
179 misrepresentation.  
180 (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person  
181 other than a partner, employee, or employer.  
182 (4) Accept rebates, split fees, or commissions for services rendered to a patient from any  
183 person other than a partner, employee, or employer.  
184 (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior  
185 can include but is not limited to, inappropriate physical touching; kissing of a sexual nature;  
186 gestures or expressions, any of which are sexualized or sexually demeaning to a patient;  
187 inappropriate procedures, including, but not limited to, disrobing and draping practices that  
188 reflect a lack of respect for the patient's privacy; or initiating inappropriate communication,  
189 verbal or written, including, but not limited to, references to a patient's body or clothing that are  
190 sexualized or sexually demeaning to a patient; and inappropriate comments or queries about  
191 the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual  
192 problems, or sexual preferences.  
193 (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.  
194 (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient  
195 or to a patient's guardian upon request of the patient's guardian.

- 196 (8) Misrepresent any facts to a patient concerning treatment or fees.
- 197 (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
- 198 (A) Legible copies of records; and
- 199 (B) Duplicates of study models, radiographs of the same quality as the originals, and
- 200 photographs if they have been paid for.
- 201 (b) The licensee may require the patient or guardian to pay in advance a fee reasonably
- 202 calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee
- 203 not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per
- 204 page for pages 11 through 50 and no more than \$0.25 for each additional page (including
- 205 records copied from microfilm), plus any postage costs to mail copies requested and actual
- 206 costs of preparing an explanation or summary of information, if requested. The actual cost of
- 207 duplicating radiographs may also be charged to the patient. Patient records or summaries may
- 208 not be withheld from the patient because of any prior unpaid bills, except as provided in
- 209 (9)(a)(B) of this rule.
- 210 (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee,
- 211 employer, contractor, or agent who renders services.
- 212 (11) Use prescription forms pre-printed with any Drug Enforcement Administration number,
- 213 name of controlled substances, or facsimile of a signature.
- 214 (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a
- 215 blank prescription form.
- 216 (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C.
- 217 Sec. 812, for office use on a prescription form.
- 218 (14) Violate any Federal or State law regarding controlled substances.
- 219 (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or
- 220 mind altering substances, or practice with an untreated substance use disorder diagnosis that
- 221 renders the licensee unable to safely conduct the practice of dentistry, dental hygiene or dental
- 222 therapy.
- 223 (16) Practice dentistry, dental hygiene or dental therapy in a dental office or clinic not owned
- 224 by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and
- 225 dental hygienists practicing pursuant to ORS 680.205(1)(2).
- 226 (17) Make an agreement with a patient or person, or any person or entity representing patients
- 227 or persons, or provide any form of consideration that would prohibit, restrict, discourage or
- 228 otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to
- 229 truthfully and fully answer any questions posed by an agent or representative of the Board; or to
- 230 participate as a witness in a Board proceeding.
- 231 (18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its
- 232 equivalent.
- 233 (19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including
- 234 conduct contrary to the recognized standards of ethics of the licensee's profession or conduct
- 235 that endangers the health, safety or welfare of a patient or the public.
- 236 (20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an
- 237 agent of the Board in any application or renewal, or in reference to any matter under
- 238 investigation by the Board. This includes but is not limited to the omission, alteration or
- 239 destruction of any record in order to obstruct or delay an investigation by the Board, or to omit,
- 240 alter or falsify any information in patient or business records.
- 241 (21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable
- 242 to safely conduct the practice of dentistry, dental hygiene or dental therapy.
- 243 (22) Take any action which could reasonably be interpreted to constitute harassment or
- 244 retaliation towards a person whom the licensee believes to be a complainant or witness.



