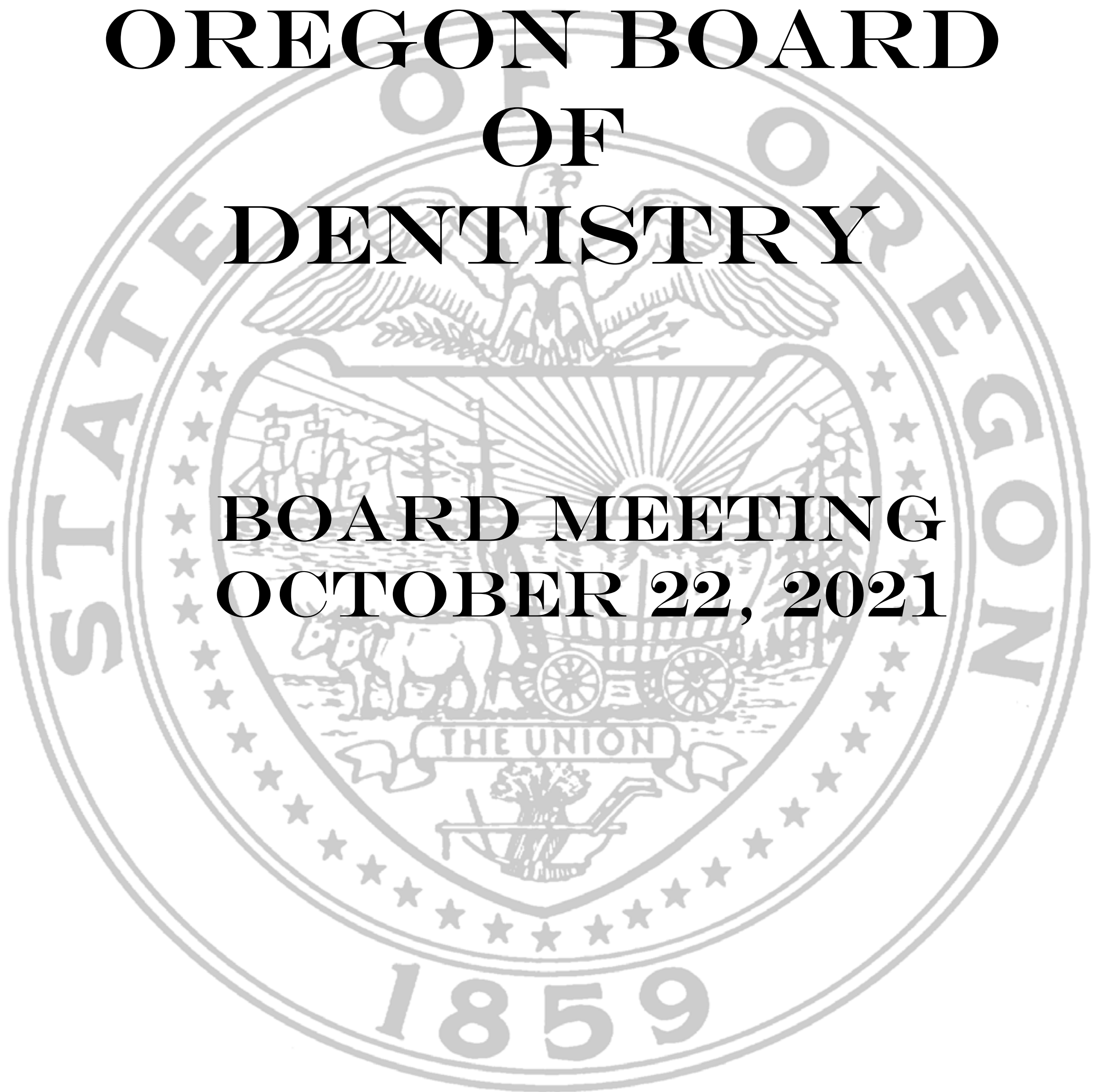
PUBLIC PACKET

OREGON BOARD OF DENTISTRY



BOARD MEETING
OCTOBER 22, 2021

Oregon

Kate Brown, Governor

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

NOTICE OF REGULAR MEETING

PLACE: **VIRTUAL VIA ZOOM (Audio Only)**

DATE: **October 22, 2021**

TIME: **8:00 a.m. – 3:30 p.m.**

Call to Order – Alicia Riedman, R.D.H., President **8:00 a.m.**

OPEN SESSION (Via Zoom, audio only)
*** This is when the public may connect on the Board Meeting**
at this phone #1-253-215-8782, Meeting ID: 853 9236 9670, Passcode: 530430

Review Agenda

1. Approval of Minutes
   - August 20, 2021 - Board Meeting
   - OLD BUSINESS

NEW BUSINESS

- Association Reports
  - Oregon Dental Association
    - Oregon Wellness Program - 10 min overview with ODA Executive Director, Dr. Barry Taylor
  - Oregon Dental Hygienists' Association
  - Oregon Dental Assistants Association

3. Committee and Liaison Reports
   - WREB Liaison Report – Yadira Martinez, R.D.H.
   - AADB Liaison Report – Alicia Riedman, R.D.H.
   - ADEX Liaison Report – Vacant
     - 17th Annual Meeting 9-21-2021
   - CDCA Liaison Report – Amy B. Fine, D.M.D.
   - Updated Committee & Liaison assignments incorporating new Dental Therapy Rules Oversight Committee info
   - Dental Therapy Rules Oversight Committee Meeting 10.7.21 – Chair, Yadira Martinez, R.D.H.
     - 10.7.21 Meeting Packet

4. Executive Director's Report
   - Board and Staff Updates
   - OBD Budget Status Report
   - Customer Service Survey
   - Dental Hygiene License Renewal
   - FY 2021 Annual Performance Progress Report
   - Diversity, Equity & Inclusion Conference
   - AADA & AADB Annual Meetings
   - National Practitioner Data Bank Compliance Results
   - Newsletter

Notes:
(1) A working lunch will be served for Board members at approximately 11:30 a.m.
(2) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.
(3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

5. Unfinished Business and Rules
   - Public Rulemaking Hearing held 9.15.2021
     - SOS Filing
     - Rule Changes
     - Memo - Public Rulemaking Hearing & Comments Received
     - OHA Pain Management Requirement FAQs

6. Correspondence
   - ATDA Standards for Teleorthodontic Treatment
   - Teri Shafer, RDH

7. Other Items & Open Public Comment
   - Invitation from the OBD to the Tribal Communities to address dental therapy rules and other important issues (Tribal Members to address Board on phone)
   - Memo - Board discuss compliance with SB 770 (2001), ORS 182.164 & ORS 182.166
   - Oregon OSHA Rule Update
   - Nursing Board Vaccine Compliance
   - Request for approval of soft relines course – Brock Jesse Nelson DMD

8. Articles & Newsletters (No Action Necessary)
   - JCNDE DLOSCE and NBDHE Updates
   - AADB September 2021 Newsletter
   - HPSP September 2021 Newsletter
   - Meet Laura Skarnulis – CEO of DANB/DALE

EXECUTIVE SESSION **10:30 a.m.**

The Board will meet in Executive Session pursuant to ORS 192.660(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 materials and investigatory information, and to consult with counsel. No final action will be taken in Executive Session.

9. Review New Cases Placed on Consent Agenda
10. Review New Case Summary Reports
11. Review Completed Investigative Reports
12. Previous Cases Requiring Further Board Consideration
13. Personal Appearances and Compliance Issues
14. Licensing and Examination Issues
15. Consult with Counsel

LUNCH **11:30 a.m.**

OPEN SESSION **12:15 p.m.**
Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues

20-Minute Break

18. Strategic Planning **1:30 p.m.**

ADJOURN **3:30 p.m.**

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Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

APPROVAL OF MINUTES

DRAFT 1
OREGON BOARD OF DENTISTRY
MINUTES
AUGUST 20, 2021

MEMBERS PRESENT: Alicia Riedman, R.D.H., President
Jose Javier, D.D.S., Vice President
Reza Sharifi, D.M.D.
Amy B. Fine, D.M.D.
Jennifer Brixey
Sheena Kansal, D.D.S.
Gary Underhill, D.M.D
Yadira Martinez, R.D.H.
Chip Dunn
Aarati Kalluri, D.D.S.

STAFF PRESENT: Stephen Prisby, Executive Director
Winthrop "Bernie" Carter, D.D.S., Dental Director/ Chief Investigator
Angela Smorra, D.M.D., Dental Investigator
Haley Robinson, Office Manager (portion of meeting)
Shane Rubio, Investigator (portion of meeting)
Samantha VandeBerg, Examination and Licensing Manager (portion of meeting)
Ingrid Nye, Investigator (portion of the meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT VIA TELECONFERENCE*: Jen Lewis-Goff, Oregon Dental Association (ODA); Philip Marucha, D.M.D., Mary Harrison, Oregon Dental Assistants Association (ODAA)

*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 8:01 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

President Alicia Riedman, R.D.H., welcomed everyone to the meeting and had the Board Members, Lori Lindley and Stephen Prisby introduce themselves.

NEW BUSINESS

Approval of Minutes

Ms. Martinez moved and Dr. Sharifi seconded that the Board approve the minutes from the June 18, 2021 Board Meeting as presented. The motion passed unanimously.

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ASSOCIATION REPORTS

Oregon Dental Association (ODA)
Jen Lewis-Goff reported that the ODA has been quite active in regards to the OHA rules for vaccine mandates and is trying to seek clarity for providers. She also reported that the Oregon Dental Conference for 2022 will be held in a hybrid format, with both virtual and in-person components.

Oregon Dental Hygienists' Association (ODHA)
Nothing to report.

Oregon Dental Assistants Association (ODAA)
Nothing to report.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report
Ms. Martinez requested that the Board update their committee and liaison assignments to reflect the recent merger of WREB and CDCA/ADEX.

AADB Liaison Report
Nothing to report.

CDCA Liaison Report
Nothing to report.

Rules Oversight Committee Meeting
Ms. Riedman reported that the last Rules Oversight Committee Meeting went well and was very productive, and the Board will discuss the details later in this meeting. Dr. Underhill thanked all those who participated.

EXECUTIVE DIRECTOR'S REPORT

Board Member & Staff Updates
Mr. Prisby reported on staff transitions. Both of these changes were effective July 1, 2021.

Ingrid Nye has filled the open Investigator Position. Ingrid joined the OBD in November 2015. Samantha VandeBerg will transition to Ingrid's previous position as our new Examination and Licensing Manager. Samantha joined the OBD in March 2018.

These positions require unique skills and specialized in-depth knowledge of Board of Dentistry licensing laws, rules, regulations, and procedures. Both have developed the knowledge, skills and abilities to perform these functions. Their commitment and willingness to seek new challenges and support the OBD is noteworthy and on behalf of the Board I thank them both.

The Office Specialist position was open for recruitment from July 19 through August 1st. The next steps of the recruitment process will occur and I hope to introduce our newest staff

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member at a future board meeting.

OBD Budget Status Report

Mr. Prisby presented the latest budget report for the 2019 – 2021 Biennium, which ended on June 30, 2021. There will be final financial transactions reconciled before the biennium is closed. This report is from July 1, 2019 through June 30, 2021 shows revenue of $3,718,165.71 and expenditures of $3,242,270.59.

Customer Service Survey

Mr. Prisby presented the legislatively mandated survey results from July 1, 2020 – June 30, 2021. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

Dental Hygiene License Renewal

The renewal period started on July 20, 2021 and it is progressing within the new database environment. It has been a challenging deployment but staff is getting the job done. He expressed his appreciation for everyone’s patience as the OBD implements the new license renewal system.

Agency Head Financial Transactions Report July 1, 2020 – June 30, 2021

Board Policy requires that at least annually the entire Board review agency head financial transactions and that acceptance of the report be recorded in the minutes. Mr. Prisby requests that the Board review and if there are no objections, approve this report, which follows the close of the recent fiscal year.

Ms. Martinez moved and Dr. Fine seconded that the Board approve the Agency Head Financial Transactions Report for July 1, 2020 – June 30, 2021 as presented. The motion passed unanimously.

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2021 Legislative Session Wrap Up

HB 2528 - Creates a new Licensee for the Board of Dentistry to regulate- Dental Therapists (DT). The Board last added a new type of Licensee back in the 1940s with Dental Hygienists. It will involve creating a new division of rules, amend other divisions to add appropriate references to DTs, create a myriad of new application forms, update website, create a new Rules Committee of some type, implement new fee structure, etc…

HB 2627- Expands Dental Hygienists with an Expanded Practice Permit scope regarding the placement of Interim Therapeutic Restorations. Also requires the Board to adopt education standards and instructor requirements related to interim therapeutic restorations as well.

HB 2074- Increases the PDMP fee from $25 to $35 per year. The OBD will not raise fees on dentists and will absorb the additional cost, but monitor it to see if there will be a need to raise dental licensure fees in the future.

HB 2078- The pain management CE rules will need to be amended to update the timing requirement to complete a pain management continuing education class required for dentists.

HB 2970- Updates the statute on who may own or operate a dental clinic, but sunsets January 1, 2023.

HB 2993- Updates rulemaking requirements including the provision that agencies must include a statement identifying how adoption of rules will effect racial equity in the state.

SB 5511- The OBD Budget Bill presentation and process went smoothly. The budget was approved and there were no additional requests for information or any issues I noted during the legislative session.

HB 2359

This new legislation will require Licensees to use health care interpreters from an OHA Registry unless other criteria are met and other provisions. The Board should review this closer for discussion and consider if any action should be taken on it at his time.

Dr. Sharifi moved and Dr. Javier seconded that the Board move the discussion of HB 2359 to the Licensing, Standards and Competency Committee. The motion passed unanimously.

TriMet Contract 2021 -2022

Mr. Prisby requested the Board to ratify his entering into a contract with TriMet for the Universal Pass Program, which will allow the OBD provide transportation passes for employees that are eligible to receive such passes for transportation to and from work.

Dr. Fine moved and Dr. Underhill seconded that the Board ratify the TriMet contract as requested. The motion passed unanimously.

HPSP - Year 11 Reports

Mr. Prisby presented the 11th Annual HPSP Reports for review.

2021 Third Party Audit Results for HPSP

Mr. Prisby presented the executive summary for the 2021 Independent Third-Party Health Professionals' Services Program Audit Results per ORS 676.190 (8) The health profession licensing boards must arrange for an independent third party to conduct an audit every four years of the impaired health professional program for the licensees of the health profession licensing boards to ensure compliance with program guidelines. The health profession licensing boards must report the results of the audit to the Legislative Assembly in the manner provided by ORS 192.245 and to the Governor. The report does not contain individually identifiable information about licensees.

Board Best Practices Self-Assessment & Score Card

As a part of the legislatively approved Performance Measures, the Board is instructed to complete the attached Best Practices Self-Assessment Score Card so that it can be included as a part of the 2021 annual progress report. Mr. Prisby will provide the report at the October Board meeting.

Dr. Underhill moved and Dr. Javier seconded that the Board approve the Board Best Practices Self-Assessment & Score Card with all criteria being met. The motion passed unanimously.

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Oregon Buys Newsletter
A new procurement system and processes have been implemented for state government.

Strategic Planning Update
Mr. Prisby reminded all that the OBD will undertake strategic planning in person on October 22 & 23 later this year. The facilitators and the location have been selected and preparations are right on track. He thanked all Board members for making arrangements to attend and participate in this important activity.

Newsletter
The OBD will plan on a fall/winter 2021 Newsletter. Board members are welcome to contribute articles or ideas to OBD Staff.

UNFINISHED BUSINESS AND RULES

OAR 818-035-0020(1)(c) – Authorization to Practice
Ms. Martinez moved and Dr. Underhill seconded that in regards to the proposed rule changes, for OAR 818-0035-0020 – Authorization to Practice – that the Board change the wording of section (1)(c) to say "perform periodontal assessment" instead of "perform periodontal probings". The motion passed unanimously.

OAR 818-012-0005(X) – Scope of Practice
Dr. Sharifi moved and Dr. Fine seconded that in regards to the proposed rule changes, for OAR 818-012-0005 – Scope of Practice – that the Board add the wording "CODA Approved Advanced Education Program" to the new section (X). The motion passed unanimously.

Rules to move to September Public Rulemaking Hearing
Dr. Javier moved and Ms. Martinez seconded that the Board move OAR 818-001-0000, 818-001-0082, 818-012-0005, 818-012-0070, 818-012-XXXX, 818-015-0007. 818-021-0012, 818-021-0060, 818-021-0080, 818-021-0088, 818-026-0040, 818-026-0050, 818-026-0080, 818-035-0010, 818-035-0020, 818-035-0025, 818-035-0065, 818-035-0100, and 818-042-0040 to public rulemaking hearing as amended. The motion passed unanimously.

818-001-0000
Notice of Proposed Rule Making
Prior to the adoption, amendment, or repeal of any permanent rule, the Oregon Board of Dentistry shall give notice of the proposed adoption, amendment, or repeal:
(1) By publishing a notice in the Secretary of State's Bulletin referred to in ORS 183.370 at least 21 days prior to the effective date.
(2) By mailing, **emailing or electronic mailing** a copy of the notice to persons on the mailing list established pursuant to ORS 183.335(8) at least 28 days before the effective date of the adoption, amendment, or repeal.
(3) By mailing, **emailing or electronic mailing** a copy of the notice to the following persons and publications:
(a) Oregon Dental Hygienists' Association;
(b) Oregon Dental Assistants Association;

(c) Oregon Association of Dental Laboratories;
(d) Oregon Dental Association;
(e) The Oregonian;
(f) Oregon Health & Science University, School of Dentistry;
(g) The United Press International;
(h) The Associated Press;
(i) The Capitol Building Press Room.

818-001-0082
Access to Public Records
(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice.
(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies.
(3) The Board follows the Department of Administrative Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:
(a) $0.10 per name and address for computer-generated lists on paper ~~or labels~~; $0.20 per name and address for computer-generated lists on paper ~~or labels~~ sorted by specific zip code;
(b) Data files ~~on diskette~~ **submitted electronically** or **on a device** ~~CD~~:
(A) All Licensed Dentists — $50;
(B) All Licensed Dental Hygienists — $50;
(C) All Licensees — $100.
(c) Written verification of licensure — $2.50 per name; and
(d) Certificate of Standing — $20.

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:

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(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 and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and 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).
(#) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.
(#) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective January 1, 2022.)

818-012-0070
Patient Records
(1) Each licensee shall have prepared and maintained an accurate and legible record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:
(a) Name and address and, if a minor, name of guardian;
(b) Date description of examination and diagnosis;
(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or ~~"SOAP" (Subjective Objective Assessment Plan) or their~~ **its** equivalent.
(d) Date and description of treatment or services rendered;
(e) Date, description and documentation of informing the patient of any recognized treatment complications;
(f) Date and description of all radiographs, study models, and periodontal charting;
(g) **Current** ~~H~~**h**ealth history; and
(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.
(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:
(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;

(b) The licensee gives the records, radiographs, or models to the patient; or
(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.
(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:
(a) Manufacture brand;
(b) Design name of implant;
(c) Diameter and length;
(d) Lot number;
(e) Reference number;
(f) Expiration date;
(g) Product labeling containing the above information may be used in satisfying this requirement.
(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.
(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

818-012-XXXX - Compliance with Governor's Executive Orders

(1) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.
(2) Failing to comply as described in subsection (1) includes, but is not limited to:
(a) Operating a business required by an Executive Order to be closed under any current Executive Order.
(b) Providing services at a business required by an Executive Order to be closed under any current Executive Order.
(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:
(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;
(B) Failing to implement a measured approach when resuming elective and nonemergent procedures in accordance with OHA guidance;
(d) Failing to comply with any Board of Dentistry guidance implementing an Executive Order;
(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

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(4) Penalties for violating this rule include: up to $5,000 per violation pursuant to ORS 679.140(10). Any such penalties shall be imposed in accordance with ORS 679.140.

818-015-0007
Specialty Advertising

(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.
(2) The Board recognizes the following specialties:
(a) Endodontics;
(b) Oral and Maxillofacial Surgery;
(c) Oral and Maxillofacial Radiology;
(d) Oral and Maxillofacial Pathology;
(e) Orthodontics and Dentofacial Orthopedics;
(f) Pediatric Dentistry;
(g) Periodontics;
(h) Prosthodontics;
(i) Dental Public Health;
(j) Dental Anesthesiology;
(k) Oral Medicine;
(l) Orofacial Pain.
(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

818-021-0010
Application for License to Practice Dentistry

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.
(2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence

portion administered by the Board. Clinical examination results will be recognized by the Board for five years.
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.
(5) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.

818-021-0011
Application for License to Practice Dentistry Without Further Examination
(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
(c) Having passed the dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and

(d) Holding an active license to practice dentistry, 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 dentistry, 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, other states or in the Armed Forces of the United States, the United States Public Health Service or 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 dentists employed by a dental education program in a CODA accredited dental school, 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 dentistry, and any adverse actions or restrictions; and
(f) Having completed 40 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.

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(3) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.
~~(3)~~ **(4)** A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

818-021-0012
Specialties Recognized
(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, **oral medicine dentist, orofacial pain dentist,** orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.
(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, **oral medicine, orofacial pain,** orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

818-021-0017
Application to Practice as a Specialist

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;
(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and
(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association.
(d) Passing the Board’s jurisprudence examination.
(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:
(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general

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dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or
(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and
(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; **and**
(d) Passing the Board's jurisprudence examination; and
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.
(3) An applicant who meets the above requirements shall be issued a specialty license upon:
(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or
(b) Passing a specialty examination approved by the Board greater than five years prior to application; and
(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or 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 the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, 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 dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;
(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.
(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

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 includes an examination and the dentist passes the examination.
(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,** ~~A~~**a**ll 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. ~~All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.~~ **(Effective January 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 implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period.

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~~ **licensee** holding a current license. The licensee must ~~return the~~ complete~~d~~ **the online** renewal application **and pay the** ~~along with~~ current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry 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~~ **online** 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.

DRAFT

(2) Each **dental** hygienist must submit the renewal fee and completed ~~and signed~~ **online** renewal application ~~form~~ by September 30 every other year. **Dental** ~~H~~**h**ygienists licensed in odd numbered years shall apply for renewal in odd numbered years and **dental** hygienists licensed in even numbered years shall apply for renewal in even numbered years.
(3) The renewal application shall contain:
(a) Licensee's full name;
(b) Licensee's mailing address;
(c) Licensees 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 **continuing** educational requirements for renewal set forth in OAR 818-021-0060 or 818-021-0070;
(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.

818-021-0088
Volunteer License
(1) An Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:
(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.
(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
(c) Licensee must provide the health care service without compensation.
(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.
(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.
(f) Licensee must agree to volunteer for a minimum of 80 hours **in Oregon** per renewal cycle.
(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

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818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia
Permits: Nitrous Oxide Permit
Nitrous Oxide Sedation.
(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:
(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure 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 delivery of appropriate care in an emergency situation;
(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, 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 face masks 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; and
(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.
(3) Before inducing nitrous oxide sedation, a permit holder 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 nitrous oxide sedation**;
(b) Give instruction 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 nitrous oxide sedation; and
(d) Obtain 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) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of **preoperative and postoperative vital signs, and** all medications administered with dosages, time intervals and route of administration.
(7) Persons serving as anesthesia monitors 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.)

DRAFT

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(b) The patient can talk and respond coherently to verbal questioning;
(c) The patient can sit up unaided or without assistance;
(d) The patient can ambulate with minimal assistance; and
(e) The patient does not have nausea, vomiting or dizziness.
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.
(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, 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 and 818-021-0070.

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;

DRAFT

(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 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:

DRAFT

(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.
(~~10~~**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.

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~~ **Board**, 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

DRAFT

dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.
(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.
(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

818-035-0010
Definitions
All terms used in this Division shall have the meanings assigned under ORS 679.010 except that:
(1) "Limited Access Patient" means a patient who is unable to receive regular dental hygiene treatment in a dental office.
(2) "Long-Term Care Facility" shall have the same definition as that established under ORS 442.015(14)(b).
(3) When performed by an Expanded Practice Dental Hygienist with a Collaborative Agreement in accordance with OAR 818-035-0065 (5):
(a) "Temporary Restoration" means a restoration placed for a shorter time interval for use while definitive restoration is being fabricated or placed in the future.
(b) "Atraumatic/Alternative Restorative Techniques" means restoring and preventing caries in limited access patients and as a community measure to control caries in large numbers of the population.
(c) "Interim Therapeutic Restoration" means a direct provisional restoration placed to temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further definitive treatment, and that:
(A) Consists of the removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material; and
(B) Does not require the administration of local anesthesia.

818-035-0020
Authorization to Practice
(1) A supervising dentist, without first examining a new patient, may authorize a dental hygienist:
(a) To take a health history from a patient;
(b) To take dental radiographs;
(c) To perform periodontal **assessment** and record findings;
(d) To gather data regarding the patient; and
(e) To diagnose, treatment plan and provide dental hygiene services.
(2) When **dental** hygiene services are provided pursuant to subsection **(1)**, the supervising dentist need not be on the premises when the services are provided.
(3) When **dental** hygiene services are provided pursuant to subsection **(1)**, the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the **dental** hygiene services are provided.

DRAFT

(4) If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection **(1)**, no further dental hygiene services may be provided until an examination is done by the supervising dentist.
(5) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist. **When dental hygiene services are provided pursuant to this subsection, subsections (2), (3) and (4) also apply.**
(6) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the **dental** hygienist's findings.

818-035-0025 (*Combined changes from ITR & Rules Oversight)
Prohibit~~ions~~ed Acts
A dental hygienist may not:
(1) Diagnose and treatment plan other than for dental hygiene services;
(2) Cut hard or soft tissue with the exception of root planing**, except as provided in OAR 818-035-0065**;
(3) Extract any tooth;
(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);
(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, **OAR** 818- 035-0040, **OAR** 818-026-0060(~~11~~ **12**)**, OAR 818-026-0065(12)** and 818-026-0070(~~11~~ **12**);
(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway
Restriction (HOMAR) on any patient.
(9) Place or remove healing caps or healing abutments, except under direct supervision.
(10) Place implant impression copings, except under direct supervision.

818-035-0065
Expanded Practice Dental Hygiene Permit
The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and
(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or
(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and
(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.
(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.

(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs **(6),** (~~6~~**7**)(a) to ~~(d)~~ **(e)** of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.
(6) Upon completion of a Board-approved curriculum, an Expanded Practice Permit Dental Hygienist may perform interim therapeutic restorations as allowed by ORS 680.205..
~~(6)~~ **(7)** The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to:
(a) Administering local anesthesia;
(b) Administering temporary restorations **with or** without excavation;
(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and
(d) Performing interim therapeutic restorations after diagnosis by a dentist; and
(e) Referral parameters.
~~(7)~~ **(8)**The collaborative agreement must comply with ORS 679.010 to 680.990.
~~(8) From the date this rule is effective, the Board has the authority to grant a Limited Access Permit through December 31, 2011, pursuant to ORS 680.200.~~

818-035-0100
Record Keeping
(1) An Expanded Practice Dental Hygienist shall refer a patient annually to a dentist who is available to treat the patient, and note in the patient's official chart held by the facility that the patient has been referred.
(2) When a licensed dentist has authorized an Expanded Practice Dental Hygienist to administer local anesthesia, place temporary restorations without excavation, **perform interim therapeutic restorations with or without excavation after diagnosis by a dentist,** or prescribe prophylactic antibiotics and nonsteroidal anti-inflammatory drugs, the Expanded Practice Dental Hygienist shall document in the patient's official chart the name of the collaborating dentist and date the collaborative agreement was entered into.

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.
(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
(6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(~~11~~**12**), OAR 818-026-0065(~~11~~**12**), OAR 818-026-0070(~~11~~**12**) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.

DRAFT

(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(19) Apply denture relines except as provided in OAR 818-042-0090(2).
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(22) Perform periodontal **assessment**.
(23) Place or remove healing caps or healing abutments, except under direct supervision.
(24) Place implant impression copings, except under direct supervision.
(25) Any act in violation of Board statute or rules.

OAR 818-001-0002 – Definitions
Dr. Underhill moved and Dr. Javier seconded that the Board add "Oral Medicine" and "Orofacial Pain" to the list of definitions in OAR 818-001-0002. The motion passed unanimously.

818-001-0002
Definitions
As used in OAR chapter 818:
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
(5) "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.
(6) "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

DRAFT

authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
~~(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.~~
(7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(8) "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.
(9) "Licensee" means a dentist or hygienist.
(10) “Volunteer Licensee” is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
(11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
(12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
(a) “Dental Anesthesiology” is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
(c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
(e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head

DRAFT

and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

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

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

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

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

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

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

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

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

(17) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

(18) "BLS for Healthcare Providers or its Equivalent" the **BLS/**CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial **BLS/**CPR course must be a hands-on course; online **BLS/**CPR courses will not be approved by the Board for initial **BLS/**CPR certification: After the initial **BLS/**CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A **BLS/**CPR certification card with an expiration date must be received from the **BLS/**CPR provider as documentation of **BLS/**CPR

DRAFT

certification. The Board considers the **BLS/**CPR expiration date to be the last day of the month that the **BLS/**CPR instructor indicates that the certification expires.

Pain Management Training Requirement

Ms. Martinez moved and Dr. Sharifi seconded that the Board move the draft rules regarding the new pain management CE requirement to public rulemaking hearing for review. The motion passed unanimously.
*The pain management draft rules are encompassed in the above text to send to a public rulemaking hearing.

Approval of Interim Therapeutic Restorations (ITR) Curriculum

Dr. Javier moved and Dr. Underhill seconded that the Board approve the ITR curriculum as presented. The motion passed unanimously.

OBD Review of New Rules Adopted per ORS 183.405(l)

It is a requirement that state agencies review new rules within five years from the date the new rule was adopted. OBD Staff have reviewed the new rules adopted in 2016 and 2017.

Dr. Fine moved and Ms. Martinez seconded that the Board approve the staff rule reviews as presented. The motion passed unanimously.

Dental Therapy Rules Oversight Committee Creation

Dr. Underhill moved and Dr. Javier seconded that the Board establish a new standing committee called the Dental Therapy Rules Oversight Committee per ORS 679.280. The motion passed unanimously.

Dr. Sharifi moved and Dr. Underhill seconded that the proposed Dental Therapy Rules Oversight Committee be comprised of three board members, one member from each association (ODA, ODHA & ODAA), one member from the Oregon Health Authority, and three members of the Dental Therapy community. The motion passed unanimously.

CORRESPONDENCE

Request for Board reconsideration to waive statutory requirements for licensure – Dr. Irving Anders

Dr. Javier moved and Dr. Underhill seconded that the Board deny Dr. Ander's request to waive the statutory requirements for obtaining a dental license in the state of Oregon. The motion passed unanimously.

Request for Board Approval of Restorative Dental Hygiene Curriculum – Dixie State University

Dr. Underhill moved and Dr. Javier seconded that the Board approve the restorative dental hygiene curriculum as presented. The motion passed unanimously.

Request for Board Approval of a Local Anesthesia Course – Salt Lake Community College

Dr. Javier moved and Ms. Martinez seconded that the Board approve the local anesthesia course as presented. The motion passed unanimously.

DRAFT

OTHER ISSUES
Nothing to report.

ARTICLES AND NEWS (Informational Only)

- ADEA Advocate – June 22, 2021
- HPSP Newsletter
- DANB 2020 Salary Survey Report
- HPSP Post-Pandemic Newsletter
- OHA Announces New Dental Director
- OHA Vaccine Requirements for Healthcare Workers

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 2:00p.m.

CONSENT AGENDA

2022-0008, 2021-0190, 2021-0181, 2021-0131, 2021-0185, 2021-0178, 2021-0150
Dr. Javier moved and Mr. Dunn seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

COMPLETED CASES

2021-0132, 2021-0097, 2021-0173, 2021-0120, 2021-0187, 2021-0118, 2021-0164, 2021-0103, 2021-0184, 2021-0046
Dr. Javier moved and Mr. Dunn seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

2021-0095
Dr. Sharifi moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern, reminding Respondent #1 and Respondent #2 to assure that they 1) document name, concentration, vasoconstrictor, and number of carpules, and type of local anesthesia used when administering dental anesthesia, 2) require all Licensees of the dental practice to document such information, and 3) schedule periodontal patients for Periodontal Re-evaluation appointments after active therapy Scaling/Root Planing appointments and before Periodontal Maintenance appointments. The motion passed unanimously.

NOUREDINE, HADI, D.M.D.; 2021-0102
Dr. Fine moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a $3,000 civil penalty, complete three hours of Board approved continuing education in record keeping within 30 days, and complete eight hours of Board approved continuing education in sedation within 30 days of effective date of order.

DRAFT

O'LEARY, DANIEL P., D.D.S.; 2021-0159
Dr. Kansal moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a $1,000.00 civil penalty to be paid within 30 days and completion of a three-hour Board approved continuing education course on record keeping within 30 days. The motion passed unanimously.

2021-0128
Ms. Martinez moved and Mr. Dunn seconded that the Board close the matter with No Further Action. The motion passed unanimously.

2021-0105
Ms. Brixey moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he conducts weekly biological monitoring testing of his sterilization devices. The motion passed unanimously.

2021-0112
Dr. Kansal moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that radiographic and clinical evidence for the number and extent of restorative treatment are documented. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

DHADLI, JATINDER S., D.D.S.; 2019-0240
Mr. Dunn moved and Ms. Martinez seconded that the Board move to dismiss the remaining $6,000.00 civil penalty. The motion passed unanimously.

HSU, RICHARD PAO-YUAN, D.M.D.; 2020-0033
Dr. Kalluri moved and Dr. Underhill seconded that the Board offer Licensee an Amended Consent Order where he agree to keep a patient log and to allow OBD staff access to random chart review for 24 months from the effective date of the order, and remove video recording from case number 2012-0019. The motion passed unanimously.

2021-0073
Dr. Underhill moved and Mr. Dunn seconded that the Board reaffirm their April 16, 2021, decision. The motion passed unanimously.

2018-0228
Dr. Sharifi moved and Ms. Martinez seconded that the Board close the matter with a finding of No Further Action. The motion passed unanimously.

