

**OREGON BOARD OF DENTISTRY  
MINUTES  
FEBRUARY 23, 2024**

MEMBERS PRESENT: Chip Dunn, President  
Jennifer Brixey, Vice President  
Alicia Riedman, R.D.H., E.P.P.  
Reza Sharifi, D.M.D.  
Jose Javier, D.D.S.  
Terrence Clark, D.M.D.  
Sharity Ludwig, R.D.H., E.P.P.  
Michelle Aldrich, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director  
Angela Smorra, D.M.D., Dental Director/ Chief Investigator  
Winthrop “Bernie” Carter, D.D.S., Dental Investigator  
Haley Robinson, Office Manager  
Kathleen McNeal, Office Specialist  
Shane Rubio, Investigator

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT:  
VIA TELECONFERENCE\*: Mary Harrison, Oregon Dental Assistants Association; Ginny Jorgensen, Oregon Dental Assistants Association; Olesya Salathe, D.M.D., Oregon Dental Association (ODA); Brett Hamilton, ODA; Karen Hall, Oregon Dental Hygienist Association (ODHA); Katherine Landsberg, Dental Assisting National Board (DANB); Tony Garcia, DANB; Janelle Peterson, Colin Taggart, D.M.D., Julie Spaniel, D.D.S., Jon McElfresh, Bill Pfunder, Kristen Simmons, Jessica August, Kimberly Perlot

\*This list is not exhaustive, as it was not possible to verify all participants on the teleconference.

**Call to Order:** The meeting was called to order by the President at 9:16 a.m.

President Chip Dunn welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

**NEW BUSINESS**

**Approval of December 15, 2023 Minutes**

Dr. Sharifi moved and Dr. Javier seconded that the Board approve the minutes from the December 15, 2023 Board Meeting as amended. The motion passed unanimously.

**Approval of February 9, 2024 Minutes**

Dr. Sharifi moved and Ms. Riedman seconded that the Board approve the minutes from the February 9, 2024 Board Meeting as presented. The motion passed unanimously.

## **ASSOCIATION REPORTS**

### **Oregon Dental Association (ODA)**

Brett Hamilton, Director of Government Affairs reported that he and Dr. Taylor toured PCC and were working on recruiting and exploring their relationship together moving forward. The ODA was involved with the licensure compacts as well as legislature surrounding these issues. Mr. Hamilton encouraged everyone to read the December and February issues of JADA because there were great articles regarding guidelines and prescribing opioids for acute dental pain.

### **Oregon Dental Hygienists' Association (ODHA)**

The ODHA congratulated Alicia Riedman upon completing her service as a member of the Oregon Board of Dentistry after almost 9 years on the Board.

The ODHA thanked the Oregon Dental Association for inviting our leadership to participate in their January 26 meeting that included a DDH Compact presentation from the Council of State Governments.

Two new dental hygiene education programs would be opening in Oregon this year. Concorde Career College in northeast Portland was granted initial accreditation status from CODA. Rogue Community College in southern Oregon hosted an accreditation site visit in January 2024 and they are waiting for their preliminary report from CODA.

As always, ODHA is excited to partner with the Oregon Dental Conference in April. They will have an exhibit table throughout the conference and will host an All-RDH Event April 6 from 11-12:30 with a motivational speaker presentation.

Lastly, the OREGON DENTAL HYGIENE CONFERENCE sponsored by the Oregon Dental Hygienists' Association conference is scheduled Nov 1 & 2 at the Salem Conference Center and they were excited about the speakers they have already engaged.

### **Oregon Dental Assistants Association (ODAA)**

Mary Harrison reported that Dental Assistants Recognition Week is the first week of March. The ODAA will be at the Oregon Dental Conference, in addition to hosting a luncheon. Ms. Harrison also pointed to [oregondentalassistants.com](http://oregondentalassistants.com) for resources regarding dental assistants in Oregon.

## **COMMITTEE AND LIAISON REPORTS**

The OHA's Jill Boyd & Bill Pfunder presented information on the Health Care Provider Incentive Program and shared information on it. A slide deck was included in the meeting packet.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board Member & Staff Updates**

Mr. Prisby announced that Jennifer Brixey has indicated she will not seek another term on the OBD. She joined the Board on September 28, 2018 for a partial first term, and the current term

ends on April 6, 2024. OBD staff appreciate and thanked Ms. Brixey for her service and support on the Board. Her lived experience, tribal background and consumer's point of view has been very valuable in OBD discussions and decisions.