245 (23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have  
246 access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement  
247 Administration (DEA) registration.  
248

249 **818-021-00XX**

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

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

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

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

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

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

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

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

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

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

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

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

270 **(3) Applicants must pass the Board's Jurisprudence Examination.**  
271

272 **818-021-00XX**

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

274 **(1) The Oregon Board of Dentistry may grant a license without further examination to a**  
275 **dental therapist who holds a license to practice dental therapy in another state or states**  
276 **if the dental therapist meets the requirements set forth in**  
277 **ORS 679 and submits to the Board satisfactory evidence of:**

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

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

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

285 **(d) Holding an active license to practice dental therapy, without restrictions, in any state;**  
286 **including documentation from the state dental board(s) or equivalent authority, that the**  
287 **applicant was issued a license to practice dental therapy, without restrictions, and**  
288 **whether or not the licensee is, or has been, the subject of any final or pending**  
289 **disciplinary action; and**

290 **(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed**  
291 **Forces of the United States, the United States Public Health Service, the United States**  
292 **Department of Veterans Affairs for a minimum of 3,500 hours in the five years**  
293 **immediately preceding application. Licensed clinical practice could include hours**

294 devoted to teaching by dental therapists employed by a CODA accredited dental therapy  
295 program with verification from the dean or appropriate administration of the institution  
296 documenting the length and terms of employment, the applicant's duties and  
297 responsibilities, the actual hours involved in teaching clinical dental therapy, and any  
298 adverse actions or restrictions; and  
299 (f) Having completed 36 hours of continuing education in accordance with the Board's  
300 continuing education requirements contained in these rules within the two years  
301 immediately preceding application.  
302 (2) Applicants must pass the Board's Jurisprudence Examination.  
303

304 **818-021-0026**

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

306 (1) The Board requires fingerprints of all applicants for a dental, dental therapy or dental  
307 hygiene license to determine the fitness of an applicant. The purpose of this rule is to provide for  
308 the reasonable screening of dental and dental hygiene applicants and licensees in order to  
309 determine if they have a history of criminal behavior such that they are not fit to be granted or  
310 hold a license that is issued by the Board.

311 (2) These rules are to be applied when evaluating the criminal history of all licensees and  
312 applicants for a dental, dental therapy or dental hygiene license and for conducting fitness  
313 determinations consistent with the outcomes provided in OAR 125-007-0260.

314 (3) Criminal records checks and fitness determinations are conducted according to ORS  
315 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.

316 (a) The Board will request the Oregon Department of State Police to conduct a state and  
317 nationwide criminal records check. Any original fingerprint cards will subsequently destroyed.

318 (b) All background checks must include available state and national data, unless obtaining one  
319 or the other is an acceptable alternative.

320 (c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of  
321 the outcome or date of occurrence. Disclosure includes but is not limited to military, dismissed  
322 or set aside criminal records.

323 (4) If the applicant or licensee has potentially disqualifying criminal offender information, the  
324 Board will consider the following factors in making a fitness determination:

325 (a) The nature of the crime;

326 (b) The facts that support the conviction or pending indictment or that indicates the making of  
327 the false statement;

328 (c) The relevancy, if any, of the crime or the false statement to the specific requirements of the  
329 subject individual's present or proposed position, services, employment, license, or permit; and

330 (d) Intervening circumstances relevant to the responsibilities and circumstances of the position,  
331 services, employment, license, or permit. Intervening circumstances include but are not limited  
332 to:

333 (A) The passage of time since the commission of the crime;

334 (B) The age of the subject individual at the time of the crime;

335 (C) The likelihood of a repetition of offenses or of the commission of another crime;

336 (D) The subsequent commission of another relevant crime;

337 (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and

338 (F) A recommendation of an employer.

339 (e) Any false statements or omissions made by the applicant or licensee; and

340 (f) Any other pertinent information obtained as part of an investigation.

341 (5) The Board will make a fitness determination consistent with the outcomes provided in OAR  
342 125-007-0260.