VOGELSANG, JESSICA A., D.D.S.; 2017-0163
Dr. Fine moved and Ms. Martinez seconded that the Board accept Licensee's proposal and dismiss the community service stipulation. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Request for Board reconsideration to waive statutory requirements for licensure – Dr. Irving Anders

DRAFT

Ms. Martinez moved and Dr. Fine seconded that the Board deny Dr. Ander's request to waive the statutory requirements for obtaining a dental license in the state of Oregon. The motion passed unanimously.

Request for Nonresident Permit – Adrian Ruiz DDS
Dr. Kansal moved and Ms. Martinez seconded that the Board approve the nonresident permit as requested. The motion passed unanimously.

OAR 818-026-0010
Ms. Martinez moved and Mr. Dunn seconded that the Board send OAR 818-026-0010 to the Anesthesia Committee for review. The motion passed unanimously.

2015-0056
Dr. Fine moved and Ms. Martinez seconded that the Board allow appellate court attorney to allow the court of appeals to correct the math error in the final order. The motion passed unanimously.

RATIFICATION OF LICENSES
Dr. Kansal moved and Mr. Dunn seconded that the Board ratify the licenses presented. The motion passed unanimously.

Request for a letter to be sent to WREB approving Daniel Martinez, R.D.H. to become WREB Examiner
Mr. Dunn moved and Dr. Sharifi seconded that the Board send the approval letter to WREB as requested. The motion passed unanimously.

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 2:40 p.m.

Executive Director Performance Evaluation
Dr. Fine moved and Dr. Javier seconded that the Board rate Mr. Prisby an "outstanding" on his performance review, and accept his 2021-2022 goals as presented. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 2:45 p.m. Ms. Riedman stated that the next Board Meeting would take place on October 22, 2021.

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Alicia Riedman, R.D.H.
President

DRAFT

ASSOCIATION REPORTS

Oregon Wellness Program Overview for the Oregon Board of Dentistry

October 22, 2021

Barry Taylor, DMD
Executive Director, Oregon Dental Association

Program Overview

- OWP is a program of The Foundation For Medical Excellence (TFME) which acts as the "administrative hub."

- OWP is directed and guided by an Executive Committee, Chaired by Dr. Don Girard, and is made up of volunteers committed to the program. The Committee meets monthly.

- Barry Taylor, ODA Executive Director, will serve on the OWP Executive Committee

- OWP is designed to be a state-wide effort to provide highly confidential urgent mental health services to active clinical providers who self-refer.

Program Overview

- OWP is served by 18 mental health providers (all vetted PhD, PsyD, Psychiatrist, or MSW) nominated by their local community providers, experienced in providing care to their health care colleagues and approved by the OWP Executive Committee. There is a standardized process for ensuring consent and confidentiality. All providers utilize Telehealth. OWP has a state-wide call service provided by Cascade Health in Eugene.

- Wherever possible, the OWP partners with local organizations to develop & guide its operations. To date, in the majority of cases, this has been with Medical Societies. Where Medical Societies do not exist, the OWP has either developed volunteer committees to help guide the program (Medford) or worked directly with local area mental health professionals (Metro Area).

Program Overview

- Program established formally, April 2018; with 4 chapters at Medical Society Hubs (COMS, MSMP, LCMS, MPCMS). Program Chapters are all independent, but work together and are overseen by OWP Executive Committee; subscribe to contract and follow rules developed in OWP Manual.

- From its inception in 2018, nearly 1500 counseling sessions have been delivered by the OWP team. The OWP pays the mental health providers $200 per one hour session.

- All licensed Oregon and SW Washington physicians, PAs, and APPs are eligible for up to 8 sessions per client, per year. No insurance is billed. The OWP Executive Committee does not know the name of the client & depends on the mental health providers for all information. There have been no complaints concerning confidentiality.

Program Utilization 2017-2020

Region	2017	2018	2019	2020
Central OR	0*	29	69	55
Lane County	61	44	42	31
Marion/Polk	0*	5	19	37
Portland Metro	118	193	279	437
Jackson	0**	0**	0**	11
Linn	0***	0***	0***	2
Morrow	0***	0***	0***	2
Total	**179**	**271**	**409**	**579**

*Program fully operational in 2019
**Program fully operational in 2020
***OWP state-wide answering service began taking calls state-wide

Program Overview

- Current participating health systems (Subscribers) include: Legacy, OHSU, Providence/Oregon Region, and Asante. These systems provide financial support to the OWP as an investment in the wellness of their medical staffs.
- Legacy, Providence & Asante provide funds directed to client services for their respective "medical staffs." Legacy allows a portion of its funds to be used to develop the state-wide system. OHSU does the same; but authorizes its funds to support services to clients who are not part of a "medical staff" or who choose not to identify a "medical staff" affiliation.
- PacificSource Foundation and the Portland IPA (Patrons) have provided grants to support the OWP client services and program expansion.

Program Overview

- OWP is designed to serve the "medical staffs" of participating health systems, provider groups and those licensed by the Oregon Medical Board. In practice, any Oregon or SW Washington licensed APP, PA, MD, or DO who requests services has access to the program.

- The Oregon Medical Board is an OWP Patron and Partner. The OMB lends its name and significant financial support through license fees for client services unfunded by health systems/groups and for administrative costs.

- Participating health systems invest differing amounts in the program to offset client costs specific to their Medical Staff. For example, Legacy invests $30,000 per year, Providence $25,000 and Asante $5,000.

OWP Going Forward

- Continued client service growth. Impact of COVID is only now being felt.
- Further state-wide geographic expansion driven by OWP developed local community volunteers.
- Continued development and implementation of a research program into OWP effectiveness.
- The OWP has found that the most effective way to "market or promote" the program is via word of mouth.

The Partnership Between the ODA and the OWP

The ODA represents the nearly 2,100 dentists licensed in Oregon.

The OWP is open to all dentists; not just ODA members. The approximately 4,100 active dentists in Oregon is equivalent to Providence Health System (4,000 staff members)

The ODA with a generous three year financial commitment from Permanente Dental Associates has become partner in the OWP in the same manner as the other partner county medical societies and the Oregon Medical Association. As a Partner, the ODA would lend its Brand and support OWP fund raising efforts.

What Might a Partnership Between the ODA and the OWP Look Like (cont.)?

- The likely first years "cost" for mental health sessions is estimated to be $5,000.
- All licensed dentists in Oregon have access to the OWP.
- The OWP has a "link" on the ODA web site.
- The ODA is featured on the OWP web site with a "link" to the ODA web site.
- Dentists in Oregon will access the OWP via the OWP web site (linked to the ODA web site) and the single OWP telephone number.

COMMITTEE REPORTS

AMERICAN BOARD OF DENTAL EXAMINERS, INC.

William Pappas, D.D.S., President
Jeffery Hartsog, D.M.D., Vice-President
Conrad McVea, III, D.D.S., Secretary
Renee McCoy-Collins, D.D.S., Treasurer
Bruce Barrette, D.D.S., Past President

Report of the 17th Annual Meeting of the American Board of Dental Examiners, Inc (ADEX)
August 6-7, 2021

The following are highlights of the 17th Annual ADEX Meeting:

The ADEX House of Representatives consists of Member States and Jurisdictions, District Hygiene and District Consumer Representatives.

2021 – 2022 Officers were elected: Dr. William Pappas, NV, President; Dr. Jeffery Hartsog, MS, Vice-President; Dr. Conrad "Chip" McVea, III, LA, Secretary; Dr. Renee McCoy-Collins, DC, Treasurer. Dr. Bruce Barrette, WI, will return as Immediate Past President.

ADEX Board of Directors:

- Appointment of TBD, TX, District 3 Director.
- Appointment of Walter Machowski, Jr., DMD, SC, District 6 Director.
- Appointment of Joseph Battaglia, DMD, NJ, District 9 Director.
- Appointment of Naved Fatmi, DMD, FL, District 12 Director.

Appointment of Janet McMurphy, RDH, MS, as Chair of the ADEX Dental Hygiene Examination Committee.

Reinstatement of the '18 Month Rule' effective July 1, 2021.

18-Month Rule – Candidates will have 18 months to successfully complete the required 5-part ADEX dental exam series (including the Diagnostic Skills Examination OSCE but not considering the Periodontal portion as required). That 18 months for CIF candidates, will begin on July 1st of the year prior to their class graduation date. For Traditional candidates it will begin on the date of the first computer-based or clinical exam challenged. If a candidate does not successfully complete the ADEX dental exam series within that period, that candidate must re-take all required parts of the examination, including the computer-based portion.

ADEX House of Representatives:

Accepted new member boards, Utah and Texas, for ADEX membership. Approved ADEX Executive Committee and ADEX Board of Directors to take action on membership for North Dakota when they have submitted their request to join as a member board of ADEX.

Accepted FY2022 ADEX Budget

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www.adexexams.org

Adopted changes by the ADEX Dental Examination Committee to the ADEX Dental Examination:

2022 Exam Changes

Endodontics

The endodontic exam subcommittee addressed questions arising as to the measurement landmarks used in grading the anterior access opening criteria and in an effort to allow each examiner to grade more consistently recommends each testing agency allow their respective standardization/calibration processes include a diagram which indicates each line on the individual landmark on the lingual aspect of the anterior tooth from which the measurements are to be obtained.

These measurements are to be straight line measurements made between two parallel lines that touch the landmark line and the furthest extent of the edge of the access opening dimension being considered. The measurement should be taken with a provided periodontal probe held at 90 degrees to the parallel lines.

Scoring:

The Committee recommends that the following language be printed in both candidate and examiner manuals:

Professional Misconduct:

Professional misconduct is a most serious violation of examination guidelines. Substantiated evidence of professional misconduct (see examples below) during the course of the examination will result in automatic failure of the entire examination series. In addition, there will be no refund of fees and the candidate may not be allowed to reapply for re-examination for one (1) year from the time of the infraction.

Professional misconduct includes, but is not limited to:

1. Falsification or intentional misrepresentation of registration requirements
2. Cheating of any kind
3. Demonstrating complete disregard for the oral structures or welfare of the patient
4. Misappropriation of equipment (theft)
5. Receiving unauthorized assistance
6. Alteration of examination records and/or radiographs
7. Rude, abusive, uncooperative or disruptive behavior towards patients, examiners or other candidates
8. Use of electronic equipment, to include recording devices and/or cameras

Simulated Patient Examination Committee:

- No bench top grading to be done. ALL TYPODONTS ARE TO BE GRADED MOUNTED IN A MANIKIN AND ANATOMICALLY POSITIONED
- Reiterate that exam protocols for CompeDont not changed from patient-based examination
- No clamping ISOLATION DAMS bilaterally—cannot take an action on CompeDont that one could not do for a human patient.
- Pulp Caps: Use of TheraCal® approved by Committee. Pulp chamber coloration SHOULD be changed along with a change in the density and consistency of the pulpal tissue.
  - Indirect: MUST BE THE FINAL MODIFICATION REQUEST AND if submitted and denied, THE PREPARATION SHOULD be graded immediately/ERF for Inappropriate Request for Indirect Pulp Cap and an ITC to the candidate so they are made aware of what has transpired.
  - Direct: same as live patient; if submitted as exposure and not, then 100 pt penalty

- Timelines: no suggested changes for now.
- Penalties: same as live patient exams
- Radiographic Diagnosis and Assignment: The candidate will be given a radiograph with only one maxillary and one mandibular lesion in a quadrant. The radiographs will be assigned across the available lesions for EACH exam day with all permutations of maxillary and mandibular combinations. ONE ANTERIOR AND ONE POSTERIOR LESION WILL BE USED ON EACH EXAM DAY WITH THE OPERMUTATION FOR THE DAY CHOSEN BY THE CHIEF EXAMINER The candidate is allowed 1 misdiagnosis per procedure. A second misdiagnosis makes the candidate ineligible to take that section.
- Failure Notification: The process is the same as the patient based. Only failures that generate an ITC informing the candidate of the failure are communicated to the candidate.

Patient/CompeDont™ Restorative:

Modifications denied and issued an ERF and ITC should be attached to the modification form and submitted during all grading steps. The following are included 1) Inappropriate request for indirect pulp cap (the IPC form will serve as communication of denial) 2) Initial Preparation is not to at least acceptable dimensions (ITC to be attached to modification form) 3) Unsatisfactory completion of modifications required by examiner(ITC to be attached to the modification form)

2023 Exam Changes

Restorative:

Anterior Preparation

Sound Marginal Tooth Structure

SUB

A. The cavosurface margin does not terminate in sound natural tooth structure.

DEF

A. There is explorer-penetrable decalcification remaining on the cavosurface margin.

B. there are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.

Axial Wall

ACC

MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends ≤ 1.5 mm in depth from DEJ

MAX LATERALS & MAND INCISORS: The depth of the axial wall extends ≤ 1.0mm in depth from the cavosurface margin.

SUB

MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends >1.5mm but ≤ 2.5 mm in depth from DEJ.

MAX LATERALS & MAND INCISORS: The depth of the axial wall extends> 1.0 mm but ≤ 2.0mm in depth from the cavosurface margin.

Axial Wall

Anterior Restoration

Margin Excess/Deficiency

ACC

A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.
B. Marginal excess of ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer.

SUB

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5mm, which can include pits and/or voids at the cavosurface margin.
B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.

Adjacent Tooth Structure

DEF

There is gross enameloplasty.

Posterior Composite Preparation

Proximal Clearance

SUB

Proximal clearance at the height of contour extends > 1.0 mm but ≤ 2.0 mm beyond either one or both proximal walls

DEF

Proximal clearance at the height of contour extends > 2.0 mm beyond either one or both proximal walls.

Outline Shape/Continuity/Extension

DEF

A. The outline form is grossly over-extended, compromising and undermining the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin.
B. The width of the marginal ridge is ≤ 1 mm.

Isthmus

DEF

The isthmus is > ½ the intercuspal width or the isthmus is < 1.0mm.

Sound Marginal Tooth Structure

SUB

A. The cavosurface margin does not terminate in sound natural tooth structure.

DEF

A. There is explorer-penetrable decalcification remaining on the cavosurface margin.

B. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics

Posterior Composite Restoration

Margin Excess/Deficiency

ACC

A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.
B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer.

SUB

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.
B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm. There is flash with or without contamination underneath but it is not internal to the cavosurface margin and could be removed by polishing or finishing.

Adjacent Tooth Structure

DEF

There is gross enameloplasty.

Amalgam Preparation

Proximal Clearance

ACC

Contact is visibly open proximally, and proximal clearance at the height or contour extends ≤ 1.0 mm on either or both proximal walls.

SUB

Proximal clearance at the height of contour is > 1.0 mm but ≤ 2.0 mm on either one or both proximal walls.

DEF

A. The proximal at the height of contour is > 2.0 mm on either one or both proximal walls.
B. The walls of the proximal box are not visually open.

Gingival Clearance

ACC

The gingival clearance is visually open but ≤ 1.0 mm.

SUB

The gingival clearance is > 1.0 mm but ≤ 2.0 mm.

DEF

A. The gingival clearance is > 2.0 mm.
B. Gingival contact is not visually open.

Sound Marginal Tooth Structure

SUB

A. The cavosurface margin does not terminate in sound natural tooth structure.

DEF

A. There is explorer-penetrable decalcification remaining on the cavosurface margin.
B. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics

Amalgam Restoration

Margin Excess/Deficiency

ACC

A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.

B. Marginal excess ≤ 0.5mm at the restoration-tooth interface, detectable either visually or with tine of an explorer.

SUB

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5mm, which can include pits and/or voids at the cavosurface margin.
B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5mm but ≤ 1.0mm.

Adjacent Tooth Structure

DEF

There is gross enameloplasty.

Prosthodontics

No Changes to Report

Periodontics

No Changes to Report

Adopted changes by the ADEX Dental Hygiene Examination Committee to the ADEX Dental Hygiene Examination:

2022 Exam Changes:

Manual Updates and already reported to the testing agencies on July 12, 2021 for ability to include in manuals.

A. Stopping the PTCE Exam-- If candidate is unable to qualify their patient during pre-treatment evaluation they will not be permitted to continue the examination.

B. Candidate Manual Language on Hard and Soft Tissue trauma penalties:

Soft Tissue Damage: Error in tissue management will result in the assessment of penalty points according to the following criteria:

- One point deducted for each site of minor soft tissue damage, up to three sites
- The presence of four or more minor soft tissue damage sites or one major soft tissue

damage site results in an automatic failure.

#Minor Soft Tissue Damage: There is slight soft tissue trauma that is inconsistent with the procedure. Minor soft tissue damage includes: A laceration/abrasion that is $\leq$ 3mm; A laceration or injury that would not result in the need for suturing, periodontal packing, or further follow-up treatment if this were on a patient.

#Major Soft Tissue Damage includes: A laceration/abrasion that is > 3mm and that would require sutures, periodontal packing, or further follow-up treatment. A laceration/injury that would result in exposure of alveolar bone, flap, or amputation of papilla if this were on a patient.

Hard Tissue Damage: Error in tissue management will result in the assessment of penalty points according to the following criteria:

- One point deducted for each site of minor hard tissue damage, up to three sites
- The presence of four or more minor hard tissue damage sites or one major hard tissue

damage site results in an automatic failure.

Minor Hard Tissue Damage includes slight hard tissue damage that is inconsistent with the procedure or a pre-existing condition. Minor Tissue Trauma may include all hard tissue surfaces that would not require additional definitive treatment if this were on a patient.

Major Hard Tissue Damage includes major damage to the hard tissue that is inconsistent with the procedure and a pre-existing condition. Major Tissue may include all hard tissue surfaces that would require additional definitive treatment if this were on a patient.

2022 Exam Changes:

Add: Unreported Broken Instrument Tip--- Include in list of 'major' soft tissue trauma to be penalized in MTCE-manikin exam on Scoring Rubric.

Remove: Full mouth series must include 16-20 images, depending on the number needed to show the mesial and distal surfaces, DEJ, and alveolar crestal bone of all posterior teeth (on page 25 of PTCE candidate manual)

Remove: All radiographs must be of diagnostic quality, meaning they must be of sufficient quality to accurately diagnose caries, periodontal health, or other dental diseases and abnormalities, and they must show the apices of all fully erupted teeth in the Case Selection, with the exception of the distal root of the 3rd molar (on page 25 of PTCE candidate manual)

Add: The full mouth series must be of diagnostic quality within their case selection and show the DEJ, alveolar crestal bone, mesial and distal surfaces of all teeth and the apices of all fully erupted teeth with the exception of the distal root of the 3rd molar.

2023 Exam Changes:

Adoption of a revised scoring rubric for the PTCE-patient based exam that eliminated the three points that were awarded to the candidate for 'no tissue damage,' reduced the calculus requirement section by 1 point, and increased the calculus detection by 4 points by adding a 4th tooth.

Adoption of penalty points for both hard and soft tissue damage for the PTCE patient-based exam to now mirror the MTCE-manikin exam related to penalties for tissue damage.

REVISED: Scoring Rubric and Tissue Damage Penalty Points

Skills Assessment	Criteria	Points Possible
Initial Case Presentation	A full quadrant with at least six (6) natural, permanent teeth and two posterior teeth from a second quadrant At least two natural, permanent molars; one must be located in the primary quadrant; one of the teeth in the second quadrant must be a molar One of the molars must have both a mesial and a distal contact; Another molar must have at least one contact	3
Calculus Requirements	• Qualifying calculus requirements met by teeth in the selection (8-5-3): o Eight surfaces located on any surfaces of molar/pre-molar teeth o Five surfaces located on M or D of molar/pre-molar teeth o Three surfaces located on M or D of molars	4
Calculus Detection	• 16 surfaces worth 1 point each, evaluated for the presence or absence of qualifying calculus on four assigned teeth	16
Calculus Removal	• 12 surfaces of qualifying calculus worth 5.5 points each • Points can be earned for removal only on the number of surfaces with qualifying calculus verified by examiners. Examiners do select 2 additional surfaces from within the entire Case Selection in an attempt to provide 14 opportunities to identify 12 surfaces with qualifying calculus.	66
Periodontal Probing Measurements	• Six measurements worth one point each	6
Final Case Presentation	• All surfaces in the Case Selection are free of biofilm and extrinsic stain • All surfaces other than the 12 selected surfaces in the Case Selection are free of calculus	1 4
Total		**100**

Soft Tissue Damage: Error in tissue management will result in the assessment of penalty points according to the following criteria:

- One point deducted for each site of minor soft tissue damage, up to three sites
- The presence of four or more minor soft tissue damage sites or one major soft tissue damage site results in an automatic failure.

#Minor Soft Tissue Damage: There is slight soft tissue trauma that is inconsistent with the procedure. Minor soft tissue damage includes: A laceration/abrasion that is ≤ 3mm; A laceration or injury that would not result in the need for suturing, periodontal packing, or further follow-up treatment.

#Major Soft Tissue Damage includes: A laceration/abrasion that is > 3mm and that would require sutures, periodontal packing, or further follow-up treatment. A laceration/injury that would result in exposure of alveolar bone, flap, or amputation of papilla. An unreported broken instrument tip in the sulcus or soft tissue.

Hard Tissue Damage: Error in tissue management will result in the assessment of penalty points according to the following criteria:

- One point deducted for each site of minor hard tissue damage, up to three sites
- The presence of four or more minor hard tissue damage sites or one major hard tissue damage site results in an automatic failure.

Minor Hard Tissue Damage includes slight hard tissue damage that is inconsistent with the procedure or a pre-existing condition. Minor Tissue Trauma may include all hard tissue surfaces that would not require additional definitive treatment.

Major Hard Tissue Damage includes major damage to the hard tissue that is inconsistent with the procedure and a pre-existing condition. Major Tissue may include all hard tissue surfaces that would require additional definitive treatment.

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<u>18th Annual ADEX Meeting is August 5-6, 2022</u>

Annual Meeting 2022

Gaylord Rockies | Aurora, CO

January 6-8, 2022

Save the Date!

Connect with your CDCA-WREB colleagues in beautiful Colorado at the Gaylord Rockies Resort and Convention Center!

Look for your official invitation in October

This is a save the date only. Actual dates for arrival/departure will vary. Please wait to make travel and hotel arrangements until after you have received your official invitation.

Oregon Board of Dentistry Committee and Liaison Assignments

Sept 2021 - April 2022

STANDING COMMITTEES

Dental Therapy Rules Oversight Committee

Purpose: To draft, refine and update dental therapy rules.

Committee:

Yadira Martinez, R.D.H., E.P.P., Chair
Sheena Kansal, D.D.S., OBD Rep
Jennifer Brixey, OBD Rep
Kaz Rafia, D.D.S., OHA Rep
Miranda Davis, D.D.S., DT Rep
Brandon Schwindt, D.M.D., ODA Rep.
Amy Coplen, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, ODAA Rep
Kari Douglass, DT Rep.
Jason Mecum, DT Rep

Communications

Purpose: To enhance communications to all constituencies

Committee:

Jose Javier, D.D.S., Chair
Yadira Martinez, R.D.H., E.P.P.
Jennifer Brixey
Aarati Kalluri, D.D.S.
Alayna Schoblaske, D.M.D., ODA Rep.
Lesley Harbison, R.D.H., ODHA Rep.
Linda Kihs, CDA, EFDA, OMSA, MADAA, ODAA Rep.

Subcommittees:

- Newsletter – Alicia Riedman, R.D.H., E.P.P., Editor

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Yadira Martinez, R.D.H., E.P.P., Chair
Jose Javier, D.D.S.
Alicia Riedman, R.D.H., E.P.P.
Jennifer Brixey
David J. Dowsett, D.M.D., ODA Rep.
Lisa Rowley, R.D.H., ODHA Rep.
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Gary Underhill, D.M.D., Chair
Alicia Riedman, R.D.H., E.P.P.
Sheena Kansal, D.D.S.
Chip Dunn
Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.

*Subcommittees***:**

Evaluators

- Jose Javier, D.D.S., Senior Evaluator
- Reza Sharifi, D.M.D., Evaluator

Licensing, Standards and Competency

Purpose: To improve licensing programs and assure competency of licensees and applicants

Committee:

Amy B. Fine, D.M.D. Chair
Reza Sharifi, D.M.D.
Aarati Kalluri, D.D.S.
Jennifer Brixey
Daren L. Goin, D.M.D., ODA Rep.
Susan Kramer, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, EFODA, AAS, ODAA Rep.

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Alicia Riedman, R.D.H., E.P.P., Chair
Jose Javier, D.D.S.
Yadira Martinez, R.D.H., E.P.P.
Chip Dunn
Philip Marucha, D.D.S., ODA Rep.
Sharity Ludwig, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.

Anesthesia

Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.

Committee:

Reza Sharifi, D.M.D., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D., M.C.R.
Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.
Normund Auzins, D.M.D.
Ryan Allred, D.M.D.
Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S.

LIAISONS

American Assoc. of Dental Administrators (AADA) — Stephen Prisby, Executive Director

American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Stephen Prisby, Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Jose Javier, D.D.S.
- Hygiene Liaison – Alicia Riedman, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Amy B. Fine, D.M.D.
- Dental Exam Committee – Amy B. Fine, D.M.D.

Commission on Dental Competency Steering Committee (CDCA)

- Amy B. Fine, D.M.D.
- Yadira Martinez, R.D.H., E.P.P.

Oregon Dental Association – Sheena Kansal, D.D.S.

Oregon Dental Hygienists' Association Alicia Riedman, R.D.H., E.P.P.

Oregon Dental Assistants Association – Alicia Riedman, D.M.D.

Western Regional Exam Board (WREB)

- Dental Exam Review Committee – Amy B. Fine, D.M.D.
- Hygiene Exam Review Committee – Yadira Martinez, R.D.H., E.P.P.

Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director. Also to work on and make strategic planning recommendations to the Board. *C*

Alicia Riedman, R.D.H., E.P.P., Chair
Gary Underhill, D.M.D.
Aarati Kalluri, D.D.S.
Chip Dunn

Subcommittee:

Budget/Legislative – *(President, Vice President, Immediate Past President)*

Alicia Riedman, R.D.H., E.P.P
Jose Javier, D.D.S.
Yadira Martinez, R.D.H., E.P.P.

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

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

ZOOM MEETING INFORMATION
https://us02web.zoom.us/j/87463639640?pwd=MTFRVUJhUGFBc2Z3R1RaaDd5YkV1UT09
Dial-In Phone #: 1-253-215-8782 • Meeting ID: 874 6363 9640 • Passcode: 576232

October 7, 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 and Committee Members please share a brief biography and why you wanted to participate on this Committee.

Review Agenda

1. HB 2528 (2021)
    - **Attachment #1**

2. Committee created by the OBD on August 20, 2021
    - **Attachment #2**

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

3. Draft Dental Therapy Rules incorporating OBD Staff recommendations and language from the ODA.
    - **Attachment #3**

4. Feedback received from Sheli Parkinson, RDH for the committee to review.
    - **Attachment #4**

5. Make recommendations (if any) to the Board for consideration at the October 22, 2021 OBD Board Meeting.

7. Consider date for next DTRO Meeting: Nov 10 from 5 pm – 7pm.

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

9. Other Public Comment – as time permits as meeting needs to end no later than 7 pm.

10. General Information on making motions and board meeting dates.
    - **Attachment #5**

Adjourn

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

Enrolled

House Bill 2528

Sponsored by Representatives SANCHEZ, BYNUM; Representatives ALONSO LEON, CAMPOS, DEXTER, MEEK, PRUSAK, SOLLMAN, WILLIAMS, WITT, Senator DEMBROW (Presession 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:

Attachment #1

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:

Attachment #1

(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

Attachment #1

(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

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 to be held October 7, 2021 from 5 pm – 7 pm

OBD – Suggested Language in Blue
ODA - Suggested Language in Green

DIVISION 1
PROCEDURES

818-001-0002
Definitions

As used in OAR chapter 818:
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
~~(6)~~ (4) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.
(5) "Dental Therapist" means a person licensed pursuant to ORS 679 to practice dental therapy.
(6) "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 (new scope section) Section XXX
~~(4)~~ (7) "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.
~~(5)~~ (8) "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.
~~(7)~~ (9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
~~(8)~~ (10) "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.
~~(9)~~ (11) "Licensee" means a dentist, ~~or~~ hygienist **or dental therapist.**
(a) "Volunteer Licensee" is a dentist **or** hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
~~(10)~~ (12) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene **or dental therapy** treatment in a dental office.
~~(11)~~ (13) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration

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51 of group dental care programs as well as the prevention and control of dental diseases on a
52 community basis.
53 (c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology
54 and pathology of the human dental pulp and periradicular tissues. Its study and practice encom-
55 pass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis,
56 prevention and treatment of diseases and injuries of the pulp and associated periradicular con-
57 ditions.
58 (d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that
59 deals with the nature, identification, and management of diseases affecting the oral and maxillo-
60 facial regions. It is a science that investigates the causes, processes, and effects of these dis-
61 eases. The practice of oral pathology includes research and diagnosis of diseases using clinical,
62 radiographic, microscopic, biochemical, or other examinations.
63 (e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology con-
64 cerned with the production and interpretation of images and data produced by all modalities of
65 radiant energy that are used for the diagnosis and management of diseases, disorders and con-
66 ditions of the oral and maxillofacial region.
67 (f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, sur-
68 gical and adjunctive treatment of diseases, injuries and defects involving both the functional and
69 esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
70 (g) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the su-
71 pervision, guidance and correction of the growing or mature dentofacial structures, including
72 those conditions that require movement of teeth or correction of malrelationships and malfor-
73 mations of their related structures and the adjustment of relationships between and among teeth
74 and facial bones by the application of forces and/or the stimulation and redirection of functional
75 forces within the craniofacial complex. Major responsibilities of orthodontic practice include the
76 diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and
77 associated alterations in their surrounding structures; the design, application and control of func-
78 tional and corrective appliances; and the guidance of the dentition and its supporting structures
79 to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among
80 facial and cranial structures.
81 (h) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehen-
82 sive preventive and therapeutic oral health care for infants and children through adolescence,
83 including those with special health care needs.
84 (i) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and
85 treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes
86 and the maintenance of the health, function and esthetics of these structures and tissues.
87 (j) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of
88 oral functions, comfort, appearance and health of the patient by the restoration of natural teeth
89 and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artifi-
90 cial substitutes.
91 ~~(12)~~ **(14)**“ Full-time” as used in ORS 679.025 ~~and 680.020~~ is defined by the Board as any stu-
92 dent who is enrolled in an institution accredited by the Commission on Dental Accreditation of
93 the American Dental Association or its successor agency in a course of study for dentistry**,** ~~or~~
94 dental hygiene **or dental therapy.**
95 ~~(13)~~ **(15)** For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that
96 either authorized treatment for, supervised treatment of or provided treatment for the patient in
97 clinical settings of the institution described in 679.020(3).
98 ~~(14)~~ **(16)**“ Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-
99 021-0070 is defined as a group of licensees who come together for clinical and non-clinical edu-
100 cational study for the purpose of maintaining or increasing their competence. This is not meant
101 to be a replacement for residency requirements.

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102 ~~(15)~~ **(17)**“ Physical Harm” as used in OAR 818-001-0083(2) is defined as any physical injury that
103 caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical
104 harm include mental pain, anguish, or suffering, or fear of injury.
105 ~~(16)~~ **(18)**“ Teledentistry” is defined as the use of information technology and telecommunications
106 to facilitate the providing of dental primary care, consultation, education, and public awareness
107 in the same manner as telehealth and telemedicine.
108 ~~(17)~~ **(19)**“ BLS for Healthcare Providers or its Equivalent” the CPR certification standard is the
109 American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined
110 by the Board. This initial CPR course must be a hands-on course; online CPR courses will not
111 be approved by the Board for initial CPR certification.
112 After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare
113 Providers or its equivalent Online Renewal course for license renewal. A CPR certification card
114 with an expiration date must be received from the CPR provider as documentation of CPR certi-
115 fication. The Board considers the CPR expiration date to be the last day of the month that the
116 CPR instructor indicates that the certification expires.
117
118 **818-001-0087**
119 **Fees**
120 (1) The Board adopts the following fees:
121 (a) Biennial License Fees:
122 (A) Dental —$390;
123 (B) Dental — retired — $0;
124 (C) Dental Faculty — $335;
125 (D) Volunteer Dentist — $0;
126 (E) Dental Hygiene —$230;
127 (F) Dental Hygiene — retired — $0;
128 (G) Volunteer Dental Hygienist — $0;
129 **(H) Dental Therapy - $300;**
130 **(I) Dental Therapy - retired $0.**
131 (b) Biennial Permits, Endorsements or Certificates:
132 (A) Nitrous Oxide Permit — $40;
133 (B) Minimal Sedation Permit — $75;
134 (C) Moderate Sedation Permit — $75;
135 (D) Deep Sedation Permit — $75;
136 (E) General Anesthesia Permit — $140;
137 (F) Radiology — $75;
138 (G) Expanded Function Dental Assistant — $50;
139 (H) Expanded Function Orthodontic Assistant — $50;
140 (I) Instructor Permits — $40;
141 (J) Dental Hygiene Restorative Functions Endorsement — $50;
142 (K) Restorative Functions Dental Assistant — $50;
143 (L) Anesthesia Dental Assistant — $50;
144 (M) Dental Hygiene, Expanded Practice Permit — $75;
145 (N) Non-Resident Dental Background Check - $100.00;
146 (c) Applications for Licensure:
147 (A) Dental — General and Specialty — $345;
148 (B) Dental Faculty — $305;
149 (C) Dental Hygiene — $180;
150 (D) **Dental Therapy - $250;**
151 ~~(D)~~ **(E)** Licensure Without Further Examination — Dental**,** ~~and~~ Dental Hygiene **and Dental**
152 **Therapy** — $790.

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(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.

818-012-0020
Additional Methods of Discipline for Unacceptable Patient Care

In addition to other discipline, the Board may order a licensee who engaged in or permitted unacceptable patient care to:
(1) Make restitution to the patient in an amount to cover actual costs in correcting the unacceptable care.
(2) Refund fees paid by the patient with interest.
(3) Complete a Board-approved course of remedial education.
(4) Discontinue practicing in specific areas of dentistry**, dental therapy,** or hygiene.
(5) Practice under the supervision of another licensee.