Mr. Prisby reported that Dr. Jose Javier's service on the Board will conclude on April 1, 2024. He will have completed two full terms of service, initially joining the Board on June 1, 2016. OBD staff appreciate and thanked Dr. Javier for his service and support on the Board. His clinical experience in private practice, dental director of a FQHC and insight has been very valuable in OBD discussions and decisions.

Mr. Prisby announced that Alicia Riedman's, RDH, service on the Board will conclude on March 31, 2024. She first joined the Board on April 1, 2015 for a partial first term. She will have one of the longest service records of any board member (based on recent records), with almost 9 years of service on the Board. OBD staff appreciate and thanked Ms. Riedman for her years of service and support on the Board. Her FQHC dental outreach program experience, compassion for oral health care in children and long tenure on the Board has been very valuable in OBD discussions and decisions.

Mr. Prisby reflected that throughout their time on the Board they served as OBD President or Vice President at one time and chaired various OBD Committees. They committed their time and attention to regular board meetings, special board meetings, committee meetings, rulemaking hearings, workgroups, two Strategic Planning Sessions and helped steer the OBD through the most recent worldwide pandemic. Their replacements are going through the confirmation process (when this report was written) and we anticipate welcoming the three new board members at the April 26, 2024 Board Meeting.

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Mr. Prisby discussed OBD Board Member assignments in upcoming year. Two of the professional Board Members serve as our Evaluators. They review the investigative case reports approximately 2 weeks before a board meeting with our attorney and investigators. In April when the Board elects a new President, the Evaluators would also transition as well.

Mr. Prisby reported that Dr. Michelle Aldrich, Dr. Terrence Clark and Sharity Ludwig, RDH joined the Board on the same day (June 10, 2022). One needs to fill the Junior Evaluator position for the Board from May 2024 to April 2025. During that time period, Dr. Sheena Kansal will serve as the Senior Evaluator for the Board.

Dr. Michelle Aldrich will assume the junior evaluator role from May 2024 – April 2025.

Mr. Prisby announced that the OBD welcomed back Shane Rubio to the Investigator position on January 16, 2024. He left the OBD in June 2023 to pursue another opportunity.

Mr. Prisby recognized Dr. Bernie Carter for five years of service with the OBD on February 1<sup>st</sup>. Dr. Carter previously served as our Dental Director/Chief Investigator, and is now working part time as the dental investigator.

Mr. Prisby reported that the OBD Licensing Manager, Samantha Plumlee's last day was February 16, 2024. She joined the OBD in March 2018 and made a positive impact on administrative work and served as licensing manager for the last 3 years. She was also a great

resource for many OBD meetings, presentations and production of OBD Newsletters. The open position will be posted on the state's employment website and we will follow the state's rules and policies to recruit and hire her replacement.

### **OBD Budget Status Report**

Mr. Prisby reported the latest budget report for the 2023 - 2025 Biennium. The report, which is from July 1, 2023 through, December 31, 2023 showed revenue of \$912,506.27 and expenditures of \$901,789.81.

### **Customer Service Survey**

Mr. Prisby reviewed the survey results from July 1, 2023 – January 31, 2024. The results of the survey show that the OBD continued to receive positive ratings from the majority of those that submit a survey.

### **2024 Dental License Renewal**

Mr. Prisby reported that the 2024 dental license renewal began in late January and will conclude on March 31 for those Oregon dentists whose license expires in 2024.

### **Board and Staff Speaking Engagements**

Mr. Prisby stated that Samantha Plumlee gave a License Application virtual presentation to the graduating Dental Hygiene Students at OIT in Salem on Monday, February 5, 2024.

Mr. Prisby reported that Dr. Angela Smorra attended Sunset Oral Surgery Study Club in Portland on Thursday, February 8, 2024. She briefly reviewed pathways dental professionals have to become instructors for Radiological Proficiency, Pit & Fissure Sealants, Placing Subgingival Materials, or Soft Relines.

### **2024 Legislative Session & LC 98/HB 4071**

Mr. Prisby stated that the 2024 Legislative Session began on February 5, 2024. LC 98 was circulated a few weeks ago and feedback was requested on it. It later in the session morphed into HB 4071 with many amendments and the versions was discussed. Other bills were referenced that have minimal impact on the OBD.