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

376  
377 **818-021-00XX**

378 **Continuing Education — Dental Therapists**

379 **(1) Each dental therapist must complete 36 hours of continuing education every two**  
380 **years. Continuing education (C.E.) must be directly related to clinical patient care or the**  
381 **practice of dental public health.**

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

387 **(3) Continuing education includes:**

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

390 **(b) Research, graduate study, teaching or preparation and presentation of scientific**  
391 **sessions. No more than six hours may be in teaching or scientific sessions. (Scientific**

- 392 sessions are defined as scientific presentations, table clinics, poster sessions and  
393 lectures.)  
394 (c) Correspondence courses, videotapes, distance learning courses or similar self-study  
395 course, provided that the course includes an examination and the dental therapist  
396 passes the examination.  
397 (d) Continuing education credit can be given for volunteer pro bono dental therapy  
398 services provided in the state of Oregon; community oral health instruction at a public  
399 health facility located in the state of Oregon; authorship of a publication, book, chapter  
400 of a book, article or paper published in a professional journal; participation on a state  
401 dental board, peer review, or quality of care review procedures; successful completion of  
402 the National Board Dental Therapy Examination, taken after initial licensure; or test  
403 development for clinical dental therapy examinations. No more than 6 hours of credit  
404 may be in these areas.  
405 (4) At least three hours of continuing education must be related to medical emergencies  
406 in a dental office. No more than two hours of Practice Management and Patient Relations  
407 may be counted toward the C.E. requirement in any renewal period.  
408 (5) At least two (2) hours of continuing education must be related to infection control.  
409 (6) At least two (2) hours of continuing education must be related to cultural competency.  
410 (7) At least one (1) hour of continuing education must be related to pain management.

411  
412 **818-021-0080**

413 **Renewal of License**

414 Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of  
415 license to the last mailing address on file in the Board's records to every person holding a  
416 current license. The licensee must return the completed renewal application along with current  
417 renewal fees prior to the 9 - Div. 21 expiration of said license. Licensees who fail to renew  
418 their license prior to the expiration date may not practice dentistry, dental therapy or dental  
419 hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085  
420 "Reinstatement of Expired Licenses."

421 (1) Each dentist shall submit the renewal fee and completed and signed renewal  
422 application form by March 31 every other year. Dentists licensed in odd numbered years  
423 shall apply for renewal in odd numbered years and dentists licensed in even numbered  
424 years shall apply for renewal in even numbered years.

425 (2) Each hygienist must submit the renewal fee and completed and signed renewal  
426 application form by September 30 every other year. Hygienists licensed in odd numbered  
427 years shall apply for renewal in odd numbered years and hygienists licensed in even  
428 numbered years shall apply for renewal in even numbered years.

429 (3) Each dental therapist must submit the renewal fee and completed and signed  
430 renewal application form by September 30 every other year. Dental Therapists licensed  
431 in odd numbered years shall apply for renewal in odd numbered years and dental  
432 therapists licensed in even numbered years shall apply for renewal in even numbered  
433 years.

434 (4) The renewal application shall contain:

435 (a) Licensee's full name;

436 (b) Licensee's mailing address;

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

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

- 441 (e) Licensee's employer or person with whom the licensee is on contract;  
442 (f) Licensee's assumed business name;  
443 (g) Licensee's type of practice or employment;  
444 (h) A statement that the licensee has met the educational requirements for [their specific](#)  
445 [license](#) renewal set forth in OAR 818-021-0060 or [OAR](#) 818-021-0070 [or OAR 818-021-](#)  
446 [00XX](#);  
447 (i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and  
448 (j) A statement that the licensee has not been disciplined by the licensing board of any other  
449 jurisdiction or convicted of a crime.

450  
451 **818-021-0085**

452 **Renewal or Reinstatement of Expired License**

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

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

- 456 (a) Pay a penalty fee of \$50;  
457 (b) Pay the biennial renewal fee; and  
458 (c) Submit a completed renewal application and certification of having completed the Board's  
459 continuing education requirements.