818-012-0030
Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

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204 (A) Legible copies of records; and
205 (B) Duplicates of study models, radiographs of the same quality as the originals, and photo-
206 graphs if they have been paid for.
207 (b) The licensee may require the patient or guardian to pay in advance a fee reasonably calcu-
208 lated to cover the costs of making the copies or duplicates. The licensee may charge a fee not
209 to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per
210 page for pages 11 through 50 and no more than $0.25 for each additional page (including rec-
211 ords copied from microfilm), plus any postage costs to mail copies requested and actual costs of
212 preparing an explanation or summary of information, if requested. The actual cost of duplicating
213 radiographs may also be charged to the patient. Patient records or summaries may not be with-
214 held from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this
215 rule.
216 (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, em-
217 ployer, contractor, or agent who renders services.
218 (11) Use prescription forms pre-printed with any Drug Enforcement Administration number,
219 name of controlled substances, or facsimile of a signature.
220 (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a
221 blank prescription form.
222 (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C.
223 Sec. 812, for office use on a prescription form.
224 (14) Violate any Federal or State law regarding controlled substances.
225 (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or
226 mind altering substances, or practice with an untreated substance use disorder diagnosis that
227 renders the licensee unable to safely conduct the practice of dentistry or ~~or~~ **,**dental hygiene **or**
228 **dental therapy.**
229 (16) Practice dentistry ~~or~~ **,**dental hygiene **or dental therapy** in a dental office or clinic not
230 owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3)
231 and dental hygienists practicing pursuant to ORS 680.205(1)(2).
232 (17) Make an agreement with a patient or person, or any person or entity representing patients
233 or persons, or provide any form of consideration that would prohibit, restrict, discourage or oth-
234 erwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully
235 and fully answer any questions posed by an agent or representative of the Board; or to partici-
236 pate as a witness in a Board proceeding.
237 (18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its
238 equivalent.
239 (19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including
240 conduct contrary to the recognized standards of ethics of the licensee’s profession or conduct
241 that endangers the health, safety or welfare of a patient or the public.
242 (20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an
243 agent of the Board in any application or renewal, or in reference to any matter under investiga-
244 tion by the Board. This includes but is not limited to the omission, alteration or destruction of any
245 record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any
246 information in patient or business records.
247 (21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable
248 to safely conduct the practice of dentistry ~~or~~ **,**dental hygiene **or dental therapy.**
249 (22) Take any action which could reasonably be interpreted to constitute harassment or retalia-
250 tion towards a person whom the licensee believes to be a complainant or witness.
251 (23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have ac-
252 cess to the Program’s electronic system if the Licensee holds a Federal Drug Enforcement Ad-
253 ministration (DEA) registration.
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818-021-00XX

Application for License to Practice Dental Therapy

(1)(a)The Oregon Board of Dentistry ~~may~~ shall 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.

818-021-00XX

Application for License to Practice 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~~ and

~~(b) Having graduated from a dental therapy program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; 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

DRAFT

(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.

818-021-0026
State and Nationwide Criminal Background Checks, Fitness Determinations
(1) The Board requires fingerprints of all applicants for a dental**, dental therapy** or dental hygiene license to determine the fitness of an applicant. The purpose of this rule is to provide for the reasonable screening of dental and dental hygiene applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or hold a license that is issued by the Board.
(2) These rules are to be applied when evaluating the criminal history of all licensees and applicants for a dental**, dental therapy** or dental hygiene license and for conducting fitness determinations consistent with the outcomes provided in OAR 125-007-0260.
(3) Criminal records checks and fitness determinations are conducted according to ORS 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.
(a) The Board will request the Oregon Department of State Police to conduct a state and nationwide criminal records check. Any original fingerprint cards will subsequently destroyed.
(b) All background checks must include available state and national data, unless obtaining one or the other is an acceptable alternative.
(c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of the outcome or date of occurrence. Disclosure includes but is not limited to military, dismissed or set aside criminal records.
(4) If the applicant or licensee has potentially disqualifying criminal offender information, the Board will consider the following factors in making a fitness determination:
(a) The nature of the crime;
(b) The facts that support the conviction or pending indictment or that indicates the making of the false statement;
(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's present or proposed position, services, employment, license, or permit; and
(d) Intervening circumstances relevant to the responsibilities and circumstances of the position, services, employment, license, or permit. Intervening circumstances include but are not limited to:
(A) The passage of time since the commission of the crime;
(B) The age of the subject individual at the time of the crime;
(C) The likelihood of a repetition of offenses or of the commission of another crime:
(D) The subsequent commission of another relevant crime;
(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and
(F) A recommendation of an employer.
(e) Any false statements or omissions made by the applicant or licensee; and
(f) Any other pertinent information obtained as part of an investigation.

DRAFT

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

(a) A fitness determination approval does not guarantee the granting or renewal of a license.

(b) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason. Incomplete fitness determinations may not be appealed.

(6) The Board may require fingerprints of any licensed Oregon dentist**, dental therapist** or dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting a state or nationwide criminal records background check.

(7) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.

(8) Additional information required. In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee/applicant as necessary, such but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.

(9) Criminal offender information is confidential. Dissemination of information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).

(10) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted, to inspect the individual's own state and national criminal offender records and, if requested by the individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(11) The Board shall determine whether an individual is fit to be granted a license or permit, based on fitness determinations, on any false statements made by the individual regarding criminal history of the individual, or any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as a part of an investigation. If an individual is determined to be unfit, then the individual may not be granted a license or permit. The Board may make fitness determinations conditional upon applicant's acceptance of probation, conditions, or limitations, or other restrictions upon licensure.

(12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy of completeness of criminal history information must be made in accordance with OAR 125-007-0030(7).

818-021-00XX

Continuing Education — Dental Therapists

(1) Each dental therapist must complete 36 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) Dental therapists 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 dental therapists is October 1 through September 30.) 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.

DRAFT

406 **(b) Research, graduate study, teaching or preparation and presentation of scientific ses-**
407 **sions. No more than six hours may be in teaching or scientific sessions. (Scientific ses-**
408 **sions are defined as scientific presentations, table clinics, poster sessions and lectures.)**
409 **(c) Correspondence courses, videotapes, distance learning courses or similar self-study**
410 **course, provided that the course includes an examination and the dental therapist**
411 **passes the examination.**
412 **(d) Continuing education credit can be given for volunteer pro bono dental ~~dental~~ therapy**
413 **services provided in the state of Oregon; community oral health instruction at a public**
414 **health facility located in the state of Oregon; authorship of a publication, book, chapter**
415 **of a book, article or paper published in a professional journal; participation on a state**
416 **dental board, peer review, or quality of care review procedures; successful completion of**
417 **the National Board Dental ~~Dental~~ Therapy Examination, taken after initial licensure; or**
418 **test development for clinical dental therapy examinations. No more than 6 hours of credit**
419 **may be in these areas.**
420 **(4) At least three hours of continuing education must be related to medical emergencies**
421 **in a dental office. No more than two hours of Practice Management and Patient Relations**
422 **may be counted toward the C.E. requirement in any renewal period.**
423 **(5) At least two (2) hours of continuing education must be related to infection control.**
424 **(6) At least two (2) hours of continuing education must be related to cultural competency.**
425 **(7) At least two (2) hours of continuing education must be related to pain management**
426

427 **818-021-0080 Renewal of License**
428 Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of
429 license to the last mailing address on file in the Board's records to every person holding a cur-
430 rent license. The licensee must return the completed renewal application along with current re-
431 newal fees prior to the 9 - Div. 21 expiration of said license. Licensees who fail to renew their
432 license prior to the expiration date may not practice dentistry**, dental therapy** or dental hygiene
433 until the license is reinstated and are subject to the provisions of OAR 818-021-0085 "Reinstate-
434 ment of Expired Licenses."
435 (1) Each dentist shall submit the renewal fee and completed and signed renewal application
436 form by March 31 every other year. Dentists licensed in odd numbered years shall apply for re-
437 newal in odd numbered years and dentists licensed in even numbered years shall apply for re-
438 newal in even numbered years.
439 (2) Each hygienist must submit the renewal fee and completed and signed renewal application
440 form by September 30 every other year. Hygienists licensed in odd numbered years shall apply
441 for renewal in odd numbered years and hygienists licensed in even numbered years shall apply
442 for renewal in even numbered years.
443 (3) The renewal application shall contain:
444 (a) Licensee's full name;
445 (b) Licensee's mailing address;
446 (c) Licensees business address including street and number or if the licensee has no business
447 address, licensee's home address including street and number;
448 (d) Licensee's business telephone number or if the licensee has no business telephone number,
449 licensee's home telephone number;
450 (e) Licensee's employer or person with whom the licensee is on contract;
451 (f) Licensee's assumed business name;
452 (g) Licensee's type of practice or employment;
453 (h) A statement that the licensee has met the educational requirements for renewal set forth in
454 OAR 818-021-0060 or 818-021-0070;
455 (i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and

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

818-021-0085

Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist ~~or~~ , dental hygienist or dental therapist has expired, may apply for reinstatement under the following circumstances:

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

(a) Pay a penalty fee of $50;

(b) Pay the biennial renewal fee; and

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

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

(a) Pay a penalty fee of $100;

(b) Pay the biennial renewal fee; and

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

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

(a) Pay a penalty fee of $150;

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

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

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

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

(a) Pay a penalty fee of $250;

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

(c) Pay a reinstatement fee of $500;

(d) Pass the Board's Jurisprudence Examination;

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

(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and

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

(5) If a ~~dentist or dental hygienist~~ Licensee fails to renew or reinstate ~~her or his~~ their license within four years from expiration, the ~~dentist or dental hygienist~~ Licensee must apply for licensure under the current statute and rules of the Board.

818-021-0090

Retirement of License

(1) A ~~dentist or dental hygienist~~ Licensee who no longer practices in any jurisdiction may retire ~~her or his~~ their license by submitting a request to retire such license on a form provided by the Board.

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507 (2) A license that has been retired may be reinstated if the applicant:
508 (a) Pays a reinstatement fee of $500;
509 (b) Passes the Board’s Jurisprudence Examination;
510 (c) Passes any other qualifying examination as may be determined necessary by the Board af-
511 ter assessing the applicant’s professional background and credentials;
512 (d) Submits evidence of good standing from all states in which the applicant is currently li-
513 censed; and
514 (e) Submits a completed application for reinstatement provided by the Board including certifica-
515 tion of having completed continuing education credits as required by the Board during the period
516 the license was expired. The Board may request evidence of satisfactory completion of continu-
517 ing education courses.
518 (3) If the ~~dentist or dental hygienis~~t **Licensee** fails to reinstate ~~her or his~~ **their** license within
519 four years from retiring the license, the ~~dentist or dental hygienist~~ **Licensee** must apply for
520 licensure under the current statute and rules of the Board.
521
522 **818-021-0095**
523 **Resignation of License**
524 (1) The Board may allow a dentist ~~or~~ **,** dental hygienist **or dental therapist** who no longer prac-
525 tices in Oregon to resign ~~her or his~~ **their** license, unless the Board determines the license
526 should be revoked.
527 (2) Licenses that are resigned under this rule may not be reinstated.
528
529 **818-021-0110**
530 **Reinstatement Following Revocation**
531 (1) Any person whose license has been revoked for a reason other than failure to pay the an-
532 nual fee may petition the Board for reinstatement after five years from the date of revocation.
533 (2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that rein-
534 statement of the license will not be detrimental to the health or welfare of the public, the Board
535 may allow the petitioner to retake the Board examination.
536 (3) If the license was revoked for unacceptable patient care, the petitioner shall provide the
537 Board with satisfactory evidence that the petitioner has completed a course of study sufficient to
538 remedy the petitioner’s deficiencies in the practice of dentistry**, dental therapy** or dental hy-
539 giene.
540 (4) If the petitioner passes the Board examination, the Board may reinstate the license, place
541 the petitioner on probation for not less than two years, and impose appropriate conditions of
542 probation.
543
544 **818-026-0055**
545 **Dental Hygiene, ~~Dental Therapy~~ and Dental Assistant Procedures Performed Under Ni-**
546 **trous Oxide or Minimal Sedation**
547 (1) Under indirect supervision, dental hygiene ~~and dental therapy~~ procedures may be per-
548 formed for a patient who is under nitrous oxide or minimal sedation under the following condi-
549 tions:
550 (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthe-
551 sia Permit administers the sedative agents;
552 (b) The permit holder, or an anesthesia monitor, monitors the patient; or
553 (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a pa-
554 tient and then performs authorized procedures on the patient, an anesthesia monitor is not re-
555 quired to be present during the time the patient is sedated unless the permit holder leaves the
556 patient.

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(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).

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.

Division 38

DENTAL THERAPY

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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

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.

818-038-0020

Prohibited Acts

A dental therapist may not:

(1) Administer Nitrous Oxide

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

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659 (3) Prescribe any drugs
660 (4) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over
661 Mouth Airway Restriction (HOMAR) on any patient or use of protective stabilization as
662 defined by the current American Academy of Pediatric Dentistry Reference Manual
663 (5) Perform any dental therapy procedure unless it is documented in the collaborative
664 agreement and rendered under appropriate Oregon Licensed Dentist supervision.
665 (6) Operate a hard or soft tissue Laser
666 (7) Treat a patient under moderate, deep or general anesthesia unless they are under di-
667 rect supervision by the licensed dentist with a current collaborative agreement. The su-
668 pervising dentist may not be acting as the anesthesiologist or anesthesia monitor.
669 (8) Correct or attempt to correct the malposition or malocclusion of teeth except as pro-
670 vided by OAR 818-042-XXX
671 (9) Perform intraossious or intrapulpal injections.
672 (10) Place sutures
673 (11) Perform non vital pulp therapy such as pulpectomies on primary or permanent teeth.
674 (12) Order a computerized tomography scan
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677
678
679
680 818-038-0050
681 Record Keeping
682 (1) A dental therapist shall annually submit a signed copy of their collaborative agree-
683 ment (s) to the Oregon Board of Dentistry. If the collaborative agreement(s) are revised in
684 between annual submissions, a signed and dated copy of the revised collaborative
685 agreement(s) must be submitted to the board as soon as practicable after the revision is
686 made.
687 (2) The annual submission of the collaborative agreement shall coincide with the license
688 renewal period between August 1 and September 30 each year.
689 (3) A dental therapist shall purchase and maintain liability insurance as determined suffi-
690 cient by the board.
691
692
693 818-038-XXXX
694 Collaborative Agreements
695 (1) A dentist may supervise and enter into a collaborative agreement with no more
696 than three dental therapists at any one time
697 (2) A dental therapist may enter into a collaborative agreement with more than one
698 dentist if each collaborative agreement includes the same supervision and re-
699 quirements of scope of practice.
700 (3) The collaborative agreement must include at least the following information:
701 (a) The level of supervision required for each procedure performed by the dental
702 therapist;
703 (b) Circumstances under which the prior knowledge and consent of the dentist is
704 required to allow the dental therapist to provide a certain service or perform a cer-
705 tain procedure;
706 (c) The practice settings in which the dental therapist may provide care;
707 (d) Any limitation on the care the dental therapist may provide;
708 (e) Patient age-specific and procedure-specific practice protocols, including case
709 selection criteria, assessment guidelines and imaging frequency;

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710 (f) Procedures for creating and maintaining dental records for patients treated by
711 the dental therapist;
712 (g) Guidelines for the management of medical emergencies in each of the practice
713 settings in which the dental therapist provides care;
714 (h) A quality assurance plan for monitoring care provided by the dental therapist,
715 including chart review, patient care review and referral follow-up;
716 (i) Protocols for the dispensation and administration of drugs by the dental thera-
717 pist, including circumstances under which the dental therapist may dispense and
718 administer drugs;
719 (j) Criteria for the provision of care to patients with specific medical conditions or
720 complex medical histories, including any requirements for consultation with the
721 dentist prior to the provision of care; and
722 (k) Protocols for when a patient requires treatment outside the dental therapist's
723 scope of practice, including for referral of the patient for evaluation and treatment
724 by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner
725 licensed under ORS 678.375 to 678.390 or other licensed health care provider.
726 2) (a) In addition to the information described in subsection (3) of this section, a col-
727 laborative agreement must include a provision that requires the dental therapist to
728 consult with a dentist if the dental therapist intends to perform an irreversible sur-
729 gical procedure under general supervision on a patient who has a severe systemic
730 disease. Severe systemic disease is defined as ASA III.
731
732
733

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DIVISION 42
DENTAL ASSISTING

818-042-0010
Definitions

(1) “Dental Assistant” means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, **dental therapist**, dental technician or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.
(2) “Expanded Function Dental Assistant” means a dental assistant certified by the Board to perform expanded function duties.
(3) “Expanded Function Orthodontic Assistant” means a dental assistant certified by the Board to perform expanded orthodontic function duties.
(4) “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.
(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) “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.

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 no more than two dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services and a dentist has authorized it.
(4) The supervising dentist ~~or~~ **,** dental hygienist **or dental therapist** is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.
~~(4)~~ **(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.

818-042-0030
Infection Control

The supervising dentist **and dental therapist** shall be responsible for assuring that dental assistants are trained in infection control, bloodborne pathogens and universal precautions, exposure control, personal protective equipment, infectious waste disposal, Hepatitis B and C and post exposure follow-up.

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784 **818-042-0040**
785 **Prohibited Acts**
786 No licensee may authorize any dental assistant to perform the following acts:
787 (1) Diagnose or plan treatment.
788 (2) Cut hard or soft tissue.
789 (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090)
790 or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR
791 818-042-0095 or Expanded Preventive Duty OAR 818-042-0113 and OAR 818-042-0114 or Ex-
792 panded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
793 (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by
794 OAR 818-042-0100.
795 (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other struc-
796 ture while it is in the patient's mouth.
797 (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the coun-
798 ter medications per package instructions or drugs administered pursuant to OAR 818-026-
799 0050(5)(a), OAR 818-026-0060(11), OAR 818-026-0065(11), OAR 818-026-0070(11) and
800 as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
801 (7) Prescribe any drug.
802 (8) Place periodontal packs.
803 (9) Start nitrous oxide.
804 (10) Remove stains or deposits except as provided in OAR 818-042-0070.
805 (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
806 (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece in-
807 tra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlu-
808 sion, contouring, and polishing restorations on the tooth or teeth that are being restored.
809 (13) Use lasers, except laser-curing lights.
810 (14) Use air abrasion or air polishing.
811 (15) Remove teeth or parts of tooth structure.
812 (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets,
813 retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-
814 0100.
815 (17) Condense and carve permanent restorative material except as provided in OAR 818-042-
816 0095.
817 (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-
818 0090.
819 (19) Apply denture relines except as provided in OAR 818-042-0090(2).
820 (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency is-
821 sued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking
822 a course of instruction approved by the Oregon Health Authority, Oregon Public Health Divi-
823 sion, Office of Environmental Public Health, Radiation Protection Services, or the Oregon
824 Board of Dentistry.
825 (21) Use the behavior management techniques known as Hand
826 Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
827 (22) Perform periodontal probing.
828 (23) Place or remove healing caps or healing abutments, except under direct supervision.
829 (24) Place implant impression copings, except under direct supervision.
830 (25) Any act in violation of Board statute or rules.
831
832 **818-038-XXXX**
833 **Scope of Practice**

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834 (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agree-
835 ment, the following procedures under the general supervision of the dentist:
836 (a) Identification of conditions requiring evaluation, diagnosis or treatment by a
837 dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed
838 under ORS 678.375 to 678.390 or other licensed health care provider;
839 (b) Comprehensive charting of the oral cavity;
840 (c) Oral health instruction and disease prevention education, including nutritional
841 counseling and dietary analysis;
842 (d) Exposing and evaluation of radiographic images;
843 (e) Dental prophylaxis, including subgingival scaling and polishing procedures;
844 (f) Application of topical preventive or prophylactic agents, including fluoride var-
845 nishes and pit and fissure sealants;
846 (g) Administering local anesthetic, except intra osseous and intrapulpal
847 delivery.
848 (h) Pulp vitality testing;
849 (i) Application of desensitizing medication or resin;
850 (j) Fabrication of athletic mouth guards;
851 (k) Changing of periodontal dressings;
852 (L) Simple extractions of erupted primary anterior teeth and coronal remnants of
853 any
854 primary teeth;
855 (m) Emergency palliative treatment of dental pain;
856 (n) Preparation and placement of direct restoration in primary and permanent
857 teeth;
858 (o) Fabrication and placement of single-tooth temporary crowns;
859 (p) Preparation and placement of preformed crowns on primary teeth;
860 (q) Indirect pulp capping on permanent teeth;
861 (r) Indirect pulp capping on primary teeth;
862 (s) Suture removal;
863 (t) Minor adjustments and repairs of removable prosthetic devices;
864 (u) Atraumatic restorative therapy and interim restorative therapy;
865 (v) Oral examination, evaluation and diagnosis of conditions within the scope of
866 practice of the dental therapist and with the supervising dentist's authorization;
867 (w) Removal of space maintainers;
868 (x) The dispensation and oral or topical administration of:
869 (A) Nonnarcotic analgesics;
870 (B) Anti-inflammatories; and
871 (C) Antibiotics;
872 (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agree-
873 ment, the following procedures under the indirect supervision of the dentist:
874 (a) Placement of temporary restorations;
875 (b) Fabrication of soft occlusal guards;
876 (c) Tissue reconditioning and soft reline;
877 (d) Tooth reimplantation and stabilization;
878 (e) Recementing of permanent crowns;
879 (f) Pulpotomies on primary teeth;
880 (g) Simple extractions of:
881 (A) Erupted posterior primary teeth; and
882 (B) Permanent teeth that have horizontal movement of greater than two mil-
883 limeters or vertical movement and that have at least 50 percent periodontal bone
884 loss;

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885 (h) Brush biopsies; and
886 (i) Direct pulp capping on permanent teeth.
887 (3) The supervising dentist described in subsection XXX shall review all procedures and
888 related charting completed under indirect supervision performed by the dental therapist
889 (4) A dental therapist may only perform the procedures listed in section 2 so long as the
890 procedures are included in the education program described in section xxx, or the dental
891 therapist has received additional training in the procedure through a course approved by
892 the Board of dentistry.
893
894
895
896 **818-042-0050**
897 **Taking of X-Rays — Exposing Radiographic Images**
898 (1) A ~~dentist~~ Licensee may authorize the following persons to place films/sensors, adjust equip-
899 ment preparatory to exposing films/sensors, and expose the films and create the images under
900 general supervision:
901 (a) A dental assistant certified by the Board in radiologic proficiency; or
902 (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified
903 by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board
904 approved dental radiology course.
905 (2) A dentist or dental hygienist may authorize a dental assistant who has completed a course
906 of instruction approved by the Oregon Board of Dentistry, and who has passed the written
907 Dental Radiation Health and Safety Examination administered by the Dental Assisting Na-
908 tional Board, or comparable exam administered by any other testing entity authorized by the
909 Board, or other comparable requirements approved by the Oregon Board of Dentistry to place
910 films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films
911 and create the images under the indirect supervision of a dentist, dental hygienist, or dental
912 assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must
913 submit within six months, certification by an Oregon licensed dentist ~~or~~ ,dental hygienist or
914 dental therapist that the assistant is proficient to take radiographic images.
915 (3) A dental therapist may not order a computerized tomography scan
916
917 818-012-0040 Infection Control
918 A dental therapist is responsible for meeting all requirements under 818-012-0040
919

Re: Board of Dentistry - New Dental Therapy Rules Oversight Committee

SHELI PARKISON <skparkison@msn.com>
Fri 9/3/2021 1:38 PM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>

Dear Stephen Prisby,

I am writing again about HB2528, dental therapy. I had reached out to Advantage Dental to get their thoughts about hiring dental therapists and I received an email from Gary W. Allen, DMD, MS. Here is a portion of his email;

Unfortunately, during the legislative process, several concessions had to be made in scope, supervision and education requirements to gain passage of the legislation. One of the concessions the Oregon Dental Association insisted on was that out of state applicants must have graduated from a Commission on Dental Accreditation (CODA) program. In-state applicants that completed an approved pilot program will be grandfathered and eligible for licensure. There are two approved pilot programs in Oregon, one sponsored by Pacific University and one sponsored by Oregon Tribes… Because of the limitations on licensure, we anticipate the employment of dental therapists in Oregon to be a slow process until more out of state programs achieve CODA accreditation

I would hope the dental therapy Rule committee would not write a rule that would exclude a dental therapist applicant from licensure solely because the applicant is from another state and/or has graduated from a Master of Science level dental therapy educational program prior to the Commission on Dental Accreditation even agreeing to create and adopt recommendations for educational programs.

It seems to me if an applicant has graduated from a dental therapy educational program that has been approved by a State Dental Board prior to CODA, should be eligible for licensure if the applicant can show the Oregon Dental Board proof of:

Graduating from a dental therapy educational program

Passing a dental competency assessment examination

Holds an active dental therapy license in good standing in another state

Holds an active dental hygiene license in good standing in another state or graduated from a dental therapy educational program with a curriculum that supports and to be competent in dental prophylaxis to include sub-gingival scaling and root planning and polishing procedures.

Holds a current CPR for health care providers

Pass Oregon Jurisprudence exam

Pays licensing fees

I don't know how or even if this could be submitted to the dental therapy rule making committee.

Thank you for your help in this matter.

Sheli Parkison, DT, RDH

C 541-499-9734

H 651-731-5268

From: PRISBY Stephen *OBD <Stephen.PRISBY@oregonden stry.org>
Sent: Friday, August 27, 2021 3:15 PM

Attachment #4

Cc: PRISBY Stephen *OBD <Stephen.PRISBY@oregonden stry.org>
Subject: Board of Den stry - New Dental Therapy Rules Oversight Commi ee

Thank you for your interest in participating in rulemaking related to dental therapy and the provisions of HB 2528.
At this time, the membership of the Dental Therapy Rules Oversight Committee only to be decided is for the three (3) representatives from the dental therapy community.

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 other committee members are already set. The 3 reps from our Board, the 3 reps from the professional associations and the OHA Dental Director.

The size of the Committee is limited so that the work of this Committee would not get bogged down or unduly delayed. As you saw from the 2021 Legislative Session, HB 2528 went through a bumpy & sometime contentious legislative session to become law. It also allowed a wide spectrum of people to share their opinions on the bill before it was approved by the legislature and the Governor.

Any interested person will have the ability to submit feedback and comment on any rules even if they are not on this Committee. Also, before the Board votes to make any new or amended rules: we must hold a public rulemaking hearing and allow feedback on the rules. It is the Board's intention to welcome and encourage public comment on dental therapy rules before enacting them.

I am tracking all the interest received to be on this committee and will continue to do so over the next week or so. We hope to identify the three members from the dental therapy community before Labor Day. I have already noted your interest, since you are receiving this email.

The Dental Therapy Rules Oversight Committee Meetings will be virtual meetings, and more than likely occur in the evenings in the 5/6 pm - 7/8 pm timeframe. The first meeting date has not been identified. The earliest date would be in late September.

Thank you and please reach out to me if you have any questions.

Sincerely,

Stephen

Stephen Prisby
Execu ve Director
Oregon Board of Den stry
1500 SW 1st Ave., Suite #770
Portland, Or 97201
p 971-673-3200
f 971-673-3202
www.Oregon.gov/Dentistry

Your opinion ma ers. Please complete our Customer Sa sfac on Survey at
h ps://www.surveymonkey.com/r/OBDSurveyLink

"The Mission of the Oregon Board of Den stry is to promote high quality oral health care in the State of Oregon by equitably regula ng dental professionals."

Attachment #4

Data Security Level 1
This e-mail is intended for the named recipient only and may not be read, copied, discussed or distributed by anyone except the named recipient. The named recipient is responsible for the confiden ality of the message. Please no fy the sender should this fail to transmit correctly. Please destroy incorrectly transmi ed documents immediately.

Please consider the environment before printing this e-mail

Attachment #4

***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

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
October 22, 2021

Board and Staff Updates

The OBD Staff continue to show up at our downtown Portland Office and work in person. They have all been designated as "Essential Employees" since March of 2020. They all have persevered through personal issues and I am very proud of the work they do. We all hope the most challenging period of this pandemic is behind us now.

We are still trying to fill our open Office Specialist position after an unsuccessful recruitment. It reposted on October 4 and we will review candidates later in the month. In the meantime, we are trying to bring on a temporary employee but even that is a challenge in this current employment environment.

OBD Budget Status Report

Attached is the first budget report for the 2021 – 2023 Biennium. This report, which is from July 1, 2021 through August 31, 2021 shows revenue of $274,010.70 and expenditures of $218,057.26.
Attachment #1

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2021 – September 30, 2021. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #2**

Dental Hygiene License Renewal

The renewal period started on July 26th and ended September 30th. Dental Hygienists sent renewal notices in 2021: 2163
Renewed: 1884
Retired: 39
Expired: 238
Resigned: 0
Deceased: 2

FY 2021 Annual Performance Progress Report

Attached is the OBD's FY 2021 Annual Performance Progress Report which was submitted to the Legislative Fiscal Office. Most state agencies are required to complete this report annually.
Attachment #3

Diversity, Equity & Inclusion Conference

All OBD Staff were encouraged and invited to attend the 2021 Diversity, Equity & Inclusion Conference held September 13 - 17, 2021. The conference was held virtually via Zoom. Participants had the opportunity to learn and explore from top presenters on a variety of topics.
Attachment #4

AADA & AADB Virtual Annual Meetings

The American Association of Dental Administrators (AADA) annual meeting is scheduled for October 29, 2021. The American Association of Dental Boards (AADB) annual meeting is scheduled for October 30 & 31, 2021. **Attachment #5**

NPDB - State Licensing Board Compliance Results
Compliance reviews include professions that hospitals and other health care organizations identify most often in queries (physicians, dentists, dental hygienists, nurses, physician assistants, and social workers). Additional professions selected at random, are also included in the compliance review. All regulated health care professions are subject to review at the discretion of HRSA. State licensing boards participate in a compliance review and complete attestation every 2 years. Attestation requires state licensing and certification boards to review and verify that they are meeting all NPDB reporting requirements. All state licensing boards in the U.S. and its territories renew their registration every 2 years and attest to their compliance with NPDB reporting requirements. Federal law requires state licensing boards to report certain adverse actions within 30 days of the date the action was taken. **Attachment #6**

OBD Strategic Planning
The OBD will undertake strategic planning later today on Oct 22 at this board meeting and tomorrow Oct 23 for a full work day. We are doing the work to replace our 2017-2020 Plan which previously replaced the strategic plan from 2007. I appreciate the OBD Board and staff making time in your busy schedules to undertake this important work.

Newsletter
The OBD Staff is working on the next Newsletter for distribution later this year in December.

Appn Year 2023

BOARD OF DENTISTRY
Fund 3400 BOARD OF DENTISTRY
For the Month of AUGUST 2021

REVENUES

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
0205	OTHER BUSINESS LICENSES	51,120.00	213,515.00	264,635.00	3,100,001.00	2,835,366.00
0975	OTHER REVENUE	534.00	1,063.91	1,597.91	13,999.00	12,401.09
0605	INTEREST AND INVESTMENTS	790.63	736.16	1,526.79	60,000.00	58,473.21
0210	OTHER NONBUSINESS LICENSES AND FEES	1,500.00	1,150.00	2,650.00	10,000.00	7,350.00
0410	CHARGES FOR SERVICES	228.00	2,373.00	2,601.00	18,000.00	15,399.00
0505	FINES AND FORFEITS	1,000.00	0.00	1,000.00	250,000.00	249,000.00
		55,172.63	**218,838.07**	**274,010.70**	**3,452,000.00**	**3,177,989.30**

TRANSFER OUT

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	0.00	0.00	226,800.00	226,800.00
		0.00	**0.00**	**0.00**	**226,800.00**	**226,800.00**

PERSONAL SERVICES

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
3110	CLASS/UNCLASS SALARY & PER DIEM	50,731.48	58,557.15	109,288.63	1,327,438.00	1,218,149.37
3221	PENSION BOND CONTRIBUTION	2,308.85	2,308.72	4,617.57	79,458.00	74,840.43
3160	TEMPORARY APPOINTMENTS	0.00	0.00	0.00	4,400.00	4,400.00
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	7,606.87	7,606.46	15,213.33	220,730.00	205,516.67
3250	WORKERS' COMPENSATION ASSESSMENT	12.31	12.70	25.01	368.00	342.99
3230	SOCIAL SECURITY TAX	3,846.51	4,466.10	8,312.61	104,164.00	95,851.39
3210	ERB ASSESSMENT	14.40	14.40	28.80	464.00	435.20
3260	MASS TRANSIT	304.38	319.33	623.71	8,268.00	7,644.29
3190	ALL OTHER DIFFERENTIAL	0.00	0.00	0.00	39,836.00	39,836.00
3270	FLEXIBLE BENEFITS	8,993.54	8,990.59	17,984.13	305,856.00	287,871.87
3170	OVERTIME PAYMENTS	0.00	103.13	103.13	6,400.00	6,296.87
		73,818.34	**82,378.58**	**156,196.92**	**2,097,382.00**	**1,941,185.08**

SERVICES and SUPPLIES

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
4400	DUES AND SUBSCRIPTIONS	4,030.99	20.99	4,051.98	10,874.00	6,822.02
4150	EMPLOYEE TRAINING	2,325.00	0.00	2,325.00	56,553.00	54,228.00
4225	STATE GOVERNMENT SERVICE CHARGES	57.10	338.95	396.05	73,273.00	72,876.95
4100	INSTATE TRAVEL	0.00	3,055.10	3,055.10	52,968.00	49,912.90
4125	OUT-OF-STATE TRAVEL	0.00	0.00	0.00	7,888.00	7,888.00

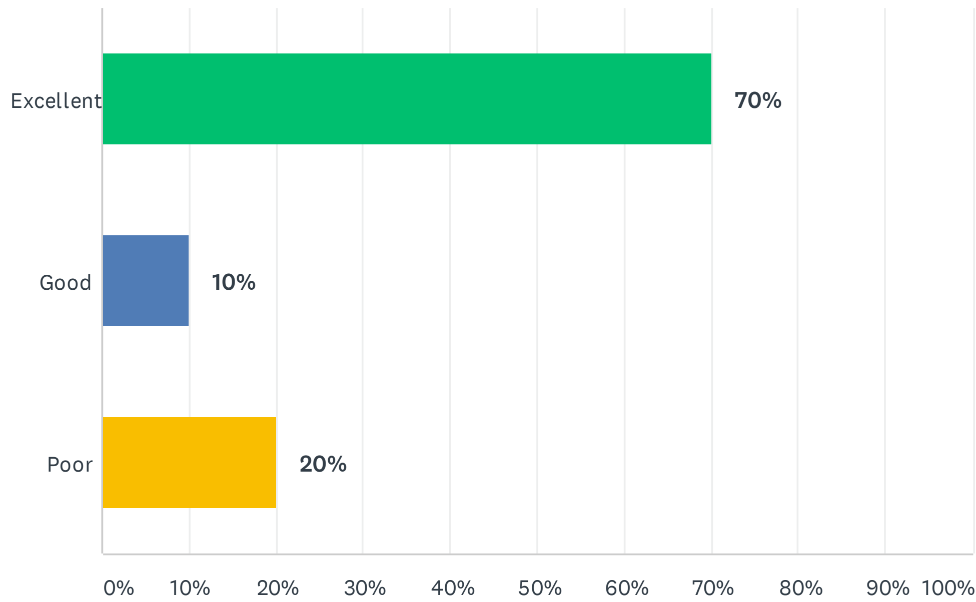
Attachment #1

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
4650	OTHER SERVICES AND SUPPLIES	1,840.77	3,659.66	5,500.43	95,453.00	89,952.57
4175	OFFICE EXPENSES	1,868.76	9,472.35	11,341.11	95,153.00	83,811.89
4200	TELECOMM/TECH SVC AND SUPPLIES	1,145.05	577.47	1,722.52	25,997.00	24,274.48
4300	PROFESSIONAL SERVICES	8,684.98	7,760.00	16,444.98	270,498.00	254,053.02
4715	IT EXPENDABLE PROPERTY	0.00	0.00	0.00	24,492.00	24,492.00
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	0.00	735.00	735.00
4475	FACILITIES MAINTENANCE	0.00	0.00	0.00	608.00	608.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	0.00	521.85	521.85	107,494.00	106,972.15
4700	EXPENDABLE PROPERTY $250-$5000	0.00	0.00	0.00	6,087.00	6,087.00
4250	DATA PROCESSING	25.00	25.00	50.00	186,234.00	186,184.00
4325	ATTORNEY GENERAL LEGAL FEES	0.00	0.00	0.00	306,725.00	306,725.00
4425	LEASE PAYMENTS & TAXES	8,222.16	8,222.16	16,444.32	186,798.00	170,353.68
4315	IT PROFESSIONAL SERVICES	0.00	0.00	0.00	148,013.00	148,013.00
4275	PUBLICITY & PUBLICATIONS	0.00	7.00	7.00	15,494.00	15,487.00
		28,199.81	**33,660.53**	**61,860.34**	**1,671,337.00**	**1,609,476.66**

		3400		
		Monthly Activity	Biennium Activity	Financial Plan
REVENUES	REVENUE	218,838.07	274,010.7	3,452,000.00
	Total	218,838.07	274,010.7	3,452,000.00
EXPENDITURES	PERSONAL SERVICES	82,378.58	156,196.92	2,097,382.00
	SERVICES AND SUPPLIES	33,660.53	61,860.34	1,671,337.00
	Total	116,039.11	218,057.26	3,768,719.00
TRANSFER OUT	TRANSFER OUT	0	0	226,800.00
	Total	0	0	226,800.00

Q1 How would you rate the timeliness of services provided by the Oregon Board of Dentistry?