### **American Association of Dental Boards Mid-Year Meeting**

Mr. Prisby reported that the AADB Mid-Year Meeting is scheduled for April 11 – 12, 2024 in Rosemont, Illinois. Any Board Members interested in attending should confirm with him so he could assist with logistics and approve travel authorization. Mr. Prisby would like to attend the meeting and asked for the Board to approve his request to attend it this spring.

### **Approval of Stephen Prisby Travel to AADB Mid-Year Meeting**

Ms. Riedman moved and Dr. Javier seconded that the Board approve Mr. Prisby's travel to the AADB Mid-Year Meeting in Rosemont, Illinois. The motion passed unanimously.

### **Newsletter**

Mr. Prisby announced that the OBD would produce a late spring newsletter with updates on new board members, rule changes, the Oregon Wellness Program and other important news for Licensees.

## **UNFINISHED BUSINESS AND RULES**

Mr. Prisby reported that the Permanent Administrative Order for changes to Rule 818-001-0087 Fees, showed that the rule becomes effective on January 1, 2024.

The public packet for the OBD Public Rule Making Hearing that took place December 15, 2023 1 pm – 1 30 pm was included with the 11 recommended rule changes. It was noted that comments and feedback were open through January 19, 2024. No comments were received.

### **Approval of 11 Rule Changes**

Dr. Clark moved and Dr. Sharifi seconded that the Board approve the 11 rule changes as presented to be effective May 1, 2024. The motion passed unanimously.

### **818-012-0005**

#### **Scope of Practice**

(1) No dentist may perform any of the procedures listed below:

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;
- (g) Platysmal muscle plication;
- (h) Otoplasty;
- (i) Dermabrasion;
- (j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or

(b) Holds privileges either:

(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or

(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).

(3) A dentist may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the

requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.

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

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

### **818-021-0060**

#### **Continuing Education — Dentists**

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

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

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

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

(6) At least two (2) hours of continuing education must be related to infection control.

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

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

## **OAR 818-026-0010**

### **Definitions**

As used in these rules:

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous **and/or non-intramuscular** pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous **and/or non-intramuscular** pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous **and/or non-intramuscular** pharmacological method in minimal sedation.

(7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.

(9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

- (11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.
- (12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.
- (13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.
- (a) ASA I "A normal healthy patient".
  - (b) ASA II "A patient with mild systemic disease".
  - (c) ASA III "A patient with severe systemic disease".
  - (d) ASA IV "A patient with severe systemic disease that is a constant threat to life".
  - (e) ASA V "A moribund patient who is not expected to survive without the operation".
  - (f) ASA VI "A declared brain-dead patient whose organs are being removed for donor purposes".
- (14) "Recovery" means the patient is easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred, the patient can be monitored by a qualified anesthesia monitor until discharge criteria is met.**

### **OAR 818-026-0050**

#### **Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

- (1) The Board shall issue a Minimal Sedation Permit to an applicant who:
- (a) Is a licensed dentist in Oregon;
  - (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
  - (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
  - (d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
  - (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
  - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
  - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
  - (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
  - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;



(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation [or nitrous oxide sedation](#) at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

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

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

(11) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

### **OAR 818-035-0030**

#### **Additional Functions of Dental Hygienists**

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
- (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.

**(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:**

**(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.**

**(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.**

### **OAR 818-038-0021**

#### **Additional Functions of Dental Therapists**

(1) In addition to functions set forth in ORS 679.010, a dental therapist may perform the following functions under the indirect supervision of a licensed dentist:

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

### **OAR 818-042-0020**

#### **Dentist, Dental Therapist and Dental Hygienist Responsibility**

(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.

(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.

(3) A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services.

(4) The supervising licensee is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.

(5) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

(6) Dental assistants may take physical impressions and digital scans.

### **OAR 818-042-0100**

#### **Expanded Functions — Orthodontic Assistant (EFODA)**

(1) An EFODA may perform the following duties while under the indirect supervision of a licensed dentist:

(a) Remove orthodontic bands and brackets and attachments with removal of the bonding material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used.