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

- 461 (a) Pay a penalty fee of \$100;  
462 (b) Pay the biennial renewal fee; and  
463 (c) Submit a completed renewal application and certification of having completed the continuing  
464 education requirements.

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

- 467 (a) Pay a penalty fee of \$150;  
468 (b) Pay a fee equal to the renewal fees that would have been due during the period the license  
469 was expired;  
470 (c) Pay a reinstatement fee of \$500; and  
471 (d) Submit a completed application for reinstatement provided by the Board, including  
472 certification of having completed continuing education credits as required by the Board during  
473 the period the license was expired. The Board may request evidence of satisfactory completion  
474 of continuing education courses.

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

- 477 (a) Pay a penalty fee of \$250;  
478 (b) Pay a fee of equal to the renewal fees that would have been due during the period the  
479 license was expired;  
480 (c) Pay a reinstatement fee of \$500;  
481 (d) Pass the Board's Jurisprudence Examination;  
482 (e) Pass any other qualifying examination as may be determined necessary by the Board after  
483 assessing the applicant's professional background and credentials;  
484 (f) Submit evidence of good standing from all states in which the applicant is currently licensed;  
485 and  
486 (g) Submit a completed application for reinstatement provided by the Board including  
487 certification of having completed continuing education credits as required by the Board during  
488 the period the license was expired. The Board may request evidence of satisfactory completion  
489 of continuing education courses.

490 (5) If a [Licensee](#) fails to renew or reinstate [their](#) license within four years from expiration, the  
491 [Licensee](#) must apply for licensure under the current statute and rules of the Board.

492  
493 **818-021-0090**

494 **Retirement of License**

495 (1) A [Licensee](#) who no longer practices in any jurisdiction may retire [their](#) license by submitting  
496 a request to retire such license on a form provided by the Board.

497 (2) A license that has been retired may be reinstated if the applicant:

498 (a) Pays a reinstatement fee of \$500;

499 (b) Passes the Board's Jurisprudence Examination;

500 (c) Passes any other qualifying examination as may be determined necessary by the Board  
501 after assessing the applicant's professional background and credentials;

502 (d) Submits evidence of good standing from all states in which the applicant is currently  
503 licensed; and

504 (e) Submits a completed application for reinstatement provided by the Board including  
505 certification of having completed continuing education credits as required by the Board during  
506 the period the license was expired. The Board may request evidence of satisfactory completion  
507 of continuing education courses.

508 (3) If the [Licensee](#) fails to reinstate [their](#) license within four years from retiring the license, the  
509 [Licensee](#) must apply for licensure under the current statute and rules of the Board.

510  
511 **818-021-0095**

512 **Resignation of License**

513 (1) The Board may allow a dentist, dental hygienist [or dental therapist](#) who no longer practices  
514 in Oregon to resign [their](#) license, unless the Board determines the license should be revoked.

515 (2) Licenses that are resigned under this rule may not be reinstated.

516  
517 **818-021-0110**

518 **Reinstatement Following Revocation**

519 (1) Any person whose license has been revoked for a reason other than failure to pay the  
520 annual fee may petition the Board for reinstatement after five years from the date of revocation.

521 (2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that  
522 reinstatement of the license will not be detrimental to the health or welfare of the public, the  
523 Board may allow the petitioner to retake the Board examination.

524 (3) If the license was revoked for unacceptable patient care, the petitioner shall provide the  
525 Board with satisfactory evidence that the petitioner has completed a course of study sufficient to  
526 remedy the petitioner's deficiencies in the practice of dentistry, [dental therapy](#) or dental  
527 hygiene.