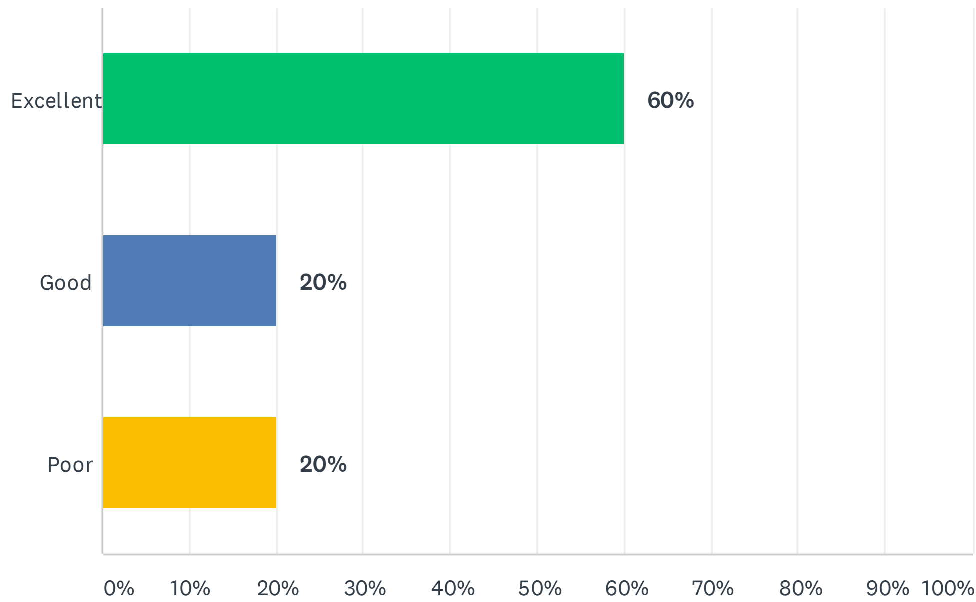
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	70%	7
Good	10%	1
Poor	20%	2
TOTAL		10

Q2 How do you rate the ability of the Oregon Board of Dentistry to provide services correctly the first time?

Answered: 10 Skipped: 0

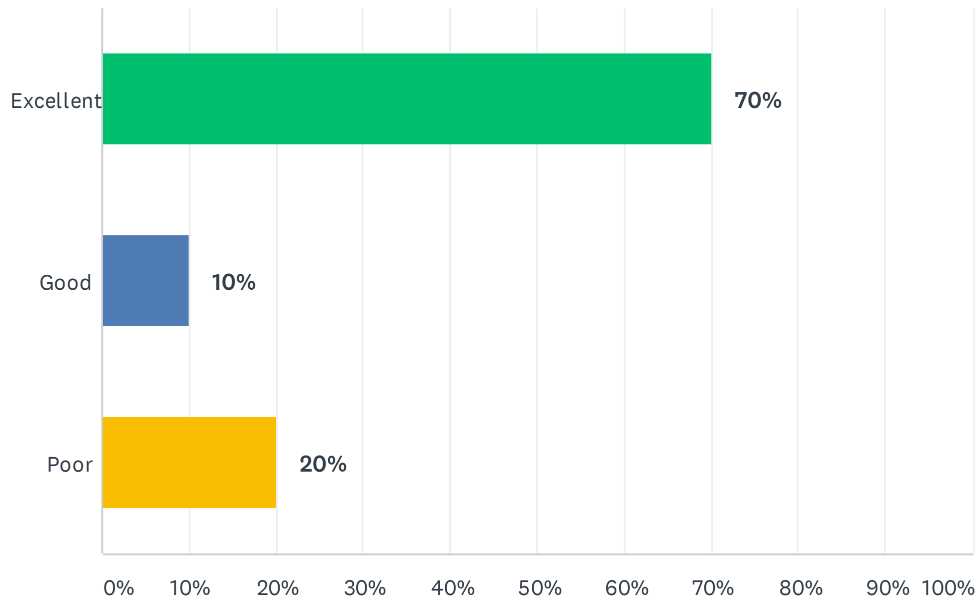


ANSWER CHOICES	RESPONSES	
Excellent	60%	6
Good	20%	2
Poor	20%	2
TOTAL		10

Attachment #2

Q3 How do you rate the helpfulness of the Oregon Board of Dentistry employees?

Answered: 10 Skipped: 0

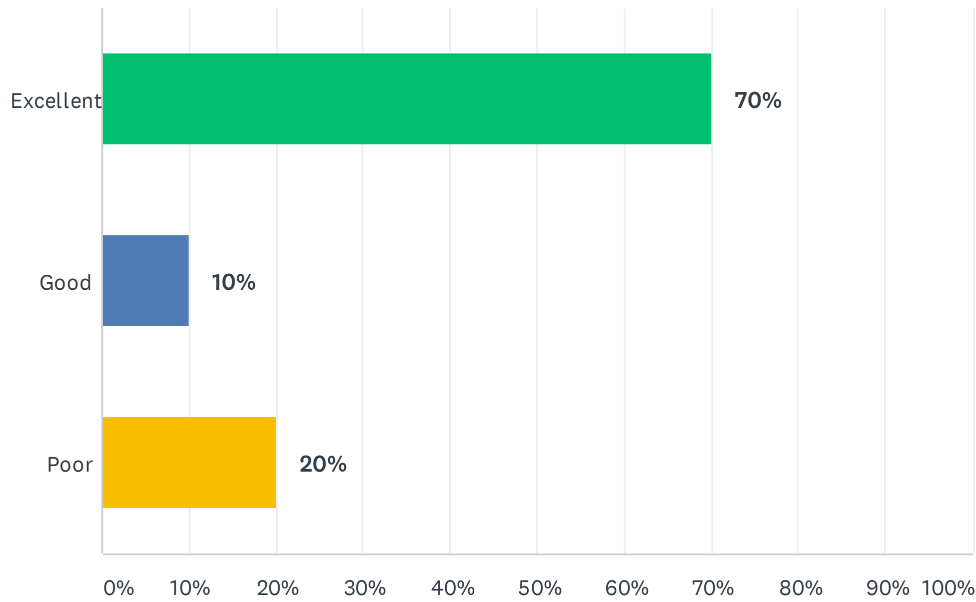


ANSWER CHOICES	RESPONSES	
Excellent	70%	7
Good	10%	1
Poor	20%	2
TOTAL		10

Attachment #2

Q4 How do you rate the knowledge and expertise of the Oregon Board of Dentistry employees?

Answered: 10 Skipped: 0

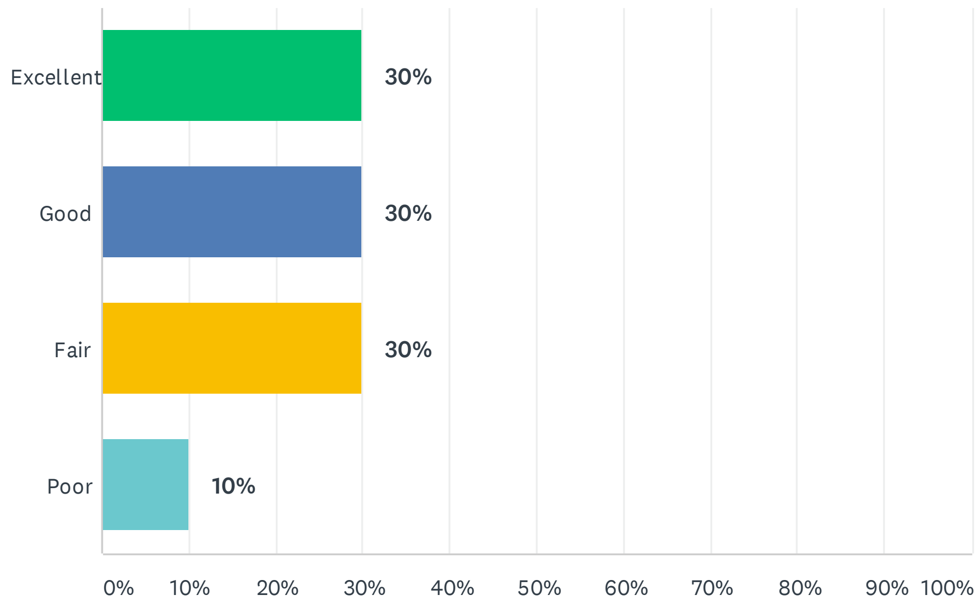


ANSWER CHOICES	RESPONSES	
Excellent	70%	7
Good	10%	1
Poor	20%	2
TOTAL		10

Attachment #2

Q5 How do you rate the availability of information at the Oregon Board of Dentistry?

Answered: 10 Skipped: 0

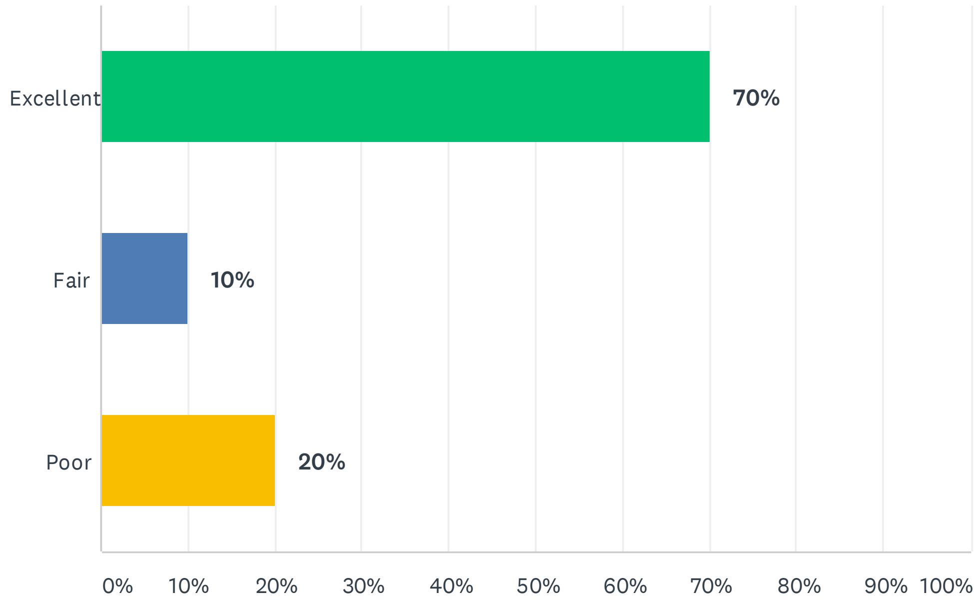


ANSWER CHOICES	RESPONSES	
Excellent	30%	3
Good	30%	3
Fair	30%	3
Poor	10%	1
TOTAL		10

Attachment #2

Q6 How do you rate the overall quality of service provided by the Oregon Board of Dentistry?

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	70%	7
Fair	10%	1
Poor	20%	2
TOTAL		10

Dentistry, Board of

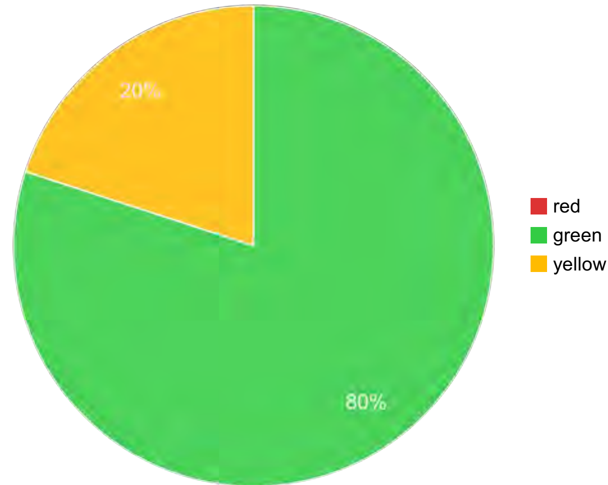
Annual Performance Progress Report

Reporting Year 2021

Published: 9/30/2021 7:59:24 AM

Attachment #3

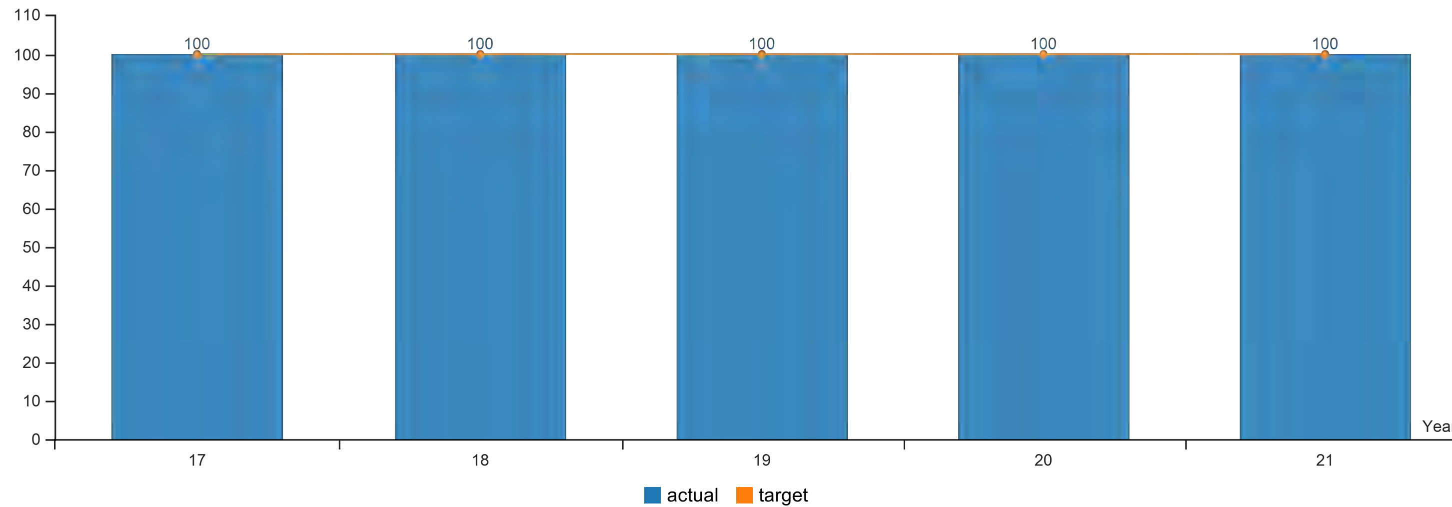
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	80%	20%	0%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Percent of Licensees in Compliance with Continuing Education Requirements					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

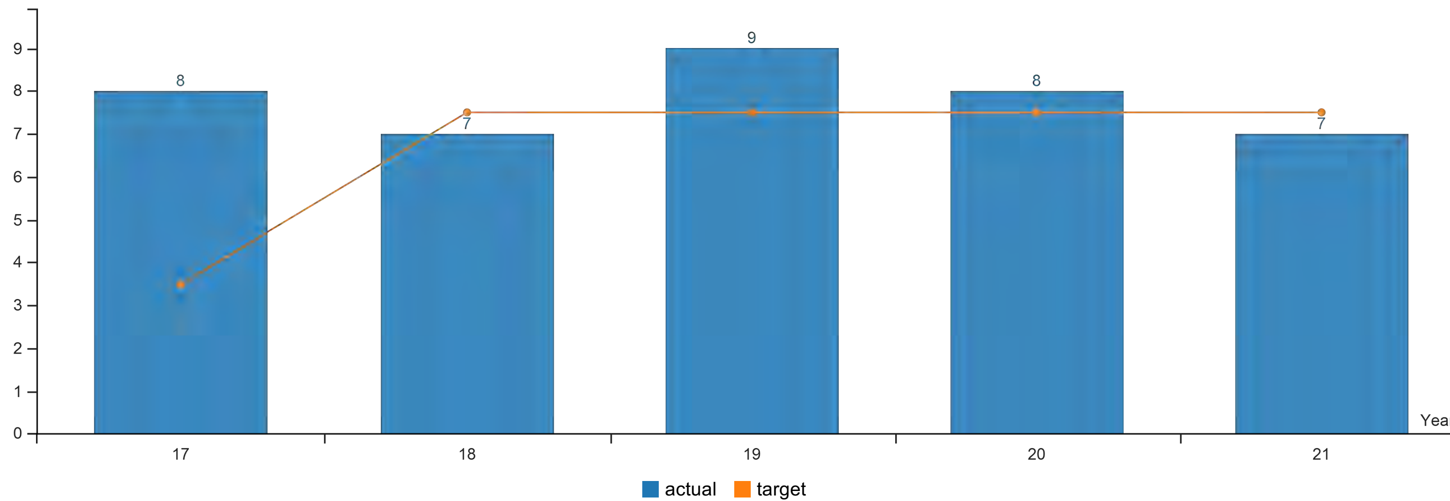
For FY 2021 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's strategy is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure period. We monitor their compliance with questions on their license renewal forms and we audit approximately 15% of all licensees per renewal cycle. Staff follows up with licensees to ensure all requirements are met.

Factors Affecting Results

Experienced staff work with our Licensees to communicate the requirements to be in compliance.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = negative result*



Report Year	2017	2018	2019	2020	2021
Average time to Investigate Complaints					
Actual	8	7	9	8	7
Target	3.50	7.50	7.50	7.50	7.50

How Are We Doing

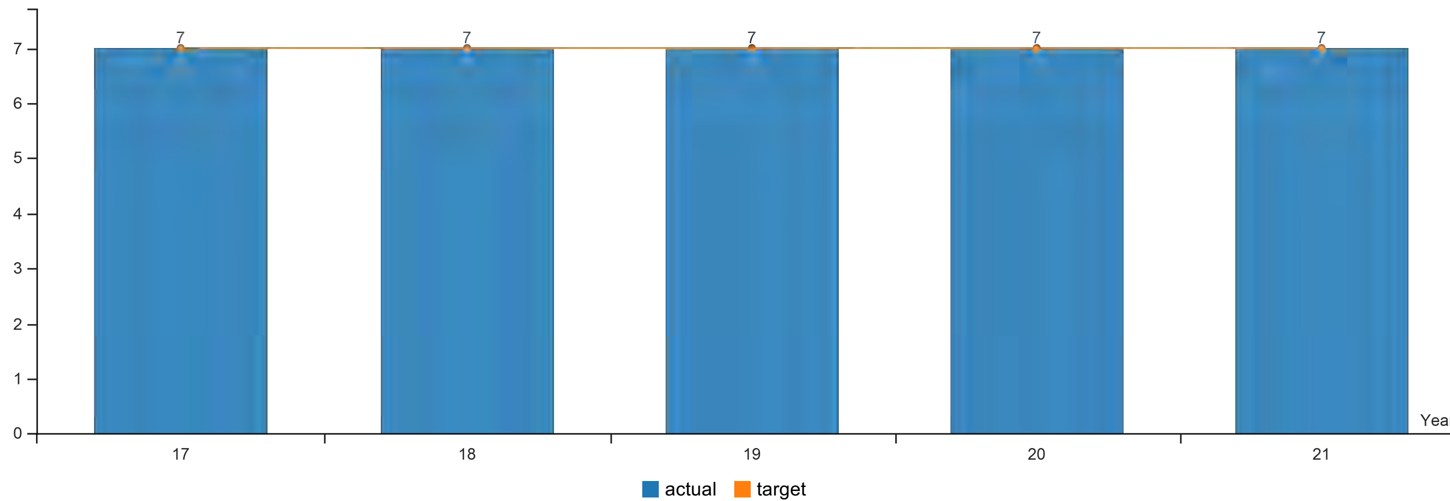
For FY 2021 we accomplished this goal. The investigators worked hard to close the cases and the Board meetings remained on schedule in spite of the pandemic. Due to the pandemic and the closure of dental offices for a period of time, the number of new cases dropped from the prior 12 month period. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses of all involved and their cooperation as well.

Factors Affecting Results

The total number of investigations opened in FY 2021 was 195, compared to 216 in FY 2020. The number of cases closed in FY 2021 was 205, compared to 286 in FY 2020. The case backlog has effectively ended and all new cases are opened and investigated in a timely manner.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	**2017**	**2018**	**2019**	**2020**	**2021**
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

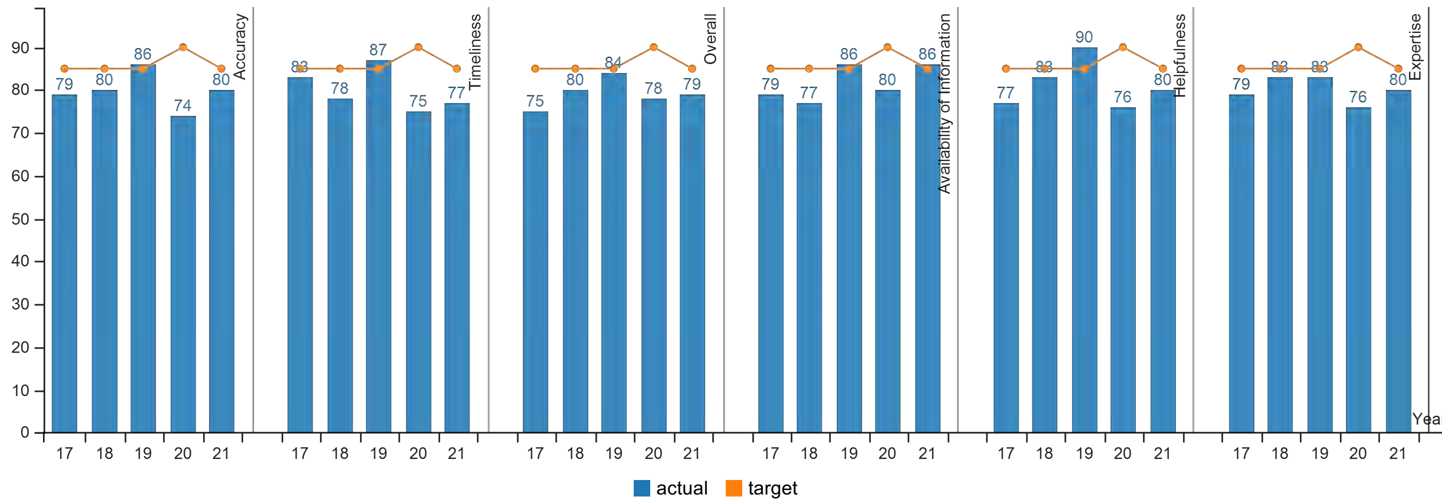
How Are We Doing

For FY 2021 we accomplished this goal. Altthough there were delays due to the pandemic and other agenices and entities working remotely. OBD Staff never did switch to remote work. OBD Staff continued to work in the downtown Portland office and were all designated "essential personnel" back in March 2020 and remain so at the time of this report. Once all requried documentation and paperwork is completed, then licenses were issued with minimal delay due to OBD Staff.

Factors Affecting Results

It is one of our priorities that applications and renewals be processed accurately and efficently. The delay in processing (not issuing) was due to a number of factors beyond OBD Staff control: US Postal Service delays, schools delaying classes and transmitting transcripts, testing agencies modifying tests and other issues due to the pandemic.

KPM #4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2017	2018	2019	2020	2021
Accuracy					
Actual	79%	80%	86%	74%	80%
Target	85%	85%	85%	90%	85%
Timeliness					
Actual	83%	78%	87%	75%	77%
Target	85%	85%	85%	90%	85%
Overall					
Actual	75%	80%	84%	78%	79%
Target	85%	85%	85%	90%	85%
Availability of Information					
Actual	79%	77%	86%	80%	86%
Target	85%	85%	85%	90%	85%
Helpfulness					
Actual	77%	83%	90%	76%	80%
Target	85%	85%	85%	90%	85%
Expertise					
Actual	79%	83%	83%	76%	80%
Target	85%	85%	85%	90%	85%

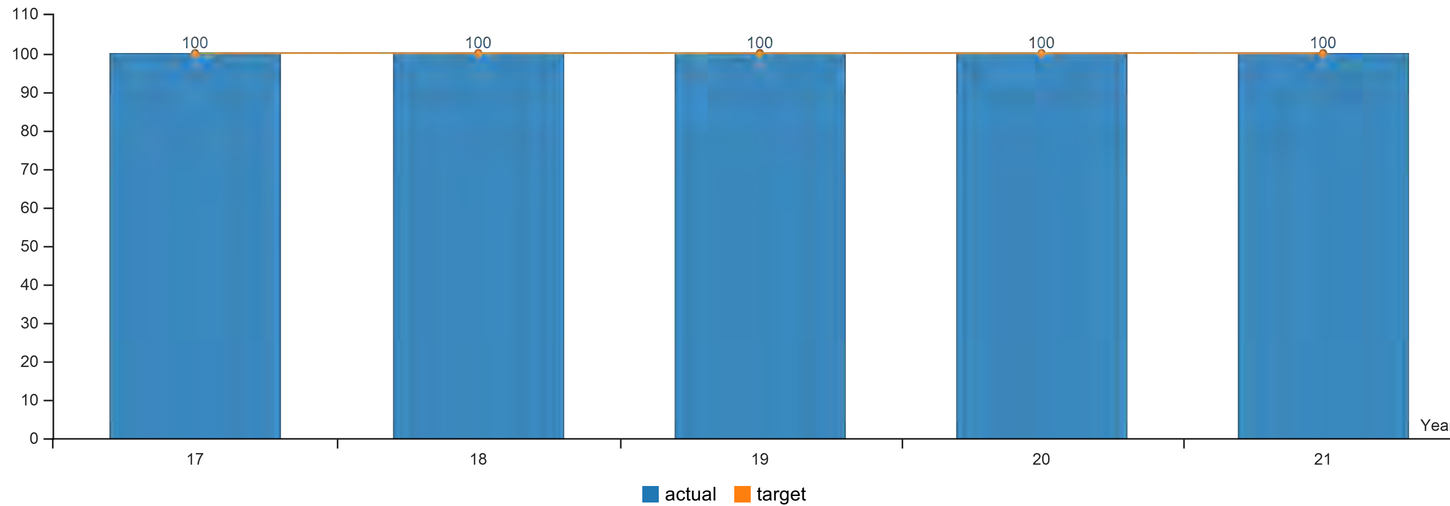
For FY 2021 we had better results overall than last year. In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board.

Factors Affecting Results

People choose to respond to surveys and we will continue to promote the survey and encourage feedback. We receive direct feedback outside the survey and it is good to know how the OBD's actions are impacting others and the information received is always useful.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2021 we accomplished this goal. Annually at the August Board Meeting the Board reviews these metrics and conducts the performance review of the Executive Director. The Board is in 100% compliance with Best Practices Performance Measurements for Governing Boards and Commissions.

Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices at its August 20, 2021 Board Meeting.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.	✓	
2. Executive Director receives annual performance feedback.	✓	
3. The agency's mission and high-level goals are current and applicable.	✓	
4. The Board reviews the Annual Performance Progress Report.	✓	
5. The Board is appropriately involved in review of agency's key communications.	✓	
6. The Board is appropriately involved in policy-making activities.	✓	
7. The agency's policy option budget packages are aligned with their mission and goals.	✓	
8. The Board reviews all proposed budgets.	✓	
9. The Board periodically reviews key financial information and audit findings.	✓	
10. The Board is appropriately accounting for resources.	✓	
11. The agency adheres to accounting rules and other relevant financial controls.	✓	
12. Board members act in accordance with their roles as public representatives.	✓	
13. The Board coordinates with others where responsibilities and interest overlap.	✓	
14. The Board members identify and attend appropriate training sessions.	✓	
15. The Board reviews its management practices to ensure best practices are utilized.	✓	
Total Number	15	
Percentage of total:	100%	

At the August 20, 2021 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.

Attendee Notebook

September 13-17

For more information visit:
oregon.gov/deiconference

Attachment #4

Table of Contents

Conference Schedule 3
Event Summary, Attendee Expectations, Reminders.................... 5
Breakdown of participants.. 5
Details regarding the structure of a virtual presentation 5
Virtual Conferencing Best Practices for Attendees...................... 6
ADA Accommodations.. 6
Community Agreement 7
Zoom Webinar Tutorials 8
Employee Resources...10
What, So What, Now What?...11
Thank You 13

Event Reminders & Tips

A er enrolling, you should have received a con rma on email from Workday Learning for the sessions you enrolled in with informa on regarding how to join the virtual event. Prior to the conference, we recommend reviewing your con rma on emails to ensure you've received all the informa on for your session. If you are unable to locate this informa on contact your Department's Workday Learning Administrator.

For the best virtual conference viewing experience possible:

- Power down or disconnect any devices not in use from your loca on's internet or wi .
- Close any applica ons or browser windows not in use on your viewing device.
- Make sure your viewing device is plugged in for best audio and video quality.
- Check your loca on's internet connec on.
- Visit http ://zoom.us/test to test out your set up to ensure no network or technical issues exist
- During the broadcast, the fastest way to contact the Conference Staff s to reach out through the conference's chat tool.

Conference Schedule

For more informa on about our program, please view the Speaker Bios and Session Details Notebook.

Block	Time	Session	Speaker
Monday, September 13			
Morning	8:30 - 9:00 a.m	**Conference Kickoff**	
Morning	9:00 - 10:30 a.m.	**Na ve American History & Culture of OR Tribes**	David Lewis
Morning	10:30 - 10:45 a.m.	*Break*	
Morning	10:45 - 11:45 a.m.	**Data Equity, Data for Black Lives**	Tawana "Honeycomb" Petty
Afternoon	1:00 - 1:15 p.m.	**Afternoon Session Kickoff**	
Afternoon	1:15 - 2:45 p.m.	**Trauma is a Universal Experience, But Healing Begins With(In) YOU!**	Dr. S. Renee Mitchell
Afternoon	2:45 - 3:00 p.m.	*Break*	
Afternoon	3:00 - 4:00 p.m.	**MMIW/MMIWG2S (Murdered & Missing Indigenous Women, Girls, & Two-Spirit)**	Luhui Whitebear
Evening	5:00 - 5:15 p.m.	**Evening Session Kickoff**	
Evening	5:15 - 6:15 p.m.	**History of Mental Health - Systems of Oppression and the psychiatric survivors' movement's ght for equality & self determina on.**	Michael Hlebechuk
Tuesday, September 14			
Morning	8:30 - 9:00 a.m.	**Daily Kickoff**	
Morning	9:00 - 10:00 a.m.	**How Social Unrest is Impac ng the Workplace**	Pia Wilson-Body & Sharon Brogdon
Morning	10:00 - 10:15 a.m.	*Break*	
Morning	10:15 - 11:15 a.m.	**Community Engagement & Equity During the COVID Response**	Dolly England
Afternoon	1:00 - 1:15 p.m.	**Afternoon Session Kickoff**	
Afternoon	1:15 - 2:15 p.m.	**History of Na ve Hawaiians in OR from pre-1800 to Present**	Kanani Miyamoto & Lehuauakea
Afternoon	2:15 - 2:30 p.m.	*Break*	
Afternoon	2:30 - 3:30 p.m.	**Rural LGBTQIA+ organizing in the Lower Columbia**	Tessa James Scheller
Evening	5:45 - 6:00 p.m.	**Evening Session Kickoff**	
Evening	6:00 - 7:30 p.m.	**Understanding Current Events through an Equity Lens (presenta on in Spanish)**	Gilda Montenegro-Fix
Graveyard	10:00 p.m. - 10:15 p.m.	**Session Kickoff**	
Graveyard	10:15 p.m - 12:15 a.m.	**Crea ng an An -Racist Organiza on**	Debbie Elias

Conference Schedule

For more informa on about our program, please view the Speaker Bios and Session Details Notebook.