Use of a high speed handpiece is prohibited;

(b) Select or try for the fit of orthodontic bands;

(c) Recement loose orthodontic bands;

(d) Place and remove orthodontic separators;

(e) Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/ or retainers after their position has been approved by the supervising licensed dentist;

(f) Fit and adjust headgear;

(g) Remove fixed orthodontic appliances;

(h) Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or

chains as directed; [and](#)

(i) Cut arch wires; ~~and~~

~~(j) Take impressions for study models or temporary oral devices such as, but not limited to, space maintainers, orthodontic retainers and occlusal guards.~~

(2) An EFODA may perform the following duties while under the general supervision of a licensed dentist:

(a) An expanded function orthodontic assistant may remove any portion of an orthodontic appliance causing a patient discomfort and in the process may replace ligatures and/ or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

(b) An EFODA may recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

#### **OAR 818-042-0114**

##### **Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)**

~~(4)~~ Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Preventive Dental Assistant may perform the following functions under the indirect supervision of a licensee providing that the procedure is checked by the licensee prior to the patient being dismissed:

~~(2)~~ [\(1\)](#) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a licensee.

#### **OAR 818-042-0115**

##### **Expanded Functions — Certified Anesthesia Dental Assistant**

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

[\(c\) Perform phlebotomy for dental procedures.](#)

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

#### **OAR 818-042-0117**

##### **Initiation of IV Line and Phlebotomy Blood Draw**

[\(1\)](#) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the Indirect Supervision of a dentist holding the appropriate anesthesia permit.

[\(2\) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may perform a phlebotomy blood draw under the Indirect Supervision of a dentist. Products obtained](#)

[through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.](#)

The OCHCI Guidance for compliance with GFE Requirements was discussed briefly. The document was in the meeting packet.

## **OTHER**

### **Items were in the board meeting packet for informational purposes.**

- OHA HWRP Updates – Slide deck
- OHA Proposed new SOGI Questions on Surveys
- OHA HWRP Data Collection
- OHA Medicaid Advisory Committee Open Position - Oral Health Professional
- Smile Direct Club articles, case background and FAQ
- Corporate Transparency Act ADA FAQ
- Tribes – Comment Period (none received)

## **ARTICLES AND NEWS**

- CRDTS Winter 2024 Report

**EXECUTIVE SESSION:** The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(f), (h) and (L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

**OPEN SESSION:** The Board returned to Open Session at 11:32 a.m.

## **CONSENT AGENDA**

**2024-0057, 2024-0060, 2024-0080, 2024-0068, 2024-0019, 2024-0073, 2024-0079, 2024-0082, 2024-0075, 2022-0125**

Ms. Brixey moved and Dr. Sharifi seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

## **COMPLETED CASES**

**2023-0189, 2024-0006, 2024-0037, 2023-0180, 2023-0165**

Ms. Brixey moved and Dr. Sharifi seconded that the Board close the matters with a finding of No Further Action or No Violation. The motion passed unanimously.

### **2023-0097**

Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding the licensee to assure she completes all required continuing education hours, including those related to infection control within the required renewal period. The motion passed unanimously.

**2023-0199**

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure he (1) collects varied clinical data, and diagnostic test results to assist in the diagnosis of odontogenic dental pain, and (2) he document all radiographic findings in the patient record. The motion passed unanimously.

**2023-0101**

Dr. Javier moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure she maintains a current BLS for Health Care Providers certificate or its equivalent while holding an active Oregon dental hygiene license. The motion passed unanimously.

**2024-0050**

Dr. Aldrich moved and Dr. Javier seconded that the Board close the matter with a strongly worded letter of concern reminding licensee to assure (1) she responds to the Board within 10 days of a written request for information; and (2) she completes all required continuing education hours, including those related to Cultural Competency and Pain Management, within the required license renewal period. The motion passed unanimously.

**2023-0103**

Dr. Clark moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding licensee to maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. The motion passed unanimously.

**2023-0104**

Dr. Clark moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding licensee to maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. The motion passed unanimously.

**2024-0061**

Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding the licensee to assure that when he provides anxiolysis via a single oral agent he does not submit CDT codes to insurance companies that might imply he provided minimal or moderate sedation. The level of anesthesia is determined by the anesthesia providers documentation of the anesthetic effects upon the central nervous system. He is reminded the progression from anxiolysis to sedation is a continuum, and the types, dosages, and routes of administration of drugs administered to a patient determine what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status. The motion passed unanimously.