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

531  
532 **818-026-0055**

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

535 (1) Under indirect supervision, dental hygiene and [dental therapy](#) procedures may be  
536 performed for a patient who is under nitrous oxide or minimal sedation under the following  
537 conditions:

538 (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General

- 539 Anesthesia Permit administers the sedative agents;  
540 (b) The permit holder, or an anesthesia monitor, monitors the patient; or  
541 (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a  
542 patient and then performs authorized procedures on the patient, an anesthesia monitor is not  
543 required to be present during the time the patient is sedated unless the permit holder leaves the  
544 patient.  
545 (d) The permit holder performs the appropriate pre- and post-operative evaluation and  
546 discharges the patient in accordance with 818-026-0050(7) and (8).  
547 (2) Under indirect supervision, a dental assistant may perform those procedures for which the  
548 dental assistant holds the appropriate certification for a patient who is under nitrous oxide or  
549 minimal sedation under the following conditions:  
550 (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General  
551 Anesthesia Permit administers the sedative agents;  
552 (b) The permit holder, or an anesthesia monitor, monitors the patient; and  
553 (c) The permit holder performs the appropriate pre- and post-operative evaluation and  
554 discharges the patient in accordance with 818-026-0050(7) and (8).  
555

#### 818-038-0001

##### Definitions

558 (1) "Dental Therapist" means a person licensed pursuant to ORS 679 to practice dental  
559 therapy.

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

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

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

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

573 (6) "Informed Consent" means the consent obtained following a thorough and easily  
574 understood explanation to the patient, or patient's guardian, of the proposed procedures,  
575 any available alternative procedures and any risks associated with the procedures.  
576 Following the explanation, the licensee shall ask the patient, or the patient's guardian, if  
577 there are any questions. The licensee shall provide thorough and easily understood  
578 answers to all questions asked.

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

#### 818-038-0010

##### Authorization to Practice

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

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

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

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622



## Committee Left Off Here at 11/10/2021 Meeting

623  
624  
625  
626  
627  
628  
629  
630  
631  
632  
633  
634  
635  
636  
637  
638  
639  
640  
641  
642  
643  
644  
645  
646  
647  
648  
649  
650  
651  
652  
653  
654  
655  
656  
657  
658  
659  
660  
661  
662  
663  
664  
665  
666  
667  
668  
669  
670

### 818-038-0020

#### Scope of Practice

- (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, except intra osseous and intrapulpal delivery.
  - (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 scope of practice of the dental therapist and with 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;
- (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:

671 (A) Erupted posterior primary teeth; and  
672 (B) Permanent teeth that have horizontal movement of greater than two millimeters or  
673 vertical movement and that have at least 50 percent periodontal bone loss;  
674 (h) Brush biopsies; and  
675 (i) Direct pulp capping on permanent teeth.  
676 (3) The supervising dentist described in subsection XXX shall review all procedures and  
677 related charting completed under indirect supervision performed by the dental therapist  
678 (4) A dental therapist may only perform the procedures listed in section 2 so long as the  
679 procedures are included in the education program described in section xxx, or the dental  
680 therapist has received additional training in the procedure through a course approved by  
681 the Board of dentistry.

#### 818-038-0025

##### Prohibited Acts

A dental therapist may not:

686 (1) Administer Nitrous Oxide  
687 (2) Place or Restore Dental Implants or any other soft tissue surgery except as described  
688 in 818-041-XXXX  
689 (3) Prescribe any drugs  
690 (4) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over  
691 Mouth Airway Restriction (HOMAR) on any patient or use of protective stabilization as  
692 defined by the current American Academy of Pediatric Dentistry Reference Manual  
693 (5) Perform any dental therapy procedure unless it is documented in the collaborative  
694 agreement and rendered under appropriate Oregon Licensed Dentist supervision.  
695 (6) Operate a hard or soft tissue Laser  
696 (7) Treat a patient under moderate, deep or general anesthesia unless they are under  
697 direct supervision by the licensed dentist with a current collaborative agreement. The  
698 supervising dentist may not be acting as the anesthesiologist or anesthesia monitor.  
699 (8) Correct or attempt to correct the malposition or malocclusion of teeth except as  
700 provided by OAR 818-042-XXX  
701 (9) Perform intraosseous or intrapulpal injections.  
702 (10) Place sutures  
703 (11) Perform non vital pulp therapy such as pulpectomies on primary or permanent teeth.  
704 (12) Order a computerized tomography scan