Block	Time	Session	Speaker
Wednesday, September 15			
Early Morn	6:00 - 6:15 a.m.	**Session Kickoff**	
Early Morn	6:15 - 7:15 a.m.	**Centering Racial Equity Throughout Data Integra on**	Amy Hawn-Nelson
Morning	8:30 - 9:00 a.m.	**Daily Kickoff**	
Morning	9:00 - 11:00 a.m.	**Engaging Across Difference**	Sherry K. Watt
Afternoon	1:00 - 1:15 p.m.	**Afternoon Session Kickoff**	
Afternoon	1:15 - 2:45 p.m.	**Black Loggers - History and Contribu ons to Oregon**	Gwen Trice
Afternoon	2:45 - 3:00 p.m.	*Break*	
Afternoon	3:00 - 4:00 p.m.	**Understanding the Role "Nice White Ladies" Play in Systemic Racism and How We Can Divest from Harmful Systems**	Jessie Daniels
Evening	5:00 - 5:15 p.m.	**Evening Session Kickoff**	
Evening	5:15 - 6:15 p.m.	**Chinese and Chinese-Americans in Oregon from 1865 to Current Day**	Gloria Lee
Evening	6:15 - 6:30 p.m.	*Break*	
Evening	6:30 - 7:30 p.m.	**Equity Informed Restora ve Jus ce in Organiza ons & Ins tu ons**	Gabriele Ross
Yom Kippur Observance - *No graveyard sessions on September 15 and no sessions on September 16*			
Friday, September 17			
Morning	8:30 - 9:00 a.m.	**Daily Kickoff**	
Morning	9:00 - 10:00 a.m.	**A Case of Oregon State Diversity: Oregon Department of Human Services**	Department of Human Services - OEMS
Morning	10:15 a.m. - 12:15 p.m.	**How to Put Together and Sustain a DEI Commi ee**	Lillian Tsai
Afternoon	1:00 - 1:15 p.m.	**Afternoon Session Kickoff**	
Afternoon	1:15 - 2:45 p.m.	**Agency Affinity Across Borders: Interstate Panel on Employee Resource Groups (ERGs) with Representa ves from Oregon and Washington**	OR & WA Reps
Afternoon	2:45 - 3:00 p.m.	*Break*	
Afternoon	3:00 - 4:30 p.m.	**Structures for Statewide Consulta on and Community: Washington State Guest Panel on Business Resource Groups (BRGs)**	WA BRG Reps
Afternoon	4:30 - 4:45 p.m.	*Break*	
Afternoon	4:45 - 6:45 p.m.	**Pushing for Change: We often need permission to push the boundaries, what kind of permission and when does urgency overcome the need for permission?**	Jane Waite

Event Summary, Attendee Expectations, Reminders

A er a year of prepara on and planning, the 2021 Statewide Diversity, Equity, & Inclusion Conference is here! We're looking forward to providing a endees 4 days of educa onal and engaging sessions on diversity, equity, and inclusion through a virtual format. This notebook was developed to provide you with all the necessary informa on and ps in one place as you prepare to a end the mul -day virtual event.

Within this digital notebook you'll nd:

- Event details
- Daily schedules and session informa on
- Best prac ces for a ending a virtual event, and
- Tutorials on the Zoom webinar pla orm.

Breakdown of participants at the 2021 Statewide Diversity, Equity, & Inclusion Conference:

Host: Conference Event Sta	**A endee:** (You) State Employees	**Presenter/Panelist**
• We will coordinate beginning and end-of-day periods, moderate Q&A periods, and also transi ons between presenta ons. • As hosts, our team will have an audio and video feed throughout the en rety of the conference.	• As a endees, you will only be able to tune into the virtual conference's live feed and not be able to share your video or audio. • A endees are able to post ques ons for Q&A periods, engage in conversa ons using the conference chat tool, and ar cipate in live polls.	• When presen ng, "speakers/ panelists" will have the ability to share their audio and video with a endees.

If at any point during the conference you are experiencing technical difficulties or have questions please reach out to the Conference Event Staff who will be available throughout each day.

Details regarding the structure of a virtual presentation:

- Presenters will be allo ed 60-120 minutes to present and answer ques ons.
- The Conference Event Sta will monitor audience ques ons and pull the top ques ons to share at the end of each presenta on with presenters during the Q&A session.
- The Conference Event Sta will be monitoring the chat log throughout the day and responding to any ques ons as soon as possible.

Virtual Conferencing Best Practices for Attendees

- When using equipment or working from a loca on not regularly used, test your internet and webinar connec ons in advance. If possible, establish video and audio connec ons prior to the start of your virtual session to test quality.
- Visit http ://zoom.us/test to test out your set up to ensure no network or technical issues exist.
- If connec ng from a laptop, plug in the power cord. Ba ery use can adversely a ect video quality.
- If you and other colleagues are tuning into the event through one feed, make sure all individuals who are par cipa ng are registered or signed in on an adequate tracking sheet to provide to conference organizers a er the event to ensure comple on cer ca ons are properly awarded.
- It is also best to inform your Manager and Department's Workday Learning Administrator ahead of the event if you and other colleagues are watching from one feed.

Many individuals may have previously par cipated in a teleconferencing mee ng on the Zoom pla orm, and for some this may be their rst me. We'd like to note there are small di erences between the Zoom Mee ng and the Zoom Webinar pla orms. If interested we encourage a endees to visit the Zoom blog and learn about the experience they can expect as an "a endee" on the Zoom Webinar pla orm. Learn more here.

ADA Accommodations

During the live, virtual conference we will be providing ASL interpreters and also closed cap oning throughout the en rety of the 4 day conference.

For individuals who will be interested in viewing the ASL interpreters during the conference, please review the Side-by-Side viewing mode tutorial on page 9.

Closed cap oning will be available during the presenta ons and discussed at the opening of each session.

Community Agreement

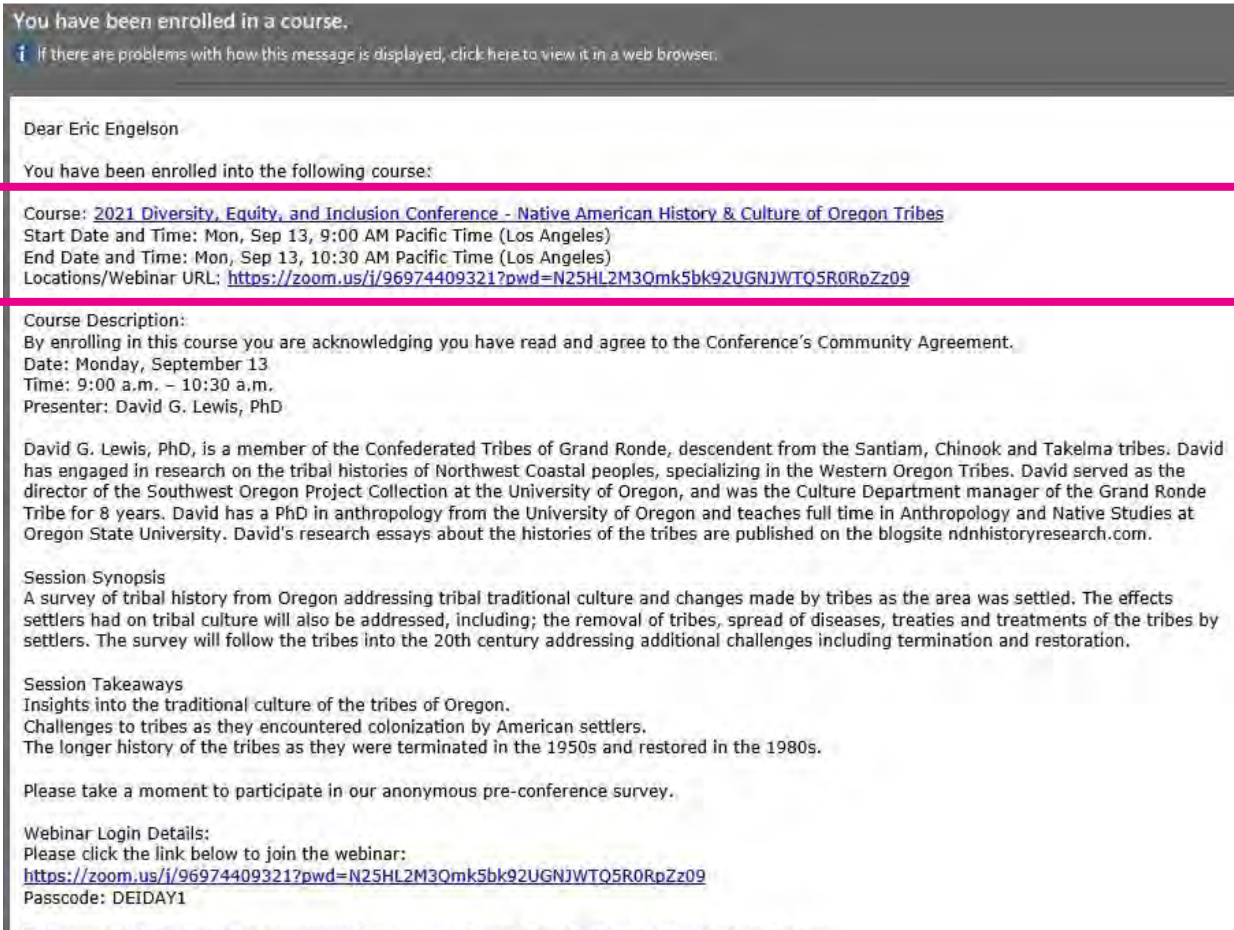
Please review the following community agreement before joining the conference. These agreements re ect the values of our employees and are designed to foster inclusive and respec ul interac on. Par cipants — including all a endees, speakers, and volunteers — are expected to follow the community agreement as outlined below:

- Be present and ready to learn! Give the presenter your full a en on and avoid external distrac ons where possible. When prompted by Zoom, please identi y yourself with your rst and last name upon entering the conference - this will help to promote a safe and inclusive learning experience.
- Be respec ul to others. Par cipants are encouraged to use inclusive language when interac ng with others. We believe that each person has something to contribute to the conversa on. This agreement asks that we all prac ce humility, and look for what we have to learn from each person in a endance. Par cipants must abide by the state Discrimina on and Harassment Free Workplace Policy and agree that behavior which deviates from these guidelines will cons tute grounds for removal from the conference.
- Learning happens outside of our comfort zones. You are on a journey of growth, we an cipate a level of struggles as you travel this path. Par cipants are encouraged to engage in discussion and invited to step outside of their comfort zone. In any conversa on, especially ones about systemic power (race, class, gender, etc.), we know that each person is coming to the conversa on with di erent levels of lived experience and embodied exper se. Employees should u lize the Employee Assistance Program if addi onal support is needed outside of this conference.
- Listen to learn and not to respond. When o ering feedback, do so with the understanding that people can change; when receiving new informa on, listen to others with a willingness to change.
- Thank you for being exible and pa ent around any technology needs, changes, cancella ons or schedule shi s throughout the conference.
- If you need something at the conference, ask for it!
  - Issues with registra on: LMS.workday@oregon.gov
  - Technical issues logging into your session:
    Please contact your DEI Conference representa ve.
  - Conference feedback:
    Feedback opportuni es will be provided to par cipants a er the conference.

Failure to comply with the above community agreement will result in removal from this conference.

Zoom Webinar Tutorials

Con rma on Email
Within the con rma on email received a er enrolling, you will nd informa on and direc ons for joining the virtual conference the day of and how to properly name yourself in Zoom.


You have been enrolled in a course.
If there are problems with how this message is displayed, click here to view it in a web browser.

Dear Eric Engelson

You have been enrolled into the following course:

Course: 2021 Diversity, Equity, and Inclusion Conference - Native American History & Culture of Oregon Tribes
Start Date and Time: Mon, Sep 13, 9:00 AM Pacific Time (Los Angeles)
End Date and Time: Mon, Sep 13, 10:30 AM Pacific Time (Los Angeles)
Locations/Webinar URL: https://zoom.us/j/96974409321?pwd=N25HL2M3Qmk5bk92UGNJWTQ5R0RpZz09

Course Description:
By enrolling in this course you are acknowledging you have read and agree to the Conference's Community Agreement.
Date: Monday, September 13
Time: 9:00 a.m. – 10:30 a.m.
Presenter: David G. Lewis, PhD

David G. Lewis, PhD, is a member of the Confederated Tribes of Grand Ronde, descendent from the Santiam, Chinook and Takelma tribes. David has engaged in research on the tribal histories of Northwest Coastal peoples, specializing in the Western Oregon Tribes. David served as the director of the Southwest Oregon Project Collection at the University of Oregon, and was the Culture Department manager of the Grand Ronde Tribe for 8 years. David has a PhD in anthropology from the University of Oregon and teaches full time in Anthropology and Native Studies at Oregon State University. David's research essays about the histories of the tribes are published on the blogsite ndnhistoryresearch.com.

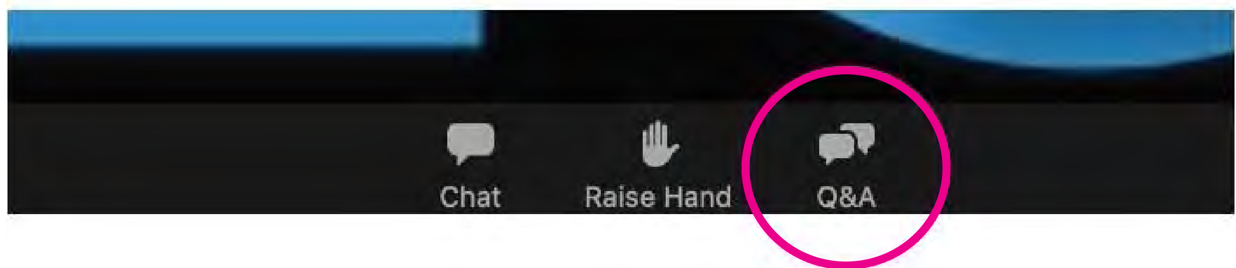
Session Synopsis
A survey of tribal history from Oregon addressing tribal traditional culture and changes made by tribes as the area was settled. The effects settlers had on tribal culture will also be addressed, including; the removal of tribes, spread of diseases, treaties and treatments of the tribes by settlers. The survey will follow the tribes into the 20th century addressing additional challenges including termination and restoration.

Session Takeaways
Insights into the traditional culture of the tribes of Oregon.
Challenges to tribes as they encountered colonization by American settlers.
The longer history of the tribes as they were terminated in the 1950s and restored in the 1980s.

Please take a moment to participate in our anonymous pre-conference survey.

Webinar Login Details:
Please click the link below to join the webinar:
https://zoom.us/j/96974409321?pwd=N25HL2M3Qmk5bk92UGNJWTQ5R0RpZz09
Passcode: DEIDAY1

Q&A Func on
Use the Q&A tool during the virtual conference to share ques ons for presenters to respond to at the conclusion of their presenta on.



Zoom Webinar Tutorials

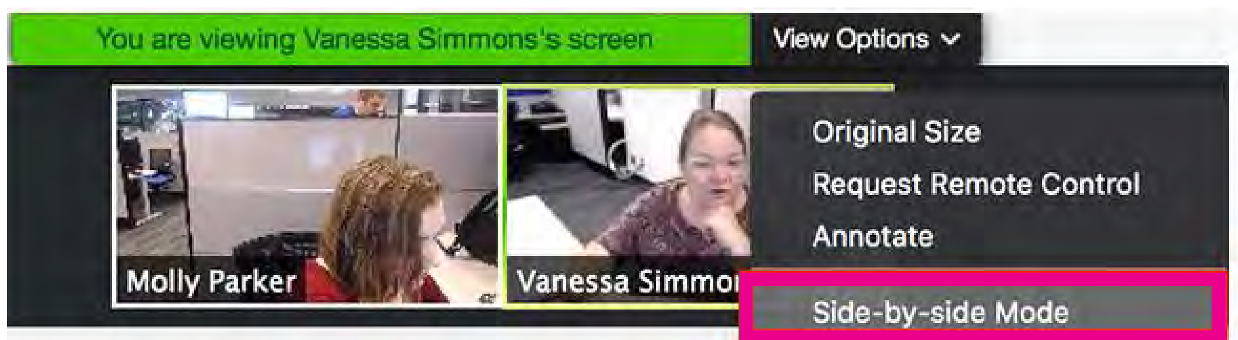
Chat Tool

Use the Chat tool during the virtual conference to discuss topics with other a endees, share ideas, and share any technical issues with the Conference Event Staff or follow-up.

Side-By-Side Mode

Webinar par cipants who are viewing a shared screen have the ability to switch to Side-By-Side mode. This enables you to see the shared screen alongside the ac ve speaker and ASL Interpreters. You can also adjust the loca on of the separator between the shared screen and video to change the rela ve size of each side.

Note - this op on is only available when viewing the webinar on the Zoom desktop applica on and will not be available if par cipa ng from a mobile device or within your internet browser. To learn more about accessing this viewing mode, please view the [A endee Guide for Accessing ASL Interpreters].



Employee Resources

So You'd Like to Learn More?
A er a ending the 2021 Statewide Diversity, Equity, & Inclusion Conference you might nd that you're interested in learning more about the topics discussed at this year's conference. Well, this where your State Library can help!

Did you know as a state employee you have access to numerous resources and research tools through the State Library of Oregon that can help you con nue to learn about the topics and discussions held during this year's conference!

Did You Know?

- As a state employee and a registered state library user, you have access to 100 di erent database resources. Our database resources contain thousands of journals, newspapers, electronic books, as well as streaming presenta ons & trainings.
- The State Library can provide you access to materials from our collec on or obtain items for you from other libraries and publica ons that we may not have readily available to hold. (Request/RenewMaterials)
- State employees that are not located in the I-5 corridor are s ll able to request items be shipped to them from the State Library.
- We maintain a Library InfoGuide speci cally to support the focus of this conference.
- You can ask a reference librarian a ques on at any me and we'll be happy to assist you.
- We o er a number of classes to help you use the library and our various resources each & every month.
- You can subscribe to our eClips news clippings service and be kept up to date regarding Oregon government news.
- We o er all of this and much more!

To get started all you need to do is become a registered State Library user. Registra on is free and only take a couple of minutes. Register here.

Don't let your learning stop at the end of the conference. The State Library is available to help long a er we part virtual ways.

Contact us at:
503-378-8800
library.help@state.or.us

For more employee resources visit our website:
oregon.gov/Resources-for-Con nued-Educa on/Pages/Default.aspx

What, So What, Now What?

The shared progression eliminates most of the misunderstandings that otherwise fuel disagreements about what to do.
WHY do this ac vity?

- *Build understanding of how people develop di erent perspecti es, ideas, and ra onales for ac ons and decisions*
- *Make sure that learning is generated from experiences: no re ec on = no learning*
- *Eliminate the tendency to jump prematurely to ac on, leaving people behind*
- *Make sense of complex challenges in a way that unleashes ac on*
- *Experience how ques ons are more powerful than answers because they invite ac ve explora on*

Re ecti n Space:
Topic discussed:
Main points shared in the space:

A er a shared experience, ask, WHAT? SO WHAT? & NOW WHAT?

1. **WHAT?**
   a. What happened?
   b. What did you no ce?
   c. What facts or observa ons stood out?
2. **SO WHAT?**
   a. Why is that important?
   b. What patt rns or conclusions are emerging for me?
3. **NOW WHAT?**
   a. What ac ons make sense moving forward?
   b. What do I need to support my ac ons moving forward?

Enhancements to the above re ec on points:

- *For the WHAT? Ques on,* spend me si ing items that arise into categories. For example, facts with evidence (e.g., every person in the group spoke) and feelings (e.g., I felt joy, people in my group were smiling and laughing, I moved through despair into hopefulness). You may want to add the ques on WHAT IF in this sec on for you to re ec on on before moving to SO WHAT.
- *For the SO WHAT? Ques on*, sift tems into patt rns, conclusions, hypotheses/educated guesses, beliefs
- F*or the NOW WHAT? Ques on,* consider the individual ac ons you may have to build up to in order of prac cing to gain a new habit or welcoming new perspec ves into your view.

Toolkit for Deeper Re ec on:

WHAT?	SO WHAT?	NOW WHAT?
Descrip on stage of re ec on	Theory and knowledge building stage of re ecti n	Ac on-oriented stage of re ec on
What is the: • Situa on • Event • Problem/ di culty • Reason for being stuck What was my role in the situa on? What was I trying to achieve? What ac ons did I take? What was the response of others? What were the consequences: • for myself • for the stakeholders • for my teammates • on the organiza on For others what feelings did it invoke: • for myself • for the stakeholders • for my teammates What was most impac ul about experience (i.e. quotes or moments of growth)?	So what does this tell me / teach me/ imply/ mean about: • me • community stakeholders • my rela onships • how I model ac ons • my a tudes • who I learned from • how I learn/learned So what was going through my mind as I reacted to this topic? So what do I base my ac ons on? So what other knowledge can I bring to the situa on? So what could be done to make it be er? So what is my new understanding of the situa on? So what broader issues arise around this speci c topic?	Now what do I need to do in order to: • make things bett r • build bett r rela onships • resolve a situa on • feel bett r • improve my e ec veness Now what broader issues need to be considered if this ac on is to be successful? Now what might be the consequences?

Adapted from Rolfe et al (2001)

Thank You

Thank you to the below state departments, agencies, and commissions for your support of the 2021 State Diversity, Equity, & Inclusion Conference.

Oregon Lo ery
Department of Correc ons
Oregon Department of Educa on
Oregon Employment Department
Oregon Health Authority
Department of Human Services
Department of Transporta on
Oregon Department of Environmental Quality
Oregon Parks & Recrea on
Department of Administra ve Services
Department of Fish & Wildlife
Oregon Department of State Police
Oregon Department of Agriculture
Public Employees Re rement System
Department of Forestry
Bureau of Labor and Industries
Department of Energy
Oregon State Library
Oregon Liquor Control Commission
Oregon Department of Revenue
Oregon Secretary of State
Oregon Water Resources
O ce of Public Safety and Standards
Governor's O ce
Department of Veteran's A airs
Legisla ve Administra on
Higher Educa on Coordina ng Commission
Oregon Board of Chiroprac c Examiners
Oregon Department of Land Conserva on and Development
Oregon Watershed
Enhancement Board
Oregon State Marine Board
Oregon State Board of Nursing
Department of Geology and Mineral Services

Thank you to the Leadership of the 2021 Conference Planning Commi ee. Leading this conference takes 12 months of planning, incredible dedica on and countless hours. Thank you for your passion for this work that has made this conference possible.

Sabrina Balderama, Chair
Keeble Giscomb, Co-Chair
Eric Engelsen, Project Manager

For a full list of the Conference Commi ee Members, visit: http ://www.oregon.gov/deiconference/conference-Planning-Commi ee/Pages/default.aspx

OFFICERS AND EXECUTIVE COMMITTEE

PRESIDENT
Dr. Arthur (Rusty) Hickham
Louisiana State Board of Dentistry
One Canal Place, Suite 2680
365 Canal St.
New Orleans, LA 70130
Telephone: 504-568-8574
E-Mail: ahickham@lsbd.org

PRESIDENT-ELECT
Mr. Stephen Prisby
Oregon Board of Dentistry
1500 SW 1st Ave. Suite 770
Portland, OR 97201
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VICE-PRESIDENT
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111 Israel Rd. SE
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E-Mail: jennifer.santiago@doh.wa.gov

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612-617-2250 (Main Number)
E-Mail: bridgett.anderson@state.mn.us

TREASURER
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North Dakota Board of Dentistry
P.O. Box 7246
Bismarck, ND 58507-7246
Telephone: 701-391-7174
E-Mail: rita@nddentalboard.org

American Association of Dental Administrators
Annual Meeting Agenda
Friday October 29, 2021

Friday, October 29

10:00 – 10:20 Presidential Welcome, Introductions & Opening Remarks – Roll Call for attendance

10:20 – 11:15 Attorneys' Roundtable Lori Lindley, Oregon, Bobby White, North Carolina & Rusty Hickham, Louisiana

11:15 – 11:20 Break

11:20 – 12:00 Attorney's Roundtable Continued

12:00 – 12:20 Lunch (20-minute break for meal)

12:20 – 12:30 AADB Update - President Robert Zena & Brian Barnett

12:30 – 1:30 State/Organizations Roundtable Updates – Moderated by Rita Sommers

1:30 – 1:40 Break

1:40 – 2:15 Update on Clinical Exams from Testing Agencies & other Guests

2:15 – 3:00 Business Session
- Review and vote on changes to Bylaws
- Election of Officers
- Open Forum
- President's Remarks

Adjourn

2021
AADB
ANNUAL MEETING

Preliminary Program

Published 9.20.21

We're going virtual!

President Robert B. Zena, DMD

AADB Thanks Our Program Committee

Chair:

James Sparks, DDS (OK)

Vice Chair:

Tonia Socha-Mower, MBA, EdD (AADB)

Yvonne Bach (KY)

Brian Barnett (MO)

Sherry Campbell, RDH, CDHC (AL)

Bobby Carmen, DDS (OK)

Dale Chamberlain, DMD (MT)

Cliff Feingold, DDS (NC)

Frank Maggio, DDS (IL)

D. Kevin Moore, DDS (NV)

Laura Richoux, RDH (MS)

American Association of Dental Boards

1701 Pennsylvania Ave NW, Suite 200
Washington, DC 20006

200 East Randolph Street, Suite 5100
Chicago, IL 60601

info@dentalboards.org

Attachment #5

About AADB

The American Association of Dental Boards is a national association that encourages the highest standards of dental education. The AADB promotes higher and uniform standards of qualification for dental practitioners. Membership is comprised of boards of dentistry, advanced education boards, present and past members of those boards, board administrators, board attorneys, educators, and oral health stakeholders.

Our Mission

To serve as a resource by providing a national forum for exchange, development, and dissemination of information to assist dental regulatory boards with their obligation to protect the public.

About AADB's Meeting

The AADB Meeting provides an excellent forum for keeping up to date with state board concerns. Programs are designed to allow opportunities for interaction among all participants, including board members, dentists, therapists, dental hygienists, educators, board attorneys, and dental specialty associations. Panels and small discussion groups exchange ideas and information. Participants take away valuable information on current issues and all aspects of dental regulation.

MEETING AGENDA

*****Please note the times listed below are in Eastern Standard Time *****

Saturday, October 30- General Assembly I

12:00 - 12:15 p.m. **President's Opening Remarks**
Robert B. Zena, DMD, AADB President

12:15 - 12:20 p.m. **Executive Director's Report**
Tonia Socha-Mower, MBA, EdD, Executive Director

12:20 - 12:30 p.m. **Treasurer's Report**
Arthur Chen-Shu Jee, DMD, AADB Treasurer

12:30 - 1:30 p.m. **U.S. Public Health Service**
Rear Admiral Timothy Ricks, DMD, MPH, FICD, Chief Dental Officer

1:30 - 1:45 p.m. **Break**

1:45 - 2:00 p.m. **Overview of the AADB Accredited Continuing Education (ACE) Program**
Robert B. Zena, DMD, AADB President

2:00 - 2:10 p.m. **Nominating Committee Report**

2:10 - 2:15 p.m. **Sponsorship Recognition**

2:15 - 3:15 p.m. **Department of Justice & Access to Care**
Steven Mintz, JD, Trial Attorney in the Appellate Section of the Antitrust Division

3:15 - 3:30 p.m. **Break**

3:30 - 4:30 p.m. **Proposed Oral Health Benefits for Medicare Recipients**
Michael Monopoli DMD, MPH, MS, FACD Vice President for Grant Strategy, Carequest Vice President

Sunday, October 31 - General Assembly II

12:00 – 1:00 p.m. **Attorney Round Table**
Lori Lindley, Senior Assistant Attorney General, Oregon

1:00 - 2:00 p.m. **Business Meeting--Voting & Bylaws Changes**

2:00 - 2:30 p.m. **Introduction to the AADB Remediate+ Program**
James A. Sparks, DDS, AADB President-Elect

2:30 – 3:00 p.m. **Council of State Governments**
Daniel Logsdon, Director of the National Center for Interstate Compacts

3:00 – 3:15 p.m.	**Break**
3:15 – 3:45 p.m.	**Portability via Licensure by Credentials**
3:45 – 4:15 p.m.	**AADB Open Forum: State Board Issues** Frank Maggio, DDS, AADB Member and Moderator
4:15 p.m.	**Adjournment**
4:15 p.m.	**Executive Director's Toast to Celebrate the Transition of the Presidency** Dr. Zena will complete his term as President and Dr. Sparks will assume his new role as AADB President.

Refund Policy:

Notification of cancellation must be submitted in writing to **srojas@dentalboards.org**.

Cancellations are subject to a $75 cancellation charge. No refunds will be given after September 27, 2021. Substitutions are allowed at any time but must be submitted in writing and must be of the same membership status.

The ACE Program is a service of the AADB to assist dental boards in identifying quality continuing education courses to help protect the public. ACE accreditation may not be accepted by particular boards of dentistry. Questions or comments can be directed to the AADB at info@dentalboards.org.

The American Association of Dental Boards is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The American Association of Dental Boards designates this activity for 8.25 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

CAUCUSES BY STATE

East	West	North	South
Connecticut	Alaska	Illinois	Alabama
Delaware	Arizona	Indiana	Arkansas
District of Columbia	California	Iowa	Florida
Maine	Colorado	Kansas	Georgia
Maryland	Hawaii	Michigan	Kentucky
Massachusetts	Idaho	Minnesota	Louisiana
New Hampshire	Montana	Missouri	Mississippi
New Jersey	Nevada	Nebraska	North Carolina
New York	New Mexico	North Dakota	Puerto Rico
Pennsylvania	Oregon	Ohio	South Carolina
Rhode Island	Utah	Oklahoma	Tennessee
Vermont	Washington	South Dakota	Texas
West Virginia	Wyoming	Wisconsin	Virginia
			Virgin Islands

AADB BOARD OF DIRECTORS

Robert B. Zena, DMD, President
3939 Old Brownsboro Road
Louisville, KY 40207

James A. Sparks, DDS, President-Elect
5804 Northwest Expressway Street
Warr Acres, OK 73132

Dale Chamberlain, DDS, Vice President
1240 Lariat Road
Helena, MT 59602

Arthur Chen-Shu Jee, DMD, Treasurer
13934 Baltimore Avenue
Laurel, Maryland 20707

Clifford Feingold, DDS, Secretary
4 Stuart Circle
Asheville, NC 28804

Yvonne Bach, Public Member
312 Whittington Pkwy, Suite 101
Louisville, KY 40222

Brian Barnett, Administrator Member
3605 MO Blvd
Jefferson City, MO 65102

Laura Richoux, RDH, Dental Hygiene Member
600 East Amite St., Ste. 100
Jackson, MS 39201

Frank Recker, DDS, JD, Board Attorney
The Queens Tower, 810 Matson Place, Suite 1101
Cincinnati, Ohio 45204

Tonia Socha-Mower, MBA, EdD
Executive Director
American Association of Dental Boards
211 E. Chicago Avenue, Suite 760
Chicago, IL 60611

State Licensing Board Compliance Results

Status by State | Methods | Definitions

Status by State

Hover on a state or territory below to see the current compliance status. Click on a state to view the results for each profession or filter by profession to view the compliance status across all states and territories.

Select the Methods tab to learn how we determine the compliance status for each state board. The Definitions tab describes each compliance and attestation status.

Note: Not all states license or certify the same professions. It is difficult to make a direct comparison between states. An * is used for professions that are manually added during attestation by the state licensing board and may not exist in HRSA's standard list of professions.