**2023-0146**

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure (1) his patients understand the risks involved with leaving an implant body under a fixed partial denture; (2) patients are aware the rescue and recovery involved with the removal of these dental implants may require destruction of the fixed partial denture; and (3) he provides referrals to additional dental specialists who may assist with

the comprehensive treatment of patients with complex interdisciplinary needs. The motion passed unanimously.

**2024-0024**

Dr. Aldrich moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding licensee that only the American Dental Association's course titled "Recognition and Management of Complications during Minimal and Moderate Sedation" can be substituted for ACLS, and he should assure to always maintains a current ACLS certificate with his enteral moderate sedation permit. The motion passed unanimously.

**2024-0049**

Dr. Aldrich moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding licensee to assure he completes all required continuing education hours, including those related to infection control, within the required renewal period. The motion passed unanimously.

**2024-0013**

Ms. Ludwig moved and Ms. Brixey seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that he vigilantly, and with due diligence monitor and complete 100% of his required continuing education for each licensure period, and that he retain all completed CE certificates for at least two licensure periods (4 years).The motion passed unanimously.

**2022-0124**

Dr. Clark moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that Licensee renews his license within the renewal period.

Dr. Sharifi, Dr. Clark, Dr. Javier, and Ms. Brixey voted aye.

Mr. Dunn, Dr. Aldrich, Ms. Riedman and Ms. Ludwig voted no.

The motion died.

Dr. Aldrich moved and Ms. Ludwig seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order.

Mr. Dunn, Dr. Aldrich, Ms. Riedman and Ms. Ludwig voted aye.

Dr. Sharifi, Dr. Clark, Dr. Javier, and Ms. Brixey voted no.

The motion died.

Ms. Ludwig moved and Dr. Aldrich seconded that the Board move case 2022-0124 to the April 2024 Board meeting for further discussion. The motion passed unanimously.

**2023-0198**

Dr. Sharifi moved and Ms. Brixey seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that (1) he maintains proof of completing all required continuing education hours, including those related to "Changing the Conversation about Pain;" (2) he maintains records showing that the heat sterilizing devices are tested each calendar week in which scheduled patients are treated; (3) his patient exams include an evaluation of the teeth, jaws, bite, gums, and oral tissues to check growth and development when indicated; and (4) utilize appropriate CDT billing codes if an examination cannot be completed on a patient. The motion passed unanimously.

**2024-0032**

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that for periodontal data collection he documents gingival margins, and indirectly as recession, estimate levels of alveolar bone loss, document probings as probing depths not as pockets; preoperatively, whether or not teeth are symptomatic, perform periapical diagnostic radiographic images of teeth needing root canal treatment and cast restorations. The motion passed unanimously.

**2024-0031**

Dr. Javier moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that he maintains the proper sedation permit prior to administering nitrous oxide. The motion passed unanimously.

**PREVIOUS CASES REQUIRING BOARD ACTION****GUTIERREZ, MARCO A. D.D.S. 2023-0127**

Dr. Aldrich moved and Dr. Javier seconded that the Board deny Licensee's request to reduce the civil penalty, and affirm the Board's October 27, 2023 decision. The motion passed unanimously.

**LEE, CHRIS Y.J. D.M.D. 2023-0208**

Ms. Ludwig moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$6,000.00 civil penalty, by single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 90 days of the effective date of the Order, submit documentation to the Board verifying completion of eight hours of Board approved continuing education in the area of infection control within 60 days, and complete quarterly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed unanimously.

**NELSON, BRIAN HALE, D.M.D. 2023-0095**

Dr. Clark moved and Dr. Sharifi seconded that the Board deny the licensee's request to close the case without taking any further action, and affirm the Board's October 27, 2023 decision. The motion passed unanimously.

**Request for approval of Nonresident Permit – Charles Lee, D.D.S.**

Dr. Sharifi moved and Ms. Brixey seconded that the Board approve the nonresident permit of Charles Lee D.D.S. The motion passed unanimously.

**Request for approval of Nonresident Permit – Michael Yeh, D.D.S.**

Ms. Riedman moved and Dr. Javier seconded that the Board approve the nonresident permit of Michael Yeh D.D.S. The motion passed unanimously.

**Request for reinstatement of Dental License – Kevin Kryder, D.D.S.**

Dr. Javier moved and Ms. Riedman seconded that the Board reinstate the dental license of Kevin Kryder, D.D.S. The motion passed unanimously.

**Request for release of case summary for 2023-0092**