#### 818-038-0030

##### Collaborative Agreements

708 (1) A dentist may supervise and enter into a collaborative agreement with no more than  
709 three dental therapists at any one time  
710 (2) A dental therapist may enter into a collaborative agreement with more than one  
711 dentist if each collaborative agreement includes the same supervision and requirements  
712 of scope of practice.  
713 (3) The collaborative agreement must include at least the following information:  
714 (a) The level of supervision required for each procedure performed by the dental  
715 therapist;  
716 (b) Circumstances under which the prior knowledge and consent of the dentist is  
717 required to allow the dental therapist to provide a certain service or perform a certain  
718 procedure;  
719 (c) The practice settings in which the dental therapist may provide care;

720 (d) Any limitation on the care the dental therapist may provide;  
721 (e) Patient age-specific and procedure-specific practice protocols, including case  
722 selection criteria, assessment guidelines and imaging frequency;  
723 (f) Procedures for creating and maintaining dental records for patients treated by the  
724 dental therapist;  
725 (g) Guidelines for the management of medical emergencies in each of the practice  
726 settings in which the dental therapist provides care;  
727 (h) A quality assurance plan for monitoring care provided by the dental therapist,  
728 including chart review, patient care review and referral follow-up;  
729 (i) Protocols for the dispensation and administration of drugs by the dental therapist,  
730 including circumstances under which the dental therapist may dispense and administer  
731 drugs;  
732 (j) Criteria for the provision of care to patients with specific medical conditions or  
733 complex medical histories, including any requirements for consultation with the dentist  
734 prior to the provision of care; and  
735 (k) Protocols for when a patient requires treatment outside the dental therapist's scope  
736 of practice, including for referral of the patient for evaluation and treatment by the  
737 dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under  
738 ORS 678.375 to 678.390 or other licensed health care provider.  
739 (2) (a) In addition to the information described in subsection (3) of this section, a  
740 collaborative agreement must include a provision that requires the dental therapist to  
741 consult with a dentist if the dental therapist intends to perform an irreversible surgical  
742 procedure under general supervision on a patient who has a severe systemic disease.  
743 Severe systemic disease is defined as ASA III.

#### 818-038-0035

##### Record Keeping

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

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

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

#### **818-042-0050**

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

759 (1) A **dentist-Licensee** may authorize the following persons to place films/sensors, adjust  
760 equipment preparatory to exposing films/sensors, and expose the films and create the images  
761 under general supervision:

762 (a) A dental assistant certified by the Board in radiologic proficiency; or

763 (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified  
764 by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board  
765 approved dental radiology course.

766 (2) A dentist or dental hygienist may authorize a dental assistant who has completed a course  
767 of instruction approved by the Oregon Board of Dentistry, and who has passed the written  
768 Dental Radiation Health and Safety Examination administered by the Dental Assisting

769 National Board, or comparable exam administered by any other testing entity authorized by  
770 the Board, or other comparable requirements approved by the Oregon Board of Dentistry to  
771 place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the  
772 films and create the images under the indirect supervision of a dentist, dental hygienist, or  
773 dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant  
774 must submit within six months, certification by an Oregon licensed dentist ~~or~~ dental hygienist  
775 or dental therapist that the assistant is proficient to take radiographic images.

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

777

778 **818-012-0040 Infection Control**

779 **A dental therapist is responsible for meeting all requirements under 818-012-0040**

780

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

783

784 **818-012-0040**

785 **Infection Control Guidelines**

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

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

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

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

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

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

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

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

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

808

# 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 to be held December 8, 2021 from 5 pm - 7 pm