Undo Redo Reset

Export CSV

State Board Details

Archived Results:

Review Type
- Compliance Review
- Attestation

Review Period
- Current Compliance Review
- Prior Compliance Review

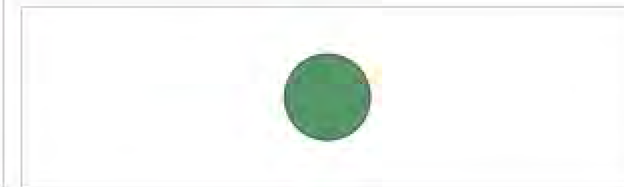
State: Oregon

Profession: (All)

Overall Status
Compliance Review: Oregon

Data Last Updated: 10/1/2021

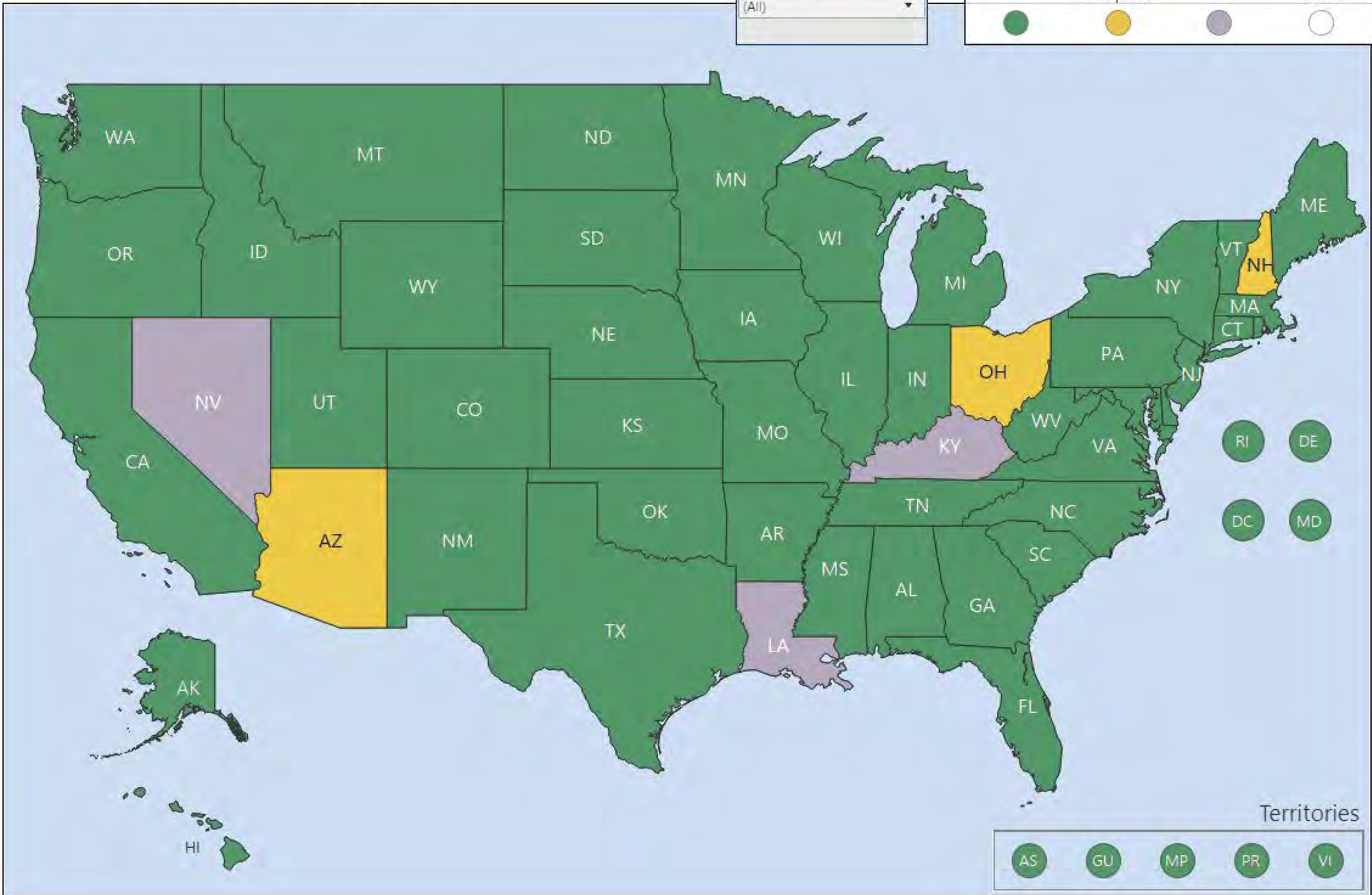
Compliant



Compliance Review Status by Board & Profession

State	Board Name	Profession	Posted Date 2019	2020	2021
Oregon	Oregon Board of Dentistry	Dentist			●

Attachment #6



Attachment #6

Do you have an NPDB compliance question that you'd like answered? Ask the NPDB Team

UNFINISHED BUSINESS & RULES

OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818
OREGON BOARD OF DENTISTRY

FILED
08/30/2021 12:13 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: The Board proposes to amend 22 rules and adopt 1 new rule in the DPA.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/08/2021 4:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Stephen Prisby
971-673-3200
stephen.prisby@state.or.us

1500 SW 1st Ave.
Portland,OR 97201

Filed By:
Stephen Prisby
Rules Coordinator

HEARING(S)

Auxilary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/15/2021
TIME: 12:00 PM - 1:00 PM
OFFICER: Stephen Prisby
ADDRESS: 1500 SW, 1st Ave.
#770
Portland, OR 97201
SPECIAL INSTRUCTIONS:
This will be a virtual Zoom Meeting.

NEED FOR THE RULE(S):

The OBD's Board and Committees reviewed proposed rule changes and new legislation requires amendments to rules within the Dental Practice Act.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Legislative actions from the 2021 Legislative Session regarding HB 2627 and HB 2078 can be viewed on the OLIS website https://olis.oregonlegislature.gov/liz/2021R1 Past OBD Board , Committee & Workgroup Meeting Minutes can be viewed at the OBD website https://www.oregon.gov/dentistry/Pages/meetings.aspx

FISCAL AND ECONOMIC IMPACT:

The OBD utilizes its standing committees to review, discuss and refine proposed rule changes. The membership of these committees is made up of licensees and associations impacted by the rule changes being considered.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the

expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The cost of compliance is considered by the Committees and Board before implementation. There will be additional cost of compliance for dentists that choose to place implants and adhere to the training and continuing education requirements proposed in these rule changes. The specific costs are difficult to define, and record keeping requirements will also need to be updated for all dentists with revised pain management continuing education requirements.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

The OBD's Committees specifically include Licensees that are small business owners and the professional associations (ODA. ODHA and ODAA) are aware of all committee meetings. All OBD meetings are open to the public.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
818-001-0000, 818-001-0002, 818-001-0082, 818-012-0005, 818-012-0070, 818-012-0120, 818-015-0007, 818-021-0010, 818-021-0011, 818-021-0012, 818-021-0017, 818-021-0060, 818-021-0080, 818-021-0088, 818-026-0040, 818-026-0050, 818-026-0080, 818-035-0010, 818-035-0020, 818-035-0025, 818-035-0065, 818-035-0100, 818-042-0040

AMEND: 818-001-0000

RULE SUMMARY: The rule notification may be made by electronic means now.

CHANGES TO RULE:

818-001-0000
Notice of Proposed Rule Making ¶

Prior to the adoption, amendment, or repeal of any permanent rule, the Oregon Board of Dentistry shall give notice of the proposed adoption, amendment, or repeal:¶
(1) By publishing a notice in the Secretary of State's Bulletin referred to in ORS 183.370 at least 21 days prior to the effective date.¶
(2) By mailing, emailing or electronic mailing a copy of the notice to persons on the mailing list established pursuant to ORS 183.335(8) at least 28 days before the effective date of the adoption, amendment, or repeal~~.~~¶
(3) By mailing, emailing or electronic mailing a copy of the notice to the following persons and publications:¶
(a) Oregon Dental Hygienists' Association;¶
(b) Oregon Dental Assistants Association;¶
(c) Oregon Association of Dental Laboratories;¶
(d) Oregon Dental Association;¶
(e) The Oregonian;¶
(f) Oregon Health & Science University, School of Dentistry;¶
(g) The United Press International;¶
(h) The Associated Press;¶
(i) The Capitol Building Press Room.
Statutory/Other Authority: ORS 183, 192, 670, 679
Statutes/Other Implemented: ORS 183.370, 183.335(7)

AMEND: 818-001-0002

RULE SUMMARY: The reference to Dental Hygienist is being renumbered , Oral Medicine and Orofacial Pain added and BLS clarified at end of rule

CHANGES TO RULE:

818-001-0002
Definitions ¶

As used in OAR chapter 818:¶
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.¶
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.¶
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.¶
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.¶
(5) "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.¶
(~~5~~6) "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.¶
~~(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.¶~~
(7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶
(8) "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.¶
(9) "Licensee" means a dentist or hygienist.¶
(10) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶
(11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶
(12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.¶
(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.¶
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.¶
(c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.¶
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that

investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.¶
(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.¶
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.¶
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.¶
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. ¶
(i) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.¶
(~~h~~j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.¶
(~~i~~k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.¶
(~~j~~l) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes. ¶
(13) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry or dental hygiene.¶
(14) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).¶
(15) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.¶
(16) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.¶
(17) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.¶
(18) "BLS for Healthcare Providers or its Equivalent" the BLS/CPR certification standard is the American Heart

Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS/CPR course must be a hands-on course; online BLS/CPR courses will not be approved by the Board for initial BLS/CPR certification: After the initial BLS/CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS/CPR certification card with an expiration date must be received from the BLS/CPR provider as documentation of BLS/CPR certification. The Board considers the BLS/CPR expiration date to be the last day of the month that the BLS/CPR instructor indicates that the certification expires.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-001-0082

RULE SUMMARY: The references to labels and diskettes is being removed and that records may be retrieved and transmitted electronically.

CHANGES TO RULE:

818-001-0082
Access to Public Records ¶

(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice.¶
(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies.¶
(3) The Board follows the Department of Administrative Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:¶
(a) $0.10 per name and address for computer-generated lists on paper~~ or labels~~; $0.20 per name and address for computer-generated lists on paper ~~or labels ~~sorted by specific zip code;¶
(b) Data files ~~on diskette or CD:~~submitted electronically or on a device.¶
(A) All Licensed Dentists - $50;¶
(B) All Licensed Dental Hygienists - $50;¶
(C) All Licensees - $100.¶
(c) Written verification of licensure - $2.50 per name; and¶
(d) Certificate of Standing - $20.
Statutory/Other Authority: ORS 183, 192, 670, 679
Statutes/Other Implemented: ORS 192.420, 192.430, 192.440

AMEND: 818-012-0005

RULE SUMMARY: A dentist must meet certain requirements to place dental implants and also complete seven (7) hours of continuing education requirements each licensure period.

CHANGES TO RULE:

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 and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and 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).¶
<u>(4) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.¶</u>
<u>(5) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective January 1, 2022)</u>
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-012-0070

RULE SUMMARY: The reference to SOAP - Subjective Objective Assessment Plan is being deleted and reference to a current health plan is required in the patient record.

CHANGES TO RULE:

818-012-0070
Patient Records ¶

(1) Each licensee shall have prepared and maintained an accurate and legible record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:¶
(a) Name and address and, if a minor, name of guardian;¶
(b) Date description of examination and diagnosis;¶
(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or ~~"SOAP" (Subjective Objective Assessment Plan) or their~~its equivalent.¶
(d) Date and description of treatment or services rendered;¶
(e) Date, description and documentation of informing the patient of any recognized treatment complications;¶
(f) Date and description of all radiographs, study models, and periodontal charting;¶
(g) ~~H~~Current health history; and¶
(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.¶
(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.¶
(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:¶
(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;¶
(b) The licensee gives the records, radiographs, or models to the patient; or¶
(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.¶
(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:¶
(a) Manufacture brand;¶
(b) Design name of implant; ¶
(c) Diameter and length; ¶
(d) Lot number; ¶
(e) Reference number;¶
(f) Expiration date; ¶
(g) Product labeling containing the above information may be used in satisfying this requirement. ¶
(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.¶
(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent

custody of patient records to the Board in writing within 90 days of the death of the licensee.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140(1)(e), 679.140(4)

ADOPT: 818-012-0120

RULE SUMMARY: A new rule to ensure compliance with Governor's Executive Orders.

CHANGES TO RULE:

818-012-0120
Compliance with Governor's Executive Orders
(1) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.¶
(2) Failing to comply as described in subsection (1) includes, but is not limited to:¶
(a) Operating a business required by an Executive Order to be closed under any current Executive Order. ¶
(b) Providing services at a business required by an Executive Order to be closed under any current Executive Order. ¶
(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:¶
(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;¶
(B) Failing to implement a measured approach when resuming elective and nonemergent procedures in accordance with OHA guidance;¶
(d) Failing to comply with any Board of Dentistry guidance implementing an Executive Order;¶
(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.¶
(4) Penalties for violating this rule include: up to $5,000 per violation pursuant to ORS 679.140(10). Any such penalties shall be imposed in accordance with ORS 679.140.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 401.025

AMEND: 818-015-0007

RULE SUMMARY: Oral Medicine and Orofacial Pain are being added to the rule.

CHANGES TO RULE:

818-015-0007
Specialty Advertising ¶

(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.¶
(2) The Board recognizes the following specialties:¶
(a) Endodontics;¶
(b) Oral and Maxillofacial Surgery;¶
(c) Oral and Maxillofacial Radiology;¶
(d) Oral and Maxillofacial Pathology;¶
(e) Orthodontics and Dentofacial Orthopedics;¶
(f) Pediatric Dentistry;¶
(g) Periodontics;¶
(h) Prosthodontics; ¶
(i) Dental Public Health;¶
(j) Dental Anesthesiology;¶
(k) Oral Medicine;¶
(l) Orofacial Pain.¶
(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140(2)(e)

AMEND: 818-021-0010

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0010
Application for License to Practice Dentistry ¶

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or¶
(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and¶
(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.¶
(2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.¶
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.¶
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.¶
(5) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.
Statutory/Other Authority: ORS 670, 679
Statutes/Other Implemented: ORS 679.060, 679.065, 679.070, 679.080

AMEND: 818-021-0011

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0011
Application for License to Practice Dentistry Without Further Examination ¶

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:¶
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or¶
(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and¶
(c) Having passed the dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and¶
(d) Holding an active license to practice dentistry, 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 dentistry, 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, other states or in the Armed Forces of the United States, the United States Public Health Service or 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 dentists employed by a dental education program in a CODA accredited dental school, 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 dentistry, and any adverse actions or restrictions; and¶
(f) Having completed 40 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.¶
(3) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.¶
(4) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.060, 679.065, 679.070, 679.080, 679.090

AMEND: 818-021-0012

RULE SUMMARY: Oral medicine dentist and orofacial pain dentist and subsequent references are being added to the rule.

CHANGES TO RULE:

818-021-0012
Specialties Recognized ¶

(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, oral medicine dentist, orofacial pain dentist, orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.¶
(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140

AMEND: 818-021-0017

RULE SUMMARY: Prior to licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0017
Application to Practice as a Specialist ¶

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;¶
(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and ¶
(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association. ¶
(d) Passing the Board's jurisprudence examination.¶
(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or¶
(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and¶
(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and¶
(d) Passing the Board's jurisprudence examination; and¶
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.¶
(3) An applicant who meets the above requirements shall be issued a specialty license upon:¶
(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or¶
(b) Passing a specialty examination approved by the Board greater than five years prior to application; and¶
(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or 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 the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, 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 dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;¶
(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education

requirements contained in these rules within the two years immediately preceding application.¶
(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.¶
(5) Licenses issued under this rule shall be limited to the practice of the specialty only.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140, 679.060, 679.065, 679.070, 679.080 679.090

AMEND: 818-021-0060

RULE SUMMARY: Clarifies that all dentists must complete pain management course prior license renewal and that at least seven (7) hours of continuing education every renewal period are required to place dental implants.

CHANGES TO RULE:

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 includes an examination and the dentist passes the examination.¶
(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. ~~All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.~~(Effective January 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 implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(9)

AMEND: 818-021-0080

RULE SUMMARY: Updates the rule for electronic renewals, instead of paper and clarifies references to licensees.

CHANGES TO RULE:

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~~licensee holding a current license. The licensee must ~~return the completed~~complete the online renewal application a~~long wi~~nd pay the current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry 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 sig~~onli~~ned~~ 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 dental hygienist must submit the renewal fee and completed ~~and sig~~onli~~ned~~ renewal application form by September 30 every other year. ~~H~~Dental hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years.¶
(3) The renewal application shall contain:¶
(a) Licensee's full name;¶
(b) Licensee's mailing address;¶
(c) Licensees 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 continuing educationa~~l~~ requirements for renewal set forth in OAR 818-021-0060 or 818-021-0070;¶
(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.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0088

RULE SUMMARY: Clarifies that the volunteer hours of care must be completed in the state of Oregon.

CHANGES TO RULE:

818-021-0088
Volunteer License ¶

(1) An Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:¶
(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.¶
(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.¶
(c) Licensee must provide the health care service without compensation.¶
(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.¶
(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.¶
(f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.¶
(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 676.345, 679.010, 679.020, 679.025, 679.090, 680.010, 680.020, 680.050, 680.072

AMEND: 818-026-0040

RULE SUMMARY: Aligns this rule with other sedation permit rules regarding reference to the American Society of Anesthesiologists (ASA) Patient Physical Status Classification and adds pre and post operative documentation requirements.

CHANGES TO RULE:

818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit ¶

Nitrous Oxide Sedation.¶
(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:¶
(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;¶
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and¶
(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.¶
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure 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 delivery of appropriate care in an emergency situation;¶
(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, 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 face masks 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; and¶
(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.¶
(3) Before inducing nitrous oxide sedation, a permit holder 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 nitrous oxide sedation;¶
(b) Give instruction 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 nitrous oxide sedation; and¶
(d) Obtain 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) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.¶
(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.¶

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of <u>preoperative and postoperative vital signs, and </u>all medications administered with dosages, time intervals and route of administration.¶
(7) Persons serving as anesthesia monitors 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 person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient. ¶
(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: ¶
(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status; ¶
(b) The patient can talk and respond coherently to verbal questioning; ¶
(c) The patient can sit up unaided or without assistance; ¶
(d) The patient can ambulate with minimal assistance; and ¶
(e) The patient does not have nausea, vomiting or dizziness. ¶
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge. ¶
(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, 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 and 818-021-0070.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.250(7), ORS 679.250(10)

AMEND: 818-026-0050

RULE SUMMARY: It adds the requirement that the permit holder shall include a record detailing the patient's condition at discharge.

CHANGES TO RULE:

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 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.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0080

RULE SUMMARY: Removes outdated reference to the Oregon Medical Board.

CHANGES TO RULE:

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~~Medical Board, 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 his/her intent. Such notification need only be submitted once every licensing period.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7), ORS 679.250(10)

AMEND: 818-035-0010

RULE SUMMARY: Clarifies the duties an Expanded Practice Dental Hygienist may do and defines certain terms under their scope of practice.

CHANGES TO RULE:

818-035-0010
Definitions ¶

All terms used in this Division shall have the meanings assigned under ORS 679.010 except that:¶
(1) "Limited Access Patient" means a patient who is unable to receive regular dental hygiene treatment in a dental office.¶
(2) "Long-Term Care Facility" shall have the same definition as that established under ORS 442.015(14)(b).¶
(3) When performed by an Expanded Practice Dental Hygienist with a Collaborative Agreement in accordance with OAR 818-035-0065 (5):¶
(a) "Temporary Restoration" means a restoration placed for a shorter time interval for use while definitive restoration is being fabricated or placed in the future.¶
(b) "Atraumatic/Alternative Restorative Techniques" means restoring and preventing caries in limited access patients and as a community measure to control caries in large numbers of the population.¶
(c) "Interim Therapeutic Restoration" means a direct provisional restoration placed to temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further definitive treatment, and that:¶
(A) Consists of the removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material; and¶
(B) Does not require the administration of local anesthesia.
Statutory/Other Authority: ORS 679.250(7), 680.150
Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-035-0020

RULE SUMMARY: It adds assessment to the rule and attempts to clarify the rule overall.

CHANGES TO RULE:

818-035-0020
Authorization to Practice ¶

(1)~~ A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.¶~~
~~(2) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the hygienist's findings.¶~~
~~(3)~~ A supervising dentist, without first examining a new patient, may authorize a dental hygienist:¶
(a) To take a health history from a patient;¶
(b) To take dental radiographs;¶
(c) To perform periodontal ~~probings~~assessment and record findings;¶
(d) To gather data regarding the patient; and¶
(e) To diagnose, treatment plan and provide dental hygiene services.¶
(~~4~~2) When dental hygiene services are provided pursuant to subsection (~~3~~1), the supervising dentist need not be on the premises when the services are provided.¶
(~~5~~3) When dental hygiene services are provided pursuant to subsection (~~3~~1), the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the dental hygiene services are provided.¶
(~~6~~4) If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection (~~3~~1), no further dental hygiene services may be provided until an examination is done by the supervising dentist.¶
(5) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist. When dental hygiene services are provided pursuant to this subsection, subsections (2), (3) and (4) also apply.¶
(6) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the dental hygienist's findings
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 680.150

AMEND: 818-035-0025

RULE SUMMARY: Clarifies references within the rule to make it easier to understand.

CHANGES TO RULE:

818-035-0025
Prohibitioned Acts ¶

A dental hygienist may not:¶
(1) Diagnose and treatment plan other than for dental hygiene services;¶
(2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;¶
(3) Extract any tooth;¶
(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);¶
(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, 818-035-0040, OAR 818-026-0060(112), OAR 818-026-0065(12) and 818-026-0070(112);¶
(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;¶
(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;¶
(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
(9) Place or remove healing caps or healing abutments, except under direct supervision.¶
(10) Place implant impression copings, except under direct supervision.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.020(1)

AMEND: 818-035-0065

RULE SUMMARY: The rule clarifies the duties of an expanded practice dental hygienist.

CHANGES TO RULE:

818-035-0065
Expanded Practice Dental Hygiene Permit ¶

The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and¶
(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or¶
(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and¶
(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.¶
(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.¶
(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs(6)~~(~~,(7a) to (~~d~~7e) of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.¶
(6) Upon completion of a Board-approved curriculum, an Expanded Practice Permit Dental Hygienist may perform interim therapeutic restorations as allowed by ORS 680.205.¶
(7) The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to:¶
(a) Administering local anesthesia;¶
(b) Administering temporary restorations with or without excavation;¶
(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and¶
(d) Performing interim therapeutic restorations after diagnosis by a dentist; and¶
(e) Referral parameters.¶
(~~7~~8) The collaborative agreement must comply with ORS 679.010 to 680.990.~~¶~~
~~(8) From the date this rule is effective, the Board has the authority to grant a Limited Access Permit through December 31, 2011, pursuant to ORS 680.200.~~
Statutory/Other Authority: ORS 680
Statutes/Other Implemented: ORS 680.200

AMEND: 818-035-0100

RULE SUMMARY: The rule adds language referencing interim therapeutic restorations to be required to record keeping requirements.

CHANGES TO RULE:

818-035-0100
Record Keeping ¶

(1) An Expanded Practice Dental Hygienist shall refer a patient annually to a dentist who is available to treat the patient, and note in the patient's official chart held by the facility that the patient has been referred.¶
(2) When a licensed dentist has authorized an Expanded Practice Dental Hygienist to administer local anesthesia, place temporary restorations without excavation, perform interim therapeutic restorations with or without excavation after diagnosis by a dentist, or prescribe prophylactic antibiotics and nonsteroidal anti-inflammatory drugs, the Expanded Practice Dental Hygienist shall document in the patient's official chart the name of the collaborating dentist and date the collaborative agreement was entered into.
Statutory/Other Authority: ORS 680
Statutes/Other Implemented: ORS 680.205(2), (3)

AMEND: 818-042-0040

RULE SUMMARY: Corrects reference to other rules and that periodontal probing and assessment are prohibited acts.

CHANGES TO RULE:

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts: ¶
(1) Diagnose or plan treatment. ¶
(2) Cut hard or soft tissue. ¶
(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty OAR 818-042-0113 and OAR 818-042-0114 or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.¶
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.¶
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.¶
(6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(1~~1~~2), OAR 818-026-0065(1~~1~~2), OAR 818-026-0070(1~~1~~2) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.¶
(7) Prescribe any drug.¶
(8) Place periodontal packs.¶
(9) Start nitrous oxide.¶
(10) Remove stains or deposits except as provided in OAR 818-042-0070.¶
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.¶
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.¶
(13) Use lasers, except laser-curing lights.¶
(14) Use air abrasion or air polishing.¶
(15) Remove teeth or parts of tooth structure.¶
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.¶
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.¶
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.¶
(19) Apply denture relines except as provided in OAR 818-042-0090(2).¶
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.¶
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
(22) Perform periodontal probings and assessment.¶
(23) Place or remove healing caps or healing abutments, except under direct supervision.¶
(24) Place implant impression copings, except under direct supervision.¶
(25) Any act in violation of Board statute or rules.
Statutory/Other Authority: ORS 680, ORS 679
Statutes/Other Implemented: ORS 679.020, 679.025, 679.250

OREGON BOARD OF DENTISTRY
PUBLIC RULEMAKING HEARING

818-001-0000	Notice of Proposed Rule Making
818-001-0002	Definitions
818-001-0082	Access to Public Records
818-012-0005	Scope of Practice
818-012-0070	Public Records
818-012-0120	Compliance with Governor's Executive Orders
818-015-0007	Specialty Advertising
818-021-0010	Application for License to Practice Dentistry
818-021-0011	Application for License to Practice Dentistry Without Further Examination
818-021-0012	Specialties Recognized
818-021-0017	Application to Practice as a Specialist
818-021-0060	Continuing Education - Dentists
818-021-0080	Renewal of License
818-021-0088	Volunteer License
818-026-0040	Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide
818-026-0050	Minimal Sedation Permit
818-026-0080	Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
818-035-0010	Definitions
818-035-0020	Authorization to Practice
818-035-0025	Prohibited Acts
818-042-0065	Expanded Practice Dental Hygiene Permit
818-035-0100	Record Keeping
818-042-0040	Prohibited Acts

Zoom Meeting
Public Rulemaking Hearing
September 15
12 pm – 1 pm

Public Comment opened on Aug 31st and closes Oct 8th at 4 pm
Send comments to information@oregondentistry.org

The Board will review public comments and proposed rule changes at the Oct 22, 2021 Board Meeting

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

MEETING NOTICE

PUBLIC RULEMAKING HEARING

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

ZOOM MEETING INFORMATION
https://us02web.zoom.us/j/89725609049?pwd=eGxEUlRvS1dxZit2NmpQanJLZlBHZz09
Dial-In Phone #: 1-253-215-8782 • Meeting ID: 897 2560 9049 • Passcode: 517759

September 15, 2021
12:00 p.m. – 1:00 p.m.

1. 818-001-0000
Notice of Proposed Rule Making

Prior to the adoption, amendment, or repeal of any permanent rule, the Oregon Board of Dentistry shall give notice of the proposed adoption, amendment, or repeal:

(1) By publishing a notice in the Secretary of State's Bulletin referred to in ORS 183.370 at least 21 days prior to the effective date.

(2) By mailing, **emailing or electronic mailing** a copy of the notice to persons on the mailing list established pursuant to ORS 183.335(8) at least 28 days before the effective date of the adoption, amendment, or repeal.

(3) By mailing, **emailing or electronic mailing** a copy of the notice to the following persons and publications:

(a) Oregon Dental Hygienists' Association;
(b) Oregon Dental Assistants Association;
(c) Oregon Association of Dental Laboratories;
(d) Oregon Dental Association;
(e) The Oregonian;
(f) Oregon Health & Science University, School of Dentistry;
(g) The United Press International;
(h) The Associated Press;
(i) The Capitol Building Press Room.

2. 818-001-0002
Definitions

As used in OAR chapter 818:

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

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

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

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

(5) "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.

(6) "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.

~~(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.~~

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

(8) "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.

(9) "Licensee" means a dentist or hygienist.

49 (10) “Volunteer Licensee” is a dentist or dental hygienist licensed according to rule to provide
50 dental health care without receiving or expecting to receive compensation.
51 (11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable
52 to receive regular dental hygiene treatment in a dental office.
53 (12) "Specialty." The specialty definitions are added to more clearly define the scope of the
54 practice as it pertains to the specialty areas of dentistry.
55 (a) “Dental Anesthesiology” is the specialty of dentistry that deals with the management of pain
56 through the use of advanced local and general anesthesia techniques.
57 (b) "Dental Public Health" is the science and art of preventing and controlling dental diseases
58 and promoting dental health through organized community efforts. It is that form of dental
59 practice which serves the community as a patient rather than the individual. It is concerned with
60 the dental health education of the public, with applied dental research, and with the
61 administration of group dental care programs as well as the prevention and control of dental
62 diseases on a community basis.
63 (c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology
64 and pathology of the human dental pulp and periradicular tissues. Its study and practice
65 encompass the basic and clinical sciences including biology of the normal pulp, the etiology,
66 diagnosis, prevention and treatment of diseases and injuries of the pulp and associated
67 periradicular conditions.
68 (d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that
69 deals with the nature, identification, and management of diseases affecting the oral and
70 maxillofacial regions. It is a science that investigates the causes, processes, and effects of
71 these diseases. The practice of oral pathology includes research and diagnosis of diseases
72 using clinical, radiographic, microscopic, biochemical, or other examinations.
73 (e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology
74 concerned with the production and interpretation of images and data produced by all modalities
75 of radiant energy that are used for the diagnosis and management of diseases, disorders and
76 conditions of the oral and maxillofacial region.
77 (f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis,
78 surgical and adjunctive treatment of diseases, injuries and defects involving both the functional
79 and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
80 **(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of**
81 **medically complex patients and for the diagnosis and management of medically-related**
82 **diseases, disorders and conditions affecting the oral and maxillofacial region.**
83 **(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the**
84 **diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head**
85 **and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based**
86 **understanding of the underlying pathophysiology, etiology, prevention, and treatment of**
87 **these disorders and improving access to interdisciplinary patient care.**
88 **(i)** "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the
89 supervision, guidance and correction of the growing or mature dentofacial structures, including
90 those conditions that require movement of teeth or correction of malrelationships and
91 malformations of their related structures and the adjustment of relationships between and
92 among teeth and facial bones by the application of forces and/or the stimulation and redirection
93 of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice
94 include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the
95 teeth and associated alterations in their surrounding structures; the design, application and
96 control of functional and corrective appliances; and the guidance of the dentition and its
97 supporting structures to attain and maintain optimum occlusal relations in physiologic and
98 esthetic harmony among facial and cranial structures.

99 **(j)** "Pediatric Dentistry" is an age defined specialty that provides both primary and
100 comprehensive preventive and therapeutic oral health care for infants and children through
101 adolescence, including those with special health care needs.
102 **(k)** "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and
103 treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes
104 and the maintenance of the health, function and esthetics of these structures and tissues.
105 **(l)** "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of
106 oral functions, comfort, appearance and health of the patient by the restoration of natural teeth
107 and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with
108 artificial substitutes.
109 (13) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student
110 who is enrolled in an institution accredited by the Commission on Dental Accreditation of the
111 American Dental Association or its successor agency in a course of study for dentistry or dental
112 hygiene.
113 (14) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either
114 authorized treatment for, supervised treatment of or provided treatment for the patient in clinical
115 settings of the institution described in 679.020(3).
116 (15) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-
117 0070 is defined as a group of licensees who come together for clinical and non-clinical
118 educational study for the purpose of maintaining or increasing their competence. This is not
119 meant to be a replacement for residency requirements.
120 (16) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that
121 caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical
122 harm include mental pain, anguish, or suffering, or fear of injury.
123 (17) "Teledentistry" is defined as the use of information technology and telecommunications to
124 facilitate the providing of dental primary care, consultation, education, and public awareness in
125 the same manner as telehealth and telemedicine.
126 (18) "BLS for Healthcare Providers or its Equivalent" the **BLS/**CPR certification standard is the
127 American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined
128 by the Board. This initial **BLS/**CPR course must be a hands-on course; online **BLS/**CPR
129 courses will not be approved by the Board for initial **BLS/**CPR certification: After the initial
130 **BLS/**CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or
131 its equivalent Online Renewal course for license renewal. A **BLS/**CPR certification card with an
132 expiration date must be received from the **BLS/**CPR provider as documentation of **BLS/**CPR
133 certification. The Board considers the **BLS/**CPR expiration date to be the last day of the month
134 that the **BLS/**CPR instructor indicates that the certification expires.
135
136 **3. 818-001-0082**
137 **Access to Public Records**
138 (1) Public records not exempt from disclosure may be inspected during office hours at the Board
139 office upon reasonable notice.
140 (2) Copies of public records not exempt from disclosure may be purchased upon receipt of a
141 written request. The Board may withhold copies of public records until the requestor pays for the
142 copies.
143 (3) The Board follows the Department of Administrative Service's statewide policy (107-001-
144 030) for fees in regards to public records request; in addition, the Board establishes the
145 following fees:
146 (a) $0.10 per name and address for computer-generated lists on paper ~~or labels~~; $0.20 per
147 name and address for computer-generated lists on paper ~~or labels~~ sorted by specific zip code;
148 (b) Data files ~~on diskette~~ **submitted electronically** or **on a device** ~~CD~~:

(A) All Licensed Dentists — $50;
(B) All Licensed Dental Hygienists — $50;
(C) All Licensees — $100.
(c) Written verification of licensure — $2.50 per name; and
(d) Certificate of Standing — $20.

4. 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 and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and 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).
(#) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.
(#) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective January 1, 2022.)

5. 818-012-0070

Patient Records

(1) Each licensee shall have prepared and maintained an accurate and legible record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:
(a) Name and address and, if a minor, name of guardian;
(b) Date description of examination and diagnosis;
(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or ~~"SOAP" (Subjective Objective Assessment Plan) or their~~ **its** equivalent.
(d) Date and description of treatment or services rendered;
(e) Date, description and documentation of informing the patient of any recognized treatment complications;
(f) Date and description of all radiographs, study models, and periodontal charting;
(g) **Current** ~~H~~**h**ealth history; and
(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.
(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:
(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;
(b) The licensee gives the records, radiographs, or models to the patient; or
(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.
(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:
(a) Manufacture brand;
(b) Design name of implant;
(c) Diameter and length;
(d) Lot number;
(e) Reference number;
(f) Expiration date;
(g) Product labeling containing the above information may be used in satisfying this requirement.
(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.
(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

248 **6. 818-012-0120**
249 **Compliance with Governor’s Executive Orders**
250 **(1) During a declared emergency, unprofessional conduct includes failing to**
251 **comply with any applicable provision of a Governor’s Executive Order or any**
252 **provision of this rule.**
253 **(2) Failing to comply as described in subsection (1) includes, but is not limited to:**
254 **(a) Operating a business required by an Executive Order to be closed under any current**
255 **Executive Order.**
256 **(b) Providing services at a business required by an Executive Order to be closed**
257 **under any current Executive Order.**
258 **(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing**
259 **an Executive Order, including but not limited to:**
260 **(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective**
261 **and non-emergent procedures;**
262 **(B) Failing to implement a measured approach when resuming elective and nonemergent**
263 **procedures in accordance with OHA guidance;**
264 **(d) Failing to comply with any Board of Dentistry guidance implementing an**
265 **Executive Order;**
266 **(3) No disciplinary action or penalty action shall be taken under this rule if the**
267 **Executive Order alleged to have been violated is not in effect at the time of the**
268 **alleged violation.**
269 **(4) Penalties for violating this rule include: up to $5,000 per violation pursuant to ORS**
270 **679.140(10). Any such penalties shall be**
271 **imposed in accordance with ORS 679.140.**
272
273 **7. 818-015-0007**
274 **Specialty Advertising**
275 (1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the
276 Board and in which the dentist is licensed or certified by the Board.
277 (2) The Board recognizes the following specialties:
278 (a) Endodontics;
279 (b) Oral and Maxillofacial Surgery;
280 (c) Oral and Maxillofacial Radiology;
281 (d) Oral and Maxillofacial Pathology;
282 (e) Orthodontics and Dentofacial Orthopedics;
283 (f) Pediatric Dentistry;
284 (g) Periodontics;
285 (h) Prosthodontics;
286 (i) Dental Public Health;
287 (j) Dental Anesthesiology;
288 **(k) Oral Medicine;**
289 **(l) Orofacial Pain**.
290 (3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017
291 may advertise that the dentist performs or limits practice to specialty services even if the dentist
292 is not a specialist in the advertised area of practice so long as the dentist clearly discloses that
293 the dentist is a general dentist or a specialist in a different specialty. For example, the following
294 disclosures would be in compliance with this rule for dentists except those licensed pursuant to
295 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John
296 Doe, DMD, Endodontist, practice includes prosthodontics."

297
298 **8. 818-021-0010**
299 **Application for License to Practice Dentistry**
300 (1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS
301 679.060 and 679.065, shall submit to the Board satisfactory evidence of:
302 (a) Having graduated from a school of dentistry accredited by the Commission on Dental
303 Accreditation of the American Dental Association; or
304 (b) Having graduated from a dental school located outside the United States or Canada,
305 completion of a predoctoral dental education program of not less than two years at a dental
306 school accredited by the Commission on Dental Accreditation of the American Dental
307 Association, and proficiency in the English language; and
308 (c) Certification of having passed the dental examination administered by the Joint Commission
309 on National Dental Examinations or Canadian National Dental Examining Board Examination.
310 (2) An applicant who has not met the educational requirements for licensure may apply for
311 examination if the Dean of an accredited school certifies the applicant will graduate.
312 (3) An applicant must pass a Board examination consisting of a clinical portion administered by
313 the Board, or any clinical Board examination administered by any state, or regional testing
314 agency, national testing agency or other Board-recognized testing agency and a jurisprudence
315 portion administered by the Board. Clinical examination results will be recognized by the Board
316 for five years.
317 (4) A person who fails any Board approved clinical examination three times must successfully
318 complete the remedial training recommended by the testing agency. Such remedial training
319 must be conducted by a dental school accredited by the Commission on Dental Accreditation of
320 the American Dental Association.
321 **(5) Prior to initial licensure, an applicant must complete a one-hour pain management**
322 **course specific to Oregon provided by the Pain Management Commission of the Oregon**
323 **Health Authority.**
324
325 **9. 818-021-0011**
326 **Application for License to Practice Dentistry Without Further Examination**
327 (1) The Oregon Board of Dentistry may grant a license without further examination to a dentist
328 who holds a license to practice dentistry in another state or states if the dentist meets the
329 requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory
330 evidence of:
331 (a) Having graduated from a school of dentistry accredited by the Commission on Dental
332 Accreditation of the American Dental Association; or
333 (b) Having graduated from a dental school located outside the United States or Canada,
334 completion of a predoctoral dental education program of not less than two years at a dental
335 school accredited by the Commission on Dental Accreditation of the American Dental
336 Association or completion of a postdoctoral General Dentistry Residency program of not less
337 than two years at a dental school accredited by the Commission on Dental Accreditation of the
338 American Dental Association, and proficiency in the English language; and
339 (c) Having passed the dental clinical examination conducted by a regional testing agency, by a
340 state dental licensing authority, by a national testing agency or other Board-recognized testing
341 agency; and
342 (d) Holding an active license to practice dentistry, without restrictions, in any state; including
343 documentation from the state dental board(s) or equivalent authority, that the applicant was

344 issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or
345 has been, the subject of any final or pending disciplinary action; and
346 (e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of
347 the United States, the United States Public Health Service or the United States Department of
348 Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding
349 application. Licensed clinical practice could include hours devoted to teaching by dentists
350 employed by a dental education program in a CODA accredited dental school, with verification
351 from the dean or appropriate administration of the institution documenting the length and terms
352 of employment, the applicant's duties and responsibilities, the actual hours involved in teaching
353 clinical dentistry, and any adverse actions or restrictions; and
354 (f) Having completed 40 hours of continuing education in accordance with the Board's
355 continuing education requirements contained in these rules within the two years immediately
356 preceding application.
357 (2) Applicants must pass the Board's Jurisprudence Examination.
358 **(3) Prior to initial licensure, an applicant must complete a one-hour pain management**
359 **course specific to Oregon provided by the Pain Management Commission of the Oregon**
360 **Health Authority.**
361 ~~(3)~~ **(4)** A dental license granted under this rule will be the same as the license held in another
362 state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general
363 (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty,
364 the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds
365 more than one license, the Oregon Board will issue a dental license which is least restrictive.
366
367 **10. 818-021-0012**
368 **Specialties Recognized**
369 (1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and
370 maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, **oral**
371 **medicine dentist, orofacial pain dentist,** orthodontist and dentofacial orthopedist, pediatric
372 dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed
373 or certified by the Board in the specialty in accordance with Board rules.
374 (2) A dentist may advertise that the dentist specializes in or is a specialist in dental
375 anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery,
376 oral and maxillofacial radiology, **oral medicine, orofacial pain,** orthodontics and dentofacial
377 orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the
378 dentist is licensed or certified by the Board in the specialty in accordance with Board rules.
379
380 **11. 818-021-0017**
381 **Application to Practice as a Specialist**
382 (1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current
383 Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065,
384 shall submit to the Board satisfactory evidence of:
385 (a) Having graduated from a school of dentistry accredited by the Commission on Dental
386 Accreditation of the American Dental Association and active licensure as a general dentist in
387 another state. Licensure as a general dentist must have been obtained as a result of the
388 passage of any clinical Board examination administered by any state or regional testing agency;
389

390 (b) Certification of having passed the dental examination administered by the Joint Commission
391 on National Dental Examinations or Canadian National Dental Examining Board Examination;
392 and
393 (c) Proof of satisfactory completion of a post-graduate specialty program accredited by the
394 Commission on Dental Accreditation of the American Dental Association.
395 (d) Passing the Board's jurisprudence examination.
396 (2) A dentist who graduated from a dental school located outside the United States or Canada
397 who wishes to practice as a specialist in Oregon, who does not have a current Oregon license,
398 in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to
399 the Board satisfactory evidence of:
400 (a) Completion of a post-graduate specialty program of not less than two years at a dental
401 school accredited by the Commission on Dental Accreditation of the American Dental
402 Association, proficiency in the English language, and evidence of active licensure as a general
403 dentist in another state obtained as a result of the passage of any clinical Board examination
404 administered by any state or regional testing agency; or
405 (b) Completion of a post-graduate specialty program of not less than two years at a dental
406 school accredited by the Commission on Dental Accreditation of the American Dental
407 Association, proficiency in the English language and certification of having successfully passed
408 the clinical examination administered by any state or regional testing agency within the five
409 years immediately preceding application; and
410 (c) Certification of having passed the dental examination administered by the Joint Commission
411 on National Dental Examinations or Canadian National Dental Examining Board Examination;
412 **and**
413 (d) Passing the Board's jurisprudence examination; and
414 **(e) Completion of a one-hour pain management course specific to Oregon provided by**
415 **the Pain Management Commission of the Oregon Health Authority.**
416 (3) An applicant who meets the above requirements shall be issued a specialty license upon:
417 (a) Passing a specialty examination approved by the Board within the five years immediately
418 preceding application; or
419 (b) Passing a specialty examination approved by the Board greater than five years prior to
420 application; and
421 (A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in
422 Oregon, other states or in the Armed Forces of the United States, the United States Public
423 Health Service or the United States Department of Veterans Affairs for a minimum of 3,500
424 hours in the five years immediately preceding application. Licensed clinical practice could
425 include hours devoted to teaching the applicant's dental specialty by dentists employed by a
426 dental education program in a CODA-accredited dental school, with verification from the dean or
427 appropriate administration of the institution documenting the length and terms of employment,
428 the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry
429 in the specialty applicant is applying for, and any adverse actions or restrictions; and;
430 (B) Having completed 40 hours of continuing education in accordance with the Board's
431 continuing education requirements contained in these rules within the two years immediately
432 preceding application.
433 (4) Any applicant who does not pass the first examination for a specialty license may apply for a
434 second and third regularly scheduled specialty examination. If the applicant fails to pass the
435 third examination for the practice of a recognized specialty, the applicant will not be permitted to

436 retake the particular specialty examination until he/she has attended and successfully passed a
437 remedial program prescribed by a dental school accredited by the Commission on Dental
438 Accreditation of the American Dental Association and approved by the Board.
439 (5) Licenses issued under this rule shall be limited to the practice of the specialty only.
440
441 **12. 818-021-0060**
442 **Continuing Education - Dentists**
443 (1) Each dentist must complete 40 hours of continuing education every two years. Continuing
444 education (C.E.) must be directly related to clinical patient care or the practice of dental public
445 health.
446 (2) Dentists must maintain records of successful completion of continuing education for at least
447 four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists
448 is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of
449 successful completion of continuing education courses.
450 (3) Continuing education includes:
451 (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific
452 sessions at conventions.
453 (b) Research, graduate study, teaching or preparation and presentation of scientific sessions.
454 No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are
455 defined as scientific presentations, table clinics, poster sessions and lectures.)
456 (c) Correspondence courses, videotapes, distance learning courses or similar self-study course,
457 provided that the course includes an examination and the dentist passes the examination.
458 (d) Continuing education credit can be given for volunteer pro bono dental services provided in
459 the state of Oregon; community oral health instruction at a public health facility located in the
460 state of Oregon; authorship of a publication, book, chapter of a book, article or paper published
461 in a professional journal; participation on a state dental board, peer review, or quality of care
462 review procedures; successful completion of the National Board Dental Examinations taken
463 after initial licensure; a recognized specialty examination taken after initial licensure; or test
464 development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours
465 of credit may be in these areas.
466 (4) At least three hours of continuing education must be related to medical emergencies in a
467 dental office. No more than four hours of Practice Management and Patient Relations may be
468 counted toward the C.E. requirement in any renewal period.
469 (5) **At each renewal,** ~~A~~**a**ll dentists licensed by the Oregon Board of Dentistry will complete a
470 one-hour pain management course specific to Oregon provided by the Pain Management
471 Commission of the Oregon Health Authority. ~~All applicants or licensees shall complete this~~
472 ~~requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.~~
473 **(Effective January 1, 2022).**
474 (6) At least two (2) hours of continuing education must be related to infection control.
475 (7) At least two (2) hours of continuing education must be related to cultural competency
476 (Effective January 1, 2021).
477 **(8) A dentist placing endosseous implants must complete at least seven (7) hours of**
478 **continuing education related to the placement of dental implants every licensure renewal**
479 **period.**
480
481 **13. 818-021-0080**
482 **Renewal of License**
483 Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of
484 license to the last mailing address on file in the Board's records to every ~~person~~ **licensee**

485 holding a current license. The licensee must ~~return the~~ complete~~d~~ **the online** renewal
486 application **and pay the** ~~along with~~ current renewal fees prior to the expiration of said license.
487 Licensees who fail to renew their license prior to the expiration date may not practice dentistry
488 or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-
489 021-0085, "Reinstatement of Expired Licenses."
490 (1) Each dentist shall submit the renewal fee and completed ~~and signed~~ **online** renewal
491 application ~~form~~ by March 31 every other year. Dentists licensed in odd numbered years shall
492 apply for renewal in odd numbered years and dentists licensed in even numbered years shall
493 apply for renewal in even numbered years.
494 (2) Each **dental** hygienist must submit the renewal fee and completed ~~and signed~~ **online**
495 renewal application ~~form~~ by September 30 every other year. **Dental** ~~H~~**h**ygienists licensed in odd
496 numbered years shall apply for renewal in odd numbered years and **dental** hygienists licensed
497 in even numbered years shall apply for renewal in even numbered years.
498 (3) The renewal application shall contain:
499 (a) Licensee's full name;
500 (b) Licensee's mailing address;
501 (c) Licensees business address including street and number or if the licensee has no business
502 address, licensee's home address including street and number;
503 (d) Licensee's business telephone number or if the licensee has no business telephone number,
504 licensee's home telephone number;
505 (e) Licensee's employer or person with whom the licensee is on contract;
506 (f) Licensee's assumed business name;
507 (g) Licensee's type of practice or employment;
508 (h) A statement that the licensee has met the **continuing** education requirements for renewal
509 set forth in OAR 818-021-0060 or 818-021-0070;
510 (i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
511 (j) A statement that the licensee has not been disciplined by the licensing board of any other
512 jurisdiction or convicted of a crime.
513
514 **14. 818-021-0088**
515 **Volunteer License**
516 (1) An Oregon licensed dentist or dental hygienist who will be practicing for a
517 supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a
518 volunteer license provided licensee completes the following:
519 (a) Licensee must register with the Board as a health care professional and provide a statement
520 as required by ORS 676.345.
521 (b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
522 (c) Licensee must provide the health care service without compensation.
523 (d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity
524 under the volunteer license.
525 (e) Licensee must comply with all continuing education requirements for active licensed dentist
526 or dental hygienist.
527 (f) Licensee must agree to volunteer for a minimum of 80 hours **in Oregon** per renewal cycle.
528 (2) Licensee may surrender the volunteer license designation at anytime and request a return to
529 an active license. The Board will grant an active license as long as all active license
530 requirements have been met.
531
532
533
534

535 **15. 818-026-0040**
536 **Qualifications, Standards Applicable, and Continuing Education Requirements for**
537 **Anesthesia**
538 **Permits: Nitrous Oxide Permit**
539 Nitrous Oxide Sedation.
540 (1) The Board shall issue a Nitrous Oxide Permit to an applicant who:
541 (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
542 (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
543 (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide
544 from a dental school or dental hygiene program accredited by the Commission on Dental
545 Accreditation of the American Dental Association, or as a postgraduate.
546 (2) The following facilities, equipment and drugs shall be on site and available for immediate use
547 during the procedure and during recovery:
548 (a) An operating room large enough to adequately accommodate the patient on an operating
549 table or in an operating chair and to allow delivery of appropriate care in an emergency
550 situation;
551 (b) An operating table or chair which permits the patient to be positioned so that the patient's
552 airway can be maintained, quickly alter the patient's position in an emergency, and provide a
553 firm platform for the administration of basic life support;
554 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a
555 backup lighting system of sufficient intensity to permit completion of any operation underway in
556 the event of a general power failure;
557 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a
558 backup suction device which will function in the event of a general power failure;
559 (e) An oxygen delivery system with adequate full face masks and appropriate connectors that is
560 capable of delivering high flow oxygen to the patient under positive pressure, together with an
561 adequate backup system;
562 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate
563 continuous oxygen delivery and a scavenger system; and
564 (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.
565 (3) Before inducing nitrous oxide sedation, a permit holder shall:
566 (a) Evaluate the patient **and document, using the American Society of Anesthesiologists**
567 **(ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate**
568 **for nitrous oxide sedation**;
569 (b) Give instruction to the patient or, when appropriate due to age or psychological status of the
570 patient, the patient's guardian;
571 (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
572 (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The
573 obtaining of the informed consent shall be documented in the patient's record.
574 (4) If a patient chronically takes a medication which can have sedative side effects, including,
575 but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive
576 sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous
577 oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient
578 would result in minimal sedation, a minimal sedation permit would be required.
579 (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by
580 an anesthesia monitor at all times. The patient shall be monitored as to response to verbal
581 stimulation, oral mucosal color and preoperative and postoperative vital signs.
582 (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must
583 include documentation of **preoperative and postoperative vital signs, and** all medications
584 administered with dosages, time intervals and route of administration.

585 (7) Persons serving as anesthesia monitors in a dental office shall maintain current certification
586 in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation
587 (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs,
588 in the use of monitoring and emergency equipment appropriate for the level of sedation utilized.
589 ("competent" means displaying special skill or knowledge derived from training and experience.)
590 (8) The person administering the nitrous oxide sedation may leave the immediate area after
591 initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is
592 continuously observing the patient.
593 (9) The permit holder shall assess the patient's responsiveness using preoperative values as
594 normal guidelines and discharge the patient only when the following criteria are met:
595 (a) The patient is alert and oriented to person, place and time as appropriate to age and
596 preoperative psychological status;
597 (b) The patient can talk and respond coherently to verbal questioning;
598 (c) The patient can sit up unaided or without assistance;
599 (d) The patient can ambulate with minimal assistance; and
600 (e) The patient does not have nausea, vomiting or dizziness.
601 (10) The permit holder shall make a discharge entry in the patient's record indicating the
602 patient's condition upon discharge.
603 (11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide
604 proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous
605 Oxide Permit holders must also complete four (4) hours of continuing education in one or more
606 of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical
607 emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and
608 agents used in sedation. Training taken to maintain
609 current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward
610 this requirement. Continuing education hours may be counted toward fulfilling the continuing
611 education requirement set forth in OAR 818-021-0060 and 818-021-0070.
612
613 **16. 818-026-0050**
614 **Minimal Sedation Permit**
615 Minimal sedation and nitrous oxide sedation.
616 (1) The Board shall issue a Minimal Sedation Permit to an applicant who:
617 (a) Is a licensed dentist in Oregon;
618 (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
619 (c) Completion of a comprehensive training program consisting of at least 16 hours of training
620 and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and
621 Sedation to Dentists and Dental Students at the time training was commenced or postgraduate
622 instruction was completed, or the equivalent of that required in graduate training programs, in
623 sedation, recognition and management of complications and emergency care; or
624 (d) In lieu of these requirements, the Board may accept equivalent training or experience in
625 minimal sedation anesthesia.
626 (2) The following facilities, equipment and drugs shall be on site and available for immediate use
627 during the procedures and during recovery:
628 (a) An operating room large enough to adequately accommodate the patient on an operating
629 table or in an operating chair and to allow an operating team of at least two individuals to freely
630 move about the patient;
631 (b) An operating table or chair which permits the patient to be positioned so the operating team
632 can maintain the patient’s airway, quickly alter the patient’s position in an emergency, and
633 provide a firm platform for the administration of basic life support;

634 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a
635 backup lighting system of sufficient intensity to permit completion of any operation underway in
636 the event of a general power failure;
637 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a
638 backup suction device which will function in the event of a general power failure;
639 (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is
640 capable of delivering high flow oxygen to the patient under positive pressure, together with an
641 adequate backup system;
642 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate
643 continuous oxygen delivery and a scavenger system;
644 (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff;
645 and
646 (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
647 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives
648 and anticonvulsants.
649 (3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation
650 shall:(a) Evaluate the patient and document, using the American Society of Anesthesiologists
651 (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for
652 minimal sedation;
653 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
654 due to age or psychological status of the patient, the patient's guardian;
655 (c) Certify that the patient is an appropriate candidate for minimal sedation; and
656 (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
657 The obtaining of the informed consent shall be documented in the patient's record.
658 (4) No permit holder shall have more than one person under minimal sedation at the same time.
659 (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be
660 present in the room in addition to the treatment provider. The anesthesia monitor may be the
661 dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may
662 administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist
663 permit holder under the direct supervision of a dentist permit holder.
664 (6) A patient under minimal sedation shall be visually monitored at all times, including recovery
665 phase. The record must include documentation of all medications administered with dosages,
666 time intervals and route of administration. The dentist permit holder or anesthesia monitor shall
667 monitor and record the patient's condition.
668 (7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain
669 current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary
670 Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring
671 patient vital signs, in the use of monitoring and emergency equipment appropriate for the level
672 of sedation utilized. ("competent" means displaying special skill or knowledge derived from
673 training and experience.)
674 (8) The patient shall be monitored as follows:
675 (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have
676 continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood
677 pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every
678 fifteen minutes, if they can
679 reasonably be obtained.
680 (b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating
681 the patient's condition upon discharge and the name of the responsible party to whom the
682 patient was discharged.

683 (9) The dentist permit holder shall assess the patient's responsiveness using preoperative
684 values as normal guidelines and discharge the patient only when the following criteria are met:
685 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
686 (b) The patient is alert and oriented to person, place and time as appropriate to age and
687 preoperative psychological status;
688 (c) The patient can talk and respond coherently to verbal questioning;
689 (d) The patient can sit up unaided;
690 (e) The patient can ambulate with minimal assistance; and
691 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
692 (g) A dentist permit holder shall not release a patient who has undergone minimal sedation
693 except to the care of a responsible third party.
694 **(10) The permit holder shall make a discharge entry in the patient's record indicating the**
695 **patient's condition upon discharge.**
696 (~~10~~**11**) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must
697 provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In
698 addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing
699 education in one or more of the following areas every two years: sedation, physical evaluation,
700 medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of
701 drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare
702 Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing
703 education hours may be counted toward fulfilling the continuing education requirement set forth
704 in OAR 818-021-0060.
705
706 **17. 818-026-0080**
707 **Standards Applicable When a Dentist Performs Dental Procedures and a Qualified**
708 **Provider Induces Anesthesia**
709 (1) A dentist who does not hold an anesthesia permit may perform dental procedures on a
710 patient who receives anesthesia induced by a physician anesthesiologist licensed by the
711 Oregon ~~Board of~~ Medical ~~Examiners~~ **Board**, another Oregon licensed dentist holding an
712 appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by
713 the Oregon Board of Nursing.
714 (2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform
715 dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed
716 dental hygienist holding a Nitrous Oxide Permit.
717 (3) A dentist who performs dental procedures on a patient who receives anesthesia induced by
718 a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental
719 hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare
720 Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and
721 drugs available during the procedure and during recovery as required of a dentist who has a
722 permit for the level of anesthesia being provided.
723 (4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who
724 performs procedures on a patient who is receiving anesthesia induced by a physician
725 anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or
726 treat patients for non emergent care during the period of time of the sedation procedure.
727 (5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until
728 criteria for transportation to recovery have been met.
729 (6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general
730 anesthesia shall monitor the patient until easily arousable and can independently and
731 continuously maintain their airway with stable vital signs. Once this has occurred the patient
732 may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's

733 dental record shall document the patient's condition at discharge as required by the rules
734 applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be
735 maintained in the patient's dental record and is the responsibility of the dentist who is
736 performing the dental procedures.
737 (7) No qualified provider shall have more than one person under any form of sedation or general
738 anesthesia at the same time exclusive of recovery.
739 (8) A dentist who intends to use the services of a qualified anesthesia provider as described in
740 section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be
741 submitted once every licensing period.
742

743 **18. 818-035-0010**
744 **Definitions**
745 All terms used in this Division shall have the meanings assigned under ORS 679.010 except
746 that:
747 (1) "Limited Access Patient" means a patient who is unable to receive regular dental hygiene
748 treatment in a dental office.
749 (2) "Long-Term Care Facility" shall have the same definition as that established under ORS
750 442.015(14)(b).
751 **(3) When performed by an Expanded Practice Dental Hygienist with a Collaborative**
752 **Agreement in accordance with OAR 818-035-0065 (5):**
753 **(a) "Temporary Restoration" means a restoration placed for a shorter time interval for**
754 **use while definitive restoration is being fabricated or placed in the future.**
755 **(b) "Atraumatic/Alternative Restorative Techniques" means restoring and preventing**
756 **caries in limited access patients and as a community measure to control caries in large**
757 **numbers of the population.**
758 **(c) "Interim Therapeutic Restoration" means a direct provisional restoration placed to**
759 **temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further**
760 **definitive treatment, and that:**
761 **(A) Consists of the removal of soft material from the tooth using only hand**
762 **instrumentation and subsequent placement of an adhesive restorative material; and**
763 **(B) Does not require the administration of local anesthesia.**
764

765 **19. 818-035-0020**
766 **Authorization to Practice**
767 **(1)** A supervising dentist, without first examining a new patient, may authorize a dental
768 hygienist:
769 (a) To take a health history from a patient;
770 (b) To take dental radiographs;
771 (c) To perform periodontal ~~probings~~ **assessment** and record findings;
772 (d) To gather data regarding the patient; and
773 (e) To diagnose, treatment plan and provide dental hygiene services.
774 **(2)** When **dental** hygiene services are provided pursuant to subsection **(1)**, the supervising
775 dentist need not be on the premises when the services are provided.
776 **(3)** When **dental** hygiene services are provided pursuant to subsection **(1)**, the patient must be
777 scheduled to be examined by the supervising dentist within fifteen business days following the
778 day the **dental** hygiene services are provided.
779 **(4)** If a new patient has not been examined by the supervising dentist subsequent to receiving
780 dental hygiene services pursuant to subsection **(1)**, no further dental hygiene services may be
781 provided until an examination is done by the supervising dentist.

782 (5) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150
783 under general supervision upon authorization of a supervising dentist. **When dental hygiene**
784 **services are provided pursuant to this subsection, subsections (2), (3) and (4) also apply.**
785 (6) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access
786 patient must review the **dental** hygienist's findings.
787

788 **20. 818-035-0025**
789 **Prohibit~~ions~~ed Acts**
790 A dental hygienist may not:
791 (1) Diagnose and treatment plan other than for dental hygiene services;
792 (2) Cut hard or soft tissue with the exception of root planing**, except as provided in OAR 818-**
793 **035-0065**;
794 (3) Extract any tooth;
795 (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-
796 0030(1)(h);
797 (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030,
798 **OAR** 818- 035-0040, **OAR** 818-026-0060(~~11~~ **12**)**, OAR 818-026-0065(12)** and 818-026-0070(~~11~~
799 **12**);
800 (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-
801 035-0072, or operatively prepare teeth;
802 (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
803 (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth
804 Airway
805 Restriction (HOMAR) on any patient.
806 (9) Place or remove healing caps or healing abutments, except under direct supervision.
807 (10) Place implant impression copings, except under direct supervision.
808

809 **21. 818-035-0065**
810 **Expanded Practice Dental Hygiene Permit**
811 The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an
812 unrestricted Oregon license, and completes an application approved by the Board, pays the
813 permit fee, and
814 (1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of
815 supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40
816 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored
817 by continuing education providers approved by the Board; or
818 (2) Certifies on the application that the dental hygienist has completed a course of study, before
819 or after graduation from a dental hygiene program, that includes at least 500 hours of dental
820 hygiene practice on patients described in ORS 680.205; and
821 (3) Provides the Board with a copy of the applicant's current professional liability policy or
822 declaration page which will include, the policy number and expiration date of the policy.
823 (4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an
824 Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to
825 determine the patient's dental hygiene treatment needs and formulate a patient care plan.
826 (5) An Expanded Practice Dental Hygienist may render the services described in paragraphs
827 **(6),** (~~6~~**7**)(a) to ~~(d)~~ **(e)** of this rule to the patients described in ORS 680.205(1) if the Expanded
828 Practice Dental Hygienist has entered into a written collaborative agreement in a format
829 approved by the Board with a dentist licensed under ORS Chapter 679.

830 **(6) Upon completion of a Board-approved curriculum, an Expanded Practice Permit**
831 **Dental Hygienist may perform interim therapeutic restorations as allowed by ORS**
832 **680.205.**.
833 ~~(6)~~ **(7)** The collaborative agreement must set forth the agreed upon scope of the dental
834 hygienist's practice with regard to:
835 (a) Administering local anesthesia;
836 (b) Administering temporary restorations **with or** without excavation;
837 (c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and
838 **(d) Performing interim therapeutic restorations after diagnosis by a dentist; and**
839 **(e)** Referral parameters.
840 ~~(7)~~ **(8)**The collaborative agreement must comply with ORS 679.010 to 680.990.
841 ~~(8) From the date this rule is effective, the Board has the authority to grant a Limited Access~~
842 ~~Permit through December 31, 2011, pursuant to ORS 680.200.~~
843
844 **22. 818-035-0100**
845 **Record Keeping**
846 (1) An Expanded Practice Dental Hygienist shall refer a patient annually to a dentist who is
847 available to treat the patient, and note in the patient's official chart held by the facility that the
848 patient has been referred.
849 (2) When a licensed dentist has authorized an Expanded Practice Dental Hygienist to
850 administer local anesthesia, place temporary restorations without excavation, **perform interim**
851 **therapeutic restorations with or without excavation after diagnosis by a dentist,** or
852 prescribe prophylactic antibiotics and nonsteroidal anti-inflammatory drugs, the Expanded
853 Practice Dental Hygienist shall document in the patient's official chart the name of the
854 collaborating dentist and date the collaborative agreement was entered into.
855
856 **23. 818-042-0040**
857 **Prohibited Acts**
858 No licensee may authorize any dental assistant to perform the following acts:
859 (1) Diagnose or plan treatment.
860 (2) Cut hard or soft tissue.
861 (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded
862 Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095
863 or Expanded Preventive Duty **(**OAR 818-042-0113 and OAR 818-042-0114**)** or Expanded
864 Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
865 (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by
866 OAR 818-042-0100.
867 (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other
868 structure while it is in the patient's mouth.
869 (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the
870 counter medications per package instructions or drugs administered pursuant to OAR 818-026-
871 0050(5)(a), OAR 818-026-0060(~~11~~**12**), OAR 818-026-0065(~~11~~**12**), OAR 818-026-0070(~~11~~**12**)
872 and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
873 (7) Prescribe any drug.
874 (8) Place periodontal packs.
875 (9) Start nitrous oxide.
876 (10) Remove stains or deposits except as provided in OAR 818-042-0070.
877 (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.

878 (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece
879 intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting
880 occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
881 (13) Use lasers, except laser-curing lights.
882 (14) Use air abrasion or air polishing.
883 (15) Remove teeth or parts of tooth structure.
884 (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets,
885 retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-
886 0100.
887 (17) Condense and carve permanent restorative material except as provided in OAR 818-042-
888 0095.
889 (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-
890 0090.
891 (19) Apply denture relines except as provided in OAR 818-042-0090(2).
892 (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued
893 by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of
894 instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of
895 Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
896 (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand
897 Over Mouth Airway Restriction (HOMAR) on any patient.
898 (22) Perform periodontal probing**s and assessment**.
899 (23) Place or remove healing caps or healing abutments, except under direct supervision.
900 (24) Place implant impression copings, except under direct supervision.
901 (25) Any act in violation of Board statute or rules.
902
903

Oregon

Kate Brown, Governor

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

TO: OBD Board Members

FROM: Stephen Prisby, OBD Executive Director

DATE: October 11, 2021

SUBJECT: OBD Public Rulesmaking Hearing held 9.15.2021

The public rulesmaking hearing was held via Zoom on Wednesday, September 15, 2021 from 12 pm – 1 pm. I was the Hearings Officer for the meeting. No one offered any oral testimony at the hearing

The public comment period was open between August 31 and October 8, 2021.

The Board has received written (email) testimony and that is provided for you attached to this memo.

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Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

Delivered via email

Comments on Proposed Rules

October 7, 2021

President Riedman and Members of the Board,

Thank you for the opportunity to provide comments on the proposed rules currently in public rule making process. ODA has participated in the development of these rules throughout the lengthy process and in general, we support the changes wherein. However, there are remaining areas of concern and language that could use clarification. We submit these comments to assist the Board in ensuring that final rules are both easy to implement and easy for licensees to understand.

818-012-2005: Implant CE Requirements

ODA represents dentists with a variety of viewpoints on this issue. As such, ODA is not taking a specific position on the new requirement found within these rules related to CE requirements for dentists who choose to place implants. However, in review of these rules, we have received numerous questions on the language and requirements. We believe that any new regulation should be clear and precise for our members to navigate. As such, we offer these questions and request corresponding guidance be released with the adopted rule.

- How does this new requirement apply to dentists currently placing endosseous implants? Is there any sort of grandfather period?
- Do residencies in specialties such as oral maxillofacial surgery, periodontics and prosthodontics meet the criteria of the 56 hours of clinical course training?
- Will specialists (i.e. oral maxillofacial surgeons, periodontists, prosthodontists) be required to take the continuous specific endosseous implant CE?
- How will the Board track that an individual has met the criteria within 818-012-2005 to place endosseous implants?

OAR 818-012-0120: Compliance with Governor's Executive Orders

ODA has significant concerns with proposed OAR 818-012-0120. Over the last 18 months Oregon dentists have navigated a regulatory burdensome environment while providing critical care to Oregonians during a global pandemic. At many times throughout the pandemic, regulatory guidance was conflicting between agencies, unclear at best, and consistently changing. We are concerned what standard the Board will use to measure compliance. For example, what standard will the Board use to determine what is considered "emergency care?" How will the Board of Dentistry interpret guidance that is ambiguous, like the Oregon Health Authority's guidance that indicated a provider "*should*" use an N95, but did not say "*must"* for

oda

many months? How will the Board effectively understand what was required at any given time throughout the pandemic in retrospect?

Further, Executive Order 20-10 specifies allowable care during the PPE conservation order given by the Governor in section 1.b:

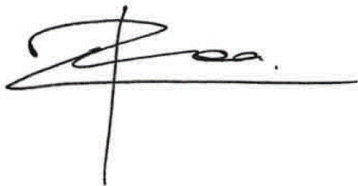
> *"A procedure or surgery is exempt from the limitations set forth in paragraph 1(a) of the Executive Order in a three-month delay in the procedure or surgery would put the patient at risk of irreversible harm. Criteria for determining…."*

We strongly suggest that any addition in the Dental Practice Act should at minimum include this clause recognizing that there is provider discretion in determining when a patient needed care.

While we recognize the proposed rule is drafted in such a way to give the Board authority to discipline, we are concerned that implementation of this section cannot be done in a truly fair way. As we have requested previously, we ask that this section be removed from the rules. If it is adopted and implemented, we would urge the Board to draft a clear timeline of all the various regulatory requirements throughout the pandemic that it can use in an impartial way when reviewing cases.

Thank you for the opportunity to submit these comments, questions, and recommendations. We are ready to assist in educating our members on any new rules and requirements the Board sets forth.

Sincerely,



Calie Roa, DMD

President

8699 SW Sun Place • Wilsonville, Oregon 97070-3710 • 503.218.2010 / 800.452.5628 • fax 503.218.2009 • www.oregondental.org

September 13th, 2021

Re: Comments in Support of Oregon Board of Dentistry Proposed Rules about sections 18 (818-035-0010), 20 (818-035-0025), 21 (818-035-0065), and 22 (818-035-0100).

Chair Alicia Riedman and Members of the Rules Oversight Committee,

For the record, my name is Richie Kohli, and I am a dentist with a specialization in dental public health. I am serving as an Associate Professor in the Department of Community Dentistry at Oregon Health & Science University, School of Dentistry. I am writing in support of the proposed Oregon Board of Dentistry rules as specified in sections 18 (818-035-0010), 20 (818-035-0025), 21 (818-035-0065), and 22 (818-035-0100) as a result of the HB2627 bill signed into law by the Governor on May 21st, 2021.

I served as the Co-Principal Investigator with Dr. Eli Schwarz (Chair, Department of Community Dentistry) for the Workforce Pilot Project #200 directly related to HB2627 allowing expanded practice dental hygienists to perform the interim therapeutic restorations. We collaborated with Capitol Dental Care to implement this project and it was overseen by Oregon Health Authority. We demonstrated that by utilizing this additional scope of practice for Expanded Practice Dental Hygienists, we could increase access to dental care with high satisfaction and safety for the provided services. We also recently published the results of this project as a manuscript titled "Training dental hygienists to place interim therapeutic restorations in a school-based teledentistry program: Oregon's virtual dental home" in the Journal of Public Health Dentistry. We shared this manuscript with the Oregon Board of Dentistry staff during the rule development process.

During Pilot Project #200, I was responsible for the training program for the expanded practice dental hygienists to perform the interim therapeutic restorations. The proposed rules by the Oregon Board of Dentistry for sections 18 (818-035-0010), 20 (818-035-0025), 21 (818-035-0065), and 22 (818-035-0100) are in line with our training program for Pilot Project #200 as required by the HB2627. Therefore, we are in full support of these rules.

Thank you for the opportunity to comment.

Richie Kohli, BDS, MS (pronouns: she/her/hers)
Diplomate, American Board of Dental Public Health
Associate Professor, Department of Community Dentistry
Faculty Lead, Dental ECHO Program
School of Dentistry, Oregon Health & Science University
Ph: +1 503-494-3067
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Capitol Dental

COMMENTS REGARDING RULEMAKING FOR SECTIONS 18 (818-035-0010), 20 (818-035-0025), 21 (818-035-0065) AND SECTION 22 (818-035-0100)

Public Rulemaking Hearing
September 15, 2021

ATTN: Alicia Riedman, R.D.H., E.P.P., Chair
Rules Oversight Committee
Oregon Board of Dentistry

Capitol Dental Care is strongly in support of the new language for the following rules:

- 818-035-0010 Definitions
- 818-035-0025 Authorization to Practice
- 818-035-0065 Expanded Practice Dental Hygiene Permit
- 818-035-0100 Record Keeping

These rules incorporate the language and intent of HB 2627 (2021 session), which allows an Expanded Practice Dental Hygienist to perform an Interim Therapeutic Restoration (ITR). This rule language was developed in collaboration with the Oregon Board of Dentistry staff, the Oregon Health Authority Dental Pilot Programs staff, as well as the participants in the OHA Dental Pilot Project #200 (specifically Dr. Eli Schwarz, Principal Investigator, and Dr. Richie Kohli, Co-Principal Investigator, as well as Capitol Dental Care staff involved with the pilot project).

HB 2627 is the result of the Dental Pilot Project #200 to train Expanded Practice Dental Hygienists to perform Interim Therapeutic Restorations (ITR). The Pilot Project successfully trained EPDHs in the procedure, evaluated their performance in providing the services as well as evaluating the various benefits to their patients resulting from this added skill. The ultimate goal of both Pilot Project #200 and HB 2627 is to allow Expanded Practice Dental Hygienists to perform Interim Therapeutic Restorations and to integrate this practice into the care they can provide, ultimately expanding access for rural and underserved areas and populations.

Thank you for the opportunity to offer these comments and for your support of the proposed rules.

Jennifer L. Clemens, DMD, MPH
Regional Clinical Director, Region 5, 6, 7, 9
Dental Director, Capitol Dental Care
Cell: 971-600-5140 | Email:clemensj@interdent.com

From: Catherine Lach
To: OBD Info * OBD
Subject: Rule making comment
Date: Wednesday, October 6, 2021 6:27:25 PM

Comment for rule making.

1. My current OBD license clearly uses the word “Specialty - Prosthodontics”

I do question, object to the new wording of “branch” rather than “Specialty”
2. Current ADA (CODA) clearly recognizes Prosthodontics as a specialty.

The link below is the full language of the ADA for the Specialty of Prosthodontics

http://www.ada.org/~/media/CODA/Files/2016_prostho.pdf

Proposed OBD rule changes should DELETE BRANCH and restore SPECIALTY and use the ADA CODA wording.

“105 (l) "Prosthodontics" is the ~~branch~~ of dentistry pertaining to the restoration and maintenance of
106 oral functions, comfort, appearance and health of the patient by the restoration of natural teeth
107 and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with
108 artificial substitutes.”

3. The American College of Prosthodontics also includes the ADA CODA language for the Specialty. (link in text)

Founded in 1970, the American College of Prosthodontists is a not-for-profit organization created to represent the needs and interests of prosthodontists within organized dentistry, and to the public, by providing opportunities for dialogue, education, advancement, and improvement through meetings, continuing education, communications, publications, and other programs and activities.

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes prosthodontics as a dental specialty. The ACP is the only prosthodontic specialty association where membership is based solely on education credentials. ACP members must be in or have completed an advanced education program in prosthodontics that is accredited by the Commission on Dental Accreditation (CODA).

Representing a unified voice for the specialty, the ACP regularly communicates and interacts with the American Dental Association, Council

on Dental Education and Licensure, and CODA, as well as other dental specialty organizations to discuss, support, and influence key issues impacting the specialty and the future of prosthodontic education.

Thank you for the opportunity to comment.

Sincerely,
Catherine A. Lach, DMD
Portland, OR

Sent from my iPhone

Changes to Oregon Pain Education Requirements

Q: How are the requirements related to pain education for Oregon licensed providers changing?

A: The Oregon Legislature passed, and the Governor signed, House Bill 2078. The bill changes the requirement from six hours of one-time pain management education training upon initial licensure to one hour of training completed at a frequency of at least once every 36 months, as determined by the practitioner's licensing board.

Q: Which licensure types are affected by HB 2078?

A: ORS 413.590 lists the practitioners who either must complete a pain management education program described in ORS 413.572 (1)(c) or an equivalent pain management education program[1] at initial licensure and every 36 months thereafter:

1. Physician Assistant licensed under ORS chapter 677;
2. Nurse licensed under ORS chapter 678;
3. Psychologists licensed under ORS 675.010 to 675.150
4. Chiropractic Physician licensed under ORS chapter 684;
5. Naturopath licensed under ORS chapter 685
6. Acupuncturist licensed under ORS 677.759
7. Pharmacist licensed under ORS chapter 689;
8. Dentist licensed under ORS chapter 679
9. Occupational Therapist licensed under ORS 675.210 to 675.340;
10. Physical Therapist licensed under ORS 688.010 to 688.201
11. Optometric Physicians licensed under ORS 683

The Oregon Medical Board, in consultation with the Oregon Pain Management Commission (OPMC), shall identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients in chronic or terminal pain and who must complete a pain management education program described in ORS 413.572. The board may identify by rule circumstances under which the requirement under this section may be waived.

Q: When does HB 2078 go into effect?

A: It will affect licenses issued or renewed on or after January 1, 2022.

Q: What is the reasoning behind requiring licensees to complete a pain management education program at least once every 36 months?

A: The intent is to ensure that licensed practitioners have up-to-date knowledge and the information needed to appropriately manage their patients' pain.

Because different licensing boards have different license renewal schedules, the language in HB 2078 provides flexibility so that the required training hour is completed at least once every 36 months. For boards with 1- or 2-year renewal-cycles, the boards can elect to require the training more frequently, or to count completion of the training towards future renewals as long as the requirement has been met in the 36 months prior to each renewal.

Q: Will the OPMC training continue to be updated biennially?

[1] as described in ORS 675.110, 677.228, 677.510, 678.101, 684.092, 685.102 or 689.285.

A: Yes, the OPMC is required to provide biennial updates to its continuing education content. This may be done as an update to the current online continuing education module or via an alternative continuing education format. OHA will advise each licensure board on the updates as they become available. A new version of the pain module was released 07/01/2021, so professionals who completed the previous module will see fresh content.

Q: Will the pain management education program produced by the OPMC continue to be free and offered online?

A: Yes, the online pain management module produced by OHA and the OPMC will continue to be offered free and online at https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx.

Q: Are there other courses licensees can take in pain management that meet the one-hour requirement, besides the free module offered by OHA and the Oregon Pain Management Commission?

A: Yes, this legislation allows for flexibility in course selection. Licensees should refer to the specific stipulations set forth by their licensure board to make sure the courses they select for continuing education comply with the board's requirements.

Q: How can licensing boards obtain verification of which providers have completed the OPMC's free online pain management module?

A: OHA staff can provide a list of licensees who have completed the module to each board and commission at an interval that meets the needs of each board. To make arrangements, contact Mark Altenhofen, OPMC Coordinator at: mark.g.altenhofen@dhsoha.state.or.us.

Q: Who can I contact if I have further questions regarding HB 2078?

A: Please contact Mark Altenhofen, OPMC Coordinator at: mark.g.altenhofen@dhsoha.state.or.us

CORRESPONDENCE

From: Marc Ackerman <admin@americanteledentistry.org>
Sent: Tuesday, August 17, 2021 7:46 AM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Subject: ATDA Standards for Teleorthodontic Treatment

Please see my organization's letter and supporting documentation attached.

Many thanks,

Marc Bernard Ackerman, DMD, MBA, FACD
Executive Director
American Teledentistry Association
9 Roberts Road
Wellesley, MA 02481
admin@americanteledentistry.org
617-413-2740

American
TeleDentistry
Association

Marc Bernard Ackerman
DMD, MBA
Executive Director

August 16, 2021

Oregon Board of Dentistry

Sent via e-mail: stephen.prisby@oregondentistry.org

Dear Members of the Board of Dentistry:

I am writing to you on behalf of the American Teledentistry Association - the foremost organization for teledentistry policy, ethics, and practice guidelines - to provide the Board with information on best practices for teleorthodontic treatment. We are the only organization that has produced evidence-based, peer-reviewed literature and data on doctor-directed remote aligner treatment. To that end, our Teleorthodontic Working Policy Group composed of practitioners, technology providers, and legal experts produced the following policy principles (which can also be found in the attached white paper) describing the standard of care in doctor-directed remote aligner treatment:

> *1. A valid patient–doctor relationship should be established for a professionally responsible teleorthodontic service to take place. A teleorthodontic encounter itself can establish a patient–doctor relationship using either real-time or asynchronous teledentistry when the technology used in the encounter is sufficient to diagnose and appropriate to treat the patient for the condition presented and can meet the standard of care. A dentist practicing teleorthodontics shall verify the identity of the patient seeking care and shall disclose and ensure that the patient has the ability to verify the identity and licensure status of a dentist providing dental services to the patient.*
>
> *2. The patient must consent to be treated remotely using telehealth technology and the dentist or orthodontist must agree to treat that patient remotely and acknowledges that telehealth technology is appropriate to evaluate, diagnose, and treat the patient based on their unique presentation.*
>
> *3. Dentists should use their individual professional judgment about whether the use of teleorthodontics is appropriate for a patient. Dentists should not compromise their ethical obligation to deliver clinically appropriate care for the sake of new technology adoption.*

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American
TeleDentistry
Association

Marc Bernard Ackerman
DMD, MBA
Executive Director

4. A systematic review of the best available peer-reviewed scientific literature affirmed that the minimum record set required for orthodontic diagnosis and treatment planning could not be defined. Before a dentist initially diagnoses or treats a patient for a specific illness, disease, or condition, the dentist shall perform an appropriate examination or evaluation. A dentist may perform an examination or evaluation entirely through telehealth if the examination or evaluation can meet the same standard of care as an in-person examination. Treatment may commence without either an in-person examination or a battery of x-rays as long as the dentist exercises sound clinical judgement and adheres to the standard of care for the condition as presented by the patient.

5. Dentists must ensure that their use of teleorthodontics is secure and compliant with Federal and State security and privacy regulations.

In determining an appropriate statutory and regulatory framework for teleorthodontics, the ATDA hopes that you take these carefully crafted policy principles into consideration.

There are other organizations that are offering practice guidelines on teleorthodontic treatment; however, some of their recommendations are made without supporting evidence or clinical data. In particular, one organization claims that an in-person examination should be required before beginning any correction of a malposition or malocclusion of the teeth – regardless of severity of the malocclusion or the patient's chief complaint. This arbitrary and anticompetitive standard substitutes a practitioner's use of their own expertise, education, and discretion and replaces it with a clinically-unsupported one-size-fits-all approach that would unnecessarily restrict access to care, increase the cost of care, and will inevitably result in fewer people getting the care they need.

The ATDA's Teleorthodontic Working Policy Group, after studying all the relevant clinical and academic data, concluded that through the collection of diagnostic data (conventional digital photographs, three-dimensional topographical photos, a health history, and x-rays and/or clearances when deemed necessary by the provider) combined with the patient's chief complaint, a clinically acceptable orthodontic diagnosis can be made. This is not to say that every case can be handled remotely - if after the review of those diagnostics a provider does not believe they can meet the standard of care, then it is incumbent upon that provider to either have that patient come in for an in-person examination or to refer the patient to another provider who can offer clinically appropriate in-person services. If the provider continues treatment without meeting the standard of care, the provider is accountable in the same manner that a traditional provider would be – through disciplinary action taken by the Board, the State Attorney General, or via a civil suit brought in a court of law.

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American
TeleDentistry
Association

Marc Bernard Ackerman
DMD, MBA
Executive Director

Simply put, there is no data to suggest that an in-person examination is clinically necessary for every successful treatment of tooth alignment. The only clinical study that has examined outcome in remote clear aligner treatment demonstrated that teleorthodontic treatment is both safe and effective for many classes of malocclusion.[1] It is incumbent on the individual practitioner licensed in your state to practice within the standard of care. We can indisputably say that those doctors who follow our best practices as outlined in the white paper are clearly adhering to and following the standard of care for teleorthodontic treatment. For more details, please see the attached document which highlights clinical studies supporting the efficacy of teledentistry.

As technology continues to improve, the diagnostic value of remote care will only continue to rise and will ultimately afford access to oral healthcare to patients who have historically been neglected by the dental industry due to geographic, financial, or convenience restraints.

If you have any questions or would like more information regarding teleorthodontics or teledentistry in general, please feel free to contact us via phone, e-mail, or post.

Sincerely,

Marc Bernard Ackerman DMD, MBA

Marc Bernard Ackerman, DMD, MBA, FACD
Executive Director, American Teledentistry Association

[1] Ackerman MB. Teleorthodontic treatment with clear aligners: An analysis of outcome in treatment supervised by general practitioners versus orthodontic specialists. (2019) *J Dent Res Rep* 2: DOI: 10.15761/JDRR.1000114

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American TeleDentistry Association

Is an in-person exam really required for teledentistry?

Here is a review of what the clinical studies indicate.

Teleorthodontic treatment with clear aligners is clinically effective in the correction of maxillary and mandibular incisor alignment problems.[1]

This systematic review identified a substantial amount of scientific literature in the relatively new area of teledentistry … there is a consistent trend supporting the efficacy and effectiveness of teledentistry. Teledentistry seems to be a promising path for access to care in rural and urban settings.[2]

Teledentistry has the potential to be part of a paradigm shift in healthcare delivery that can play a key role in mitigating barriers and improving health for populations with traditionally poor access to dental care and oral health services. The Association of State and Territorial Dental Directors supports the development of teledentistry as an approach to enhance the delivery of efficient and cost-effective oral health care, allowing providers to overcome traditional barriers to care faced by underserved communities.[3]

Teledentistry could be comparable to face-to-face for oral screening. Identification of oral diseases, referrals, and teleconsultations are possible and valid.[4]

[The] use of monitoring software can be reliable for making clinical decisions.[5]

We can conclude that apical root resorption during and after the orthodontic treatment with clear aligners is not unavoidable. But both incidence and severity of ARR are lower after clear aligner therapy compared with ARR results with fixed orthodontic treatment.[6]

Remote diagnosis using transmitted photographic images of dentition (teledentistry) may be an alternative to visual inspection. Three studies found image analysis to be superior to visual inspection.[7]

Clear aligners showed improved periodontal status indices when compared to fixed orthodontics. Our results showed increases in supragingival plaque, higher number of probing depths greater

[1] Marc B. Ackerman, *Teleorthodontic treatment with clear aligners: An analysis of outcome in treatment supervised by general practitioners versus orthodontic specialists*, Journal of Dental Research and Reports, 2019, Vol. 2 1-4.
[2] Susan J. Daniel, RDH, PhD; Lin Wu, MLIS, AHIP; Sajeesh Kumar, PhD, *Teledentistry: A Systematic Review of Clinical Outcomes, Utilization and Costs,* The Journal of Dental Hygiene, Vol. 87, No. 6. December 2013
[3] ASTDD, *Teledentistry: How Technology Can Facilitate Access To Care,* March 2019.
[4] Jafar H. Alabdullah and Susan J. Daniel, *A Systematic Review on the Validity of Teledentistry,* Telemedicine and e-Health VOL. 24, NO. 8, 2018.
[5] Heather B. Moylan; Caroline K. Carrico; Steven J. Lindauer; Eser Tufek, *Accuracy of a smartphone-based orthodontic treatment–monitoring application: A pilot study, Angle Orthod., Epub 2019 Mar 19.*
[6] Ugne Sadauskiene, *Orthodontic treatment with clear aligners and apical root resorption,* Journal of Medical Sciences, Vol. 8 Issu. 14 (2020)
[7] Inês Meurer M, Caffery LJ, Bradford NK, Smith AC*., Accuracy of dental images for the diagnosis of dental caries and enamel defects in children and adolescents: A systematic review*, J Telemed Telecare. 2015;21(8):449-458.

than 3mm, higher number of bleeding sites on probing, and a higher amount of gingival recession in the subject treated with fixed orthodontics.[8]

Clinical factors are detectable from electronically transferred clinical photographs only, particularly, since the use of full records has not been shown to make large differences to clinical decision making. Clinician agreement, for screening and accepting orthodontic referrals based on clinical photographs, is comparable to that previously reported for other clinical decision making (such as in-person exam).[9]

For most dental applications, the store-and-forward method provides excellent results without excessive costs. [T]he purpose of the study was to test the validity of diagnoses made in the absence of modern dental facilities. Mobile phone teledentistry offers acceptable reliability for the initial diagnosis.[10]

Outcomes for treatment of mild malocclusions in adolescents (teenagers) showed equivalent effectiveness of clear aligners compared to fixed appliances, with significantly improved results for clear aligner treatment in terms of tooth alignment, occlusal relations, and overjet.[11]

Teledentistry had excellent sensitivity (93.8%) and specificity (94.2%) for diagnosing dental pathologies [when compared to] using face-to-face examination as a gold standard. Teledentistry was not associated with any serious adverse events, and the acceptability rate (95.3%) among residents and their families was excellent. Teledentistry has excellent accuracy for diagnosing dental pathologies, and good accuracy for assessing the rehabilitation of dental prostheses and chewing ability.[12]

Teledentistry is a valid system for positively identifying appropriate new patient orthodontic referrals.[13]

There is a consistent trend in the literature supporting the validity and reliability of teledentistry applications in comparison to non-telemedicine alternatives. A growing body of evidence supporting the efficacy of teledentistry is provided by some of the studies on paediatric dentistry, oral medicine, orthodontics and periodontics. The majority of the research in these areas reported that teledentistry had similar or better outcomes than the conventional alternative.[14]

---

[8] Mark Jones, *Comparison of Periodontium among Subjects Treater with Clear Aligners and Conventional Orthodontics*, Creighton University (2020).
[9] Mandall NA, Bearn D, Chadwick S, et al. *Are photographic records reliable for orthodontic screening?* J Orthod 2002; 29: 125–127.
[10] Mohammad Alshaya, *Reliability of mobile phone teledentistry in dental diagnosis and treatment planning in mixed dentition*, Journal of Telemedicine and Telecare 26(3) · August 2018.
[11] Borda et al, *Outcome assessment of orthodontic clear aligner vs fixed appliance treatment in a teenage population with mild malocclusions*, The EH Angle Education and Research Foundation, 2020
[12] Queyroux, Alain et al., *Accuracy of Teledentistry for Diagnosing Dental Pathology Using Direct Examination as a Gold Standard: Results of the Tel-e-dent Study of Older Adults Living in Nursing Homes*, Journal of the American Medical Directors Association, Volume 18, Issue 6, 528 – 532.
[13] Mandall NA, O'Brien KD, Brady J, Worthington HV, Harvey L. *Teledentistry for screening new patient orthodontic referrals. Part 1: A randomised controlled trial*. Br Dent J. 2005;199(10):659-653.
[14] Mohamed Estai, *A systematic review of the research evidence for the benefits of teledentistry*, Journal of Telemedicine and Telecare, 24(3):147-156 · April 2018

THE TELEORTHODONTIC STANDARD FOR REMOTE TREATMENT WITH CLEAR ALIGNERS

An American Teledentisty Association Position Paper

Teledentistry is not a specific service; it refers to a broad variety of technologies and methodologies. According to the American Dental Association's Comprehensive Policy Statement on Teledentistry, it is defined as the use of telehealth systems and methodologies in dentistry. Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

- **Live video (synchronous):** Live, two-way interaction between a person (patient, caregiver, or provider) and aprovider using interactive audiovisual telecommunications technology.
- **Store-and-forward (asynchronous)**: Transmission of recorded health information (for example, radiographs, photographs, video, and digital scans of patients) through a secure electronic communications system to apractitioner, who uses the information to evaluate or diagnose a patient's condition or render a service.
- **Remote patient monitoring (RPM):** Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a dataprocessing service) in a different location for use in care and related support of care.
- **Mobile health (mHealth):** Health care and public health practice and education supported by mobile communication devices and software apps, including cell phones, tablet computers, and personal digitalassistants (PDA).

In remote oral care delivered through teledentistry, just as with in-person treatment, a valid professional relationship can be established and a patient is evaluated, diagnosed, and treated by a state-licensed dentist. Similarly, patients retain their rights concerning privacy and secured health information, access to their medical records, and information about benefits, risks, and alternatives to proposed treatments or procedures. Additionally, clinical care is effectively provided **in the absence of a scheduled appointment and previously established physician-patient relationship**.

Through the collection of diagnostic data (conventional digital photographs, three-dimensional topographical photos, a health history, and x-rays when deemed necessary by the oral healthcare provider) combined with the patient's chief complaint, a clinically acceptable orthodontic diagnosis can be made. In the case of limited tooth movement that is planned and executed in remote clear aligner treatment, there is no data to suggest that an in-person examination is required for successful treatment of tooth alignment. The one clinical study that has examined outcome in remote clear aligner treatment has demonstrated that teleorthodontic treatment is both safe and effective.

PREPARED BY THE CLINICAL CARE WORKING GROUP OF THE AMERICAN TELEDENTISTRY ASSOCIATION:

Marc Bernard Ackerman, DMD, MBA, FACD

Executive Director, American Association of Teledentistry

Director of Orthodontics, Boston Children's Hospital

Assistant Professor, Developmental Biology,
Harvard School of Dental Medicine

C. Lynn Hurst, DDS, MS, FACD

1987–2001 Clinical Assistant Professor, Department of Orthodontics, Dental School,
University of Texas Health Science Center San Antonio

2001–2005 Clinical Associate Professor, Department of Orthodontics, Dental School,
University of Texas Health Science Center San Antonio

Director, Advanced Education in Orthodontics and Dentofacial Orthopedics

2005–2007 Associate Professor (Tenured), School of Dental Medicine,
University of Nevada Las Vegas

Associate Dean for Advanced Education

Director, Advanced Education in Orthodontics and Dentofacial Orthopedics

2007–2009 Professor, College of Dental Medicine,
Roseman University of Health Sciences Founding Dean

Director, Advanced Education in Orthodontics and Dentofacial Orthopedics/Master of Business Administration

Edward J Shaheen, Jr., D.D.S., M.S.

Former faculty, Orthodontic Graduate Department,
Washington University School of Dental Medicine

Separating Teleorthodontics from DIY Orthodontics:

ATDA INDUSTRY STANDARDS FOR REMOTE TREATMENT

Teleorthodontics is the delivery of health information and orthodontic care to patients remotely using information technology and telecommunications and encompasses the evaluation, diagnosis, treatment, remote monitoring, and continuing education of patients. Importantly, **teleorthodontics is doctor-directed and doctor-prescribed** treatment and is not so-called "do-it-yourself orthodontics." Similarly, "direct-to-consumer" (DTC) teleorthodontic treatment is not DIY orthodontics and **is doctor-directed, doctor-prescribed, and is a safe and efficacious treatment modality**. DIY orthodontics does not involve a dentist nor orthodontist at any point during care and can result in dangerous and potentially harmful outcomes for patients. The ATDA does not support the use of any DIY orthodontic products or treatment and strongly encourages patients seeking orthodontic treatment to only use licensed dentists and orthodontists. Notably, remote clear aligner therapy as offered by any licensed dentist is **doctor-directed treatment** and is **not** DIY orthodontics. All remote clear aligner therapy should be diagnosed and treated by a licensed dentist or orthodontist and must meet the standard of care based on each unique patient's presentation and needs.

In determining an appropriate statutory and regulatory framework for teleorthodontics, the American Teledentistry Association supports the following industry standards for teleorthodontic treatment:

1. ***A valid patient–doctor relationship should be established for a professionally responsible teleorthodontic service to take place. A teleorthodontic encounter itself can establish a patient–doctor relationship using either real-time or asynchronous teledentistry when the technology used in the encounter is sufficient to diagnose and appropriate to treat the patient for the condition presented and can meet the standard of care. A dentist practicing teleorthodontics shall verify the identity of the patient seeking care and shall disclose and ensure that the patient has the ability to verify the identity and licensure status of a dentist providing dental services to the patient.***

2. ***The patient must consent to be treated remotely using telehealth technology and the dentist or orthodontist must agree to treat that patient remotely and acknowledges that telehealth technology is appropriate to evaluate, diagnose, and treat the patient based on their unique presentation.***

3. ***Dentists should use their individual professional judgment about whether the use of teleorthodontics is appropriate for a patient. Dentists should not compromise their ethical obligation to deliver clinically appropriate care for the sake of new technology adoption.***

4. ***A systematic review of the best available peer-reviewed scientific literature affirmed that the minimum record set required for orthodontic diagnosis and treatment planning could not be defined. Before a dentist initially diagnoses or treats a patient for a specific illness, disease, or condition, the dentist shall perform an appropriate examination or evaluation. A dentist may perform an examination or evaluation entirely through telehealth if the examination or evaluation can meet the same standard of care as an in-person examination. Treatment may commence without either an in-person examination or a battery of x-rays as long as the dentist exercises sound clinical judgement and adheres to the standard of care for the condition as presented by the patient.***

5. ***Dentists must ensure that their use of teleorthodontics is secure and compliant with Federal and State security and privacy regulations.***

Prepared by: **Teleorthodontic Working Policy Group of the American Teledentistry Association**

From: teri shafer <teri.rdh@gmail.com>
Sent: Saturday, August 28, 2021 5:03 PM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Subject: disabled RDH

Hello Stephen,

My name is Teri Shafer, RDH, BA, license #H2227. I have been a practicing hygienist for 35 years. I graduated from Mt Hood CC with my AS for dental hygiene in 1985. I Have been practicing in Washington since 1996 but have always kept my Oregon license since I never knew if I'd return home.

I am currently becoming disabled from this profession with shoulder and hand issues. My RDH license is due in September of 2021. I was surprised when viewing the renewal options there was not a category for disabled. It is highly unlikely I will make it back to work as a RDH, or work in the state of Oregon, but I would expect the OR Board to have a different box to check for this vs just letting a license lapse for no stated reason.
With the shortage of dental hygienists it would be nice to have this option AND instead of paying back full fees, (due to disability)charge something more reasonable like 25% with proof of disability and drop the $500 renewal fee.

Secondly, for those of us who are working out of state and actively practicing, it would be appreciated and appropriate to consider a 50% licensing fee for maintaining an Oregon license without practicing in the state. This would of course be updated to full fee the moment a RDH works in Oregon. I have had the pleasure of paying for an unused OR license for 25 years as I didn't want to risk having to re-take boards or pay the high fees to reinstate. I was born and raised in Oregon and still consider it home. It just feels sad to just drop my license and let it lapse for this state. I understand I will have up to four years for a possible renewal if I'm able to return.

Thank you for presenting these thoughts and recommendations to the Oregon Board of Dentistry.

Sincerely,

Teri L Shafer, RDH, BA

OTHER ISSUES

Oregon
Kate Brown, Governor

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

TO: OBD Board Members

FROM: Stephen Prisby, OBD Executive Director

DATE: October 11, 2021

SUBJECT: SB 770 (2001), ORS 182.164 & 182.166

The Oregon Board of Dentistry (OBD) is mandated to comply and follow SB 770, ORS 182.164 and ORS 182.166. I have reached out to all 9 Federally Recognized Tribes in Oregon and the Native Portland Area Indian Health Board regarding the OBD's work on dental therapy rules and policies. The Tribes have been invited to the October 22, 2021 Meeting to help foster open and positive communication on dental therapy and any other important issues.

The OBD should discuss policies and compliance with ORS 182.164 and ORS 182.166 at its Board meeting on October 22, 2021.

Enrolled
Senate Bill 770

Sponsored by Senators BROWN, CLARNO; Senators CASTILLO, CORCORAN, DECKERT, FERRIOLI, GORDLY, MESSERLE, METSGER, NELSON, SHIELDS, STARR, TROW, Representatives GARDNER, KNOPP, KRIEGER, MONNES ANDERSON, NOLAN, ROSENBAUM, G SMITH, VERGER, V WALKER, WESTLUND (at the request of Commission on Indian Services)

CHAPTER ....

AN ACT

Relating to government-to-government relations between the State of Oregon and American Indian tribes in Oregon.

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

SECTION 1. **As used in sections 1 to 4 of this 2001 Act:**

(1) "State agency" has the meaning given that term in ORS 358.635.

(2) "Tribe" means a federally recognized Indian tribe in Oregon.

SECTION 2. **(1) A state agency shall develop and implement a policy that:**

(a) Identifies individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.

(b) Establishes a process to identify the programs of the state agency that affect tribes.

(c) Promotes communication between the state agency and tribes.

(d) Promotes positive government-to-government relations between the state and tribes.

(e) Establishes a method for notifying employees of the state agency of the provisions of sections 1 to 4 of this 2001 Act and the policy the state agency adopts under this section.

(2) In the process of identifying and developing the programs of the state agency that affect tribes, a state agency shall include representatives designated by the tribes.

(3) A state agency shall make a reasonable effort to cooperate with tribes in the development and implementation of programs of the state agency that affect tribes, including the use of agreements authorized by ORS 190.110.

SECTION 3. **(1) At least once a year, the Oregon Department of Administrative Services, in consultation with the Commission on Indian Services, shall provide training to state agency managers and employees who have regular communication with tribes on the legal status of tribes, the legal rights of members of tribes and issues of concern to tribes.**

(2) Once a year, the Governor shall convene a meeting at which representatives of state agencies and tribes may work together to achieve mutual goals.

(3) No later than December 15 of every year, a state agency shall submit a report to the Governor and to the Commission on Indian Services on the activities of the state agency under sections 1 to 4 of this 2001 Act. The report shall include:

(a) The policy the state agency adopted under section 2 of this 2001 Act.

(b) The names of the individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.

(c) The process the state agency established to identify the programs of the state agency that affect tribes.

(d) The efforts of the state agency to promote communication between the state agency and tribes and government-to-government relations between the state and tribes.

(e) A description of the training required by subsection (1) of this section.

(f) The method the state agency established for notifying employees of the state agency of the provisions of sections 1 to 4 of this 2001 Act and the policy the state agency adopts under section 2 of this 2001 Act.

SECTION 4. **Nothing in sections 1 to 4 of this 2001 Act creates a right of action against a state agency or a right of review of an action of a state agency.**

Passed by Senate April 2, 2001

....
Secretary of Senate

....
President of Senate

Passed by House May 11, 2001

....
Speaker of House

Received by Governor:

........................M.,.., 2001

Approved:

........................M.,.., 2001

....
Governor

Filed in Office of Secretary of State:

........................M.,.., 2001

....
Secretary of State

182.164 State agencies to develop and implement policy on relationship with tribes; cooperation with tribes. (1) A state agency shall develop and implement a policy that:

(a) Identifies individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.

(b) Establishes a process to identify the programs of the state agency that affect tribes.

(c) Promotes communication between the state agency and tribes.

(d) Promotes positive government-to-government relations between the state and tribes.

(e) Establishes a method for notifying employees of the state agency of the provisions of ORS 182.162 to 182.168 and the policy the state agency adopts under this section.

(2) In the process of identifying and developing the programs of the state agency that affect tribes, a state agency shall include representatives designated by the tribes.

(3) A state agency shall make a reasonable effort to cooperate with tribes in the development and implementation of programs of the state agency that affect tribes, including the use of agreements authorized by ORS 190.110. [2001 c.177 §2]

182.166 Training of state agency managers and employees who communicate with tribes; annual meetings of representatives of agencies and tribes; annual reports by state agencies. (1) At least once a year, the Oregon Department of Administrative Services, in consultation with the Commission on Indian Services, shall provide training to state agency managers and employees who have regular communication with tribes on the legal status of tribes, the legal rights of members of tribes and issues of concern to tribes.

(2) Once a year, the Governor shall convene a meeting at which representatives of state agencies and tribes may work together to achieve mutual goals.

(3) No later than December 15 of every year, a state agency shall submit a report to the Governor and to the Commission on Indian Services on the activities of the state agency under ORS 182.162 to 182.168. The report shall include:

(a) The policy the state agency adopted under ORS 182.164.

(b) The names of the individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.

(c) The process the state agency established to identify the programs of the state agency that affect tribes.

(d) The efforts of the state agency to promote communication between the state agency and tribes and government-to-government relations between the state and tribes.

(e) A description of the training required by subsection (1) of this section.

(f) The method the state agency established for notifying employees of the state agency of the provisions of ORS 182.162 to 182.168 and the policy the state agency adopts under ORS

From: Oregon OSHA <ordcbs@public.govdelivery.com>
Sent: Friday, October 1, 2021 9:47 AM
To: stephen.prisby@state.or.us <stephen.prisby@state.or.us>
Subject: Proposed Rulemaking: Amending Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces

Proposed Administrative Rule update from *Oregon OSHA*

Having trouble viewing this email? View it as a Web page." style="color: #1d5782;">View it as a web page.

Amending Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces

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Due to the COVID-19 pandemic and in-line with public health recommendations, the hearings will be held virtually. Oregon OSHA offices remain closed to the public.
Virtual Public Hearings Scheduled for:
November 2, 2021 at 5:00 pm
Please register for Amending Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces on Nov 2, 2021 5:00 PM PDT at:
https://attendee.gotowebinar.com/register/5585314977687690512
November 3, 2021 at 5:00 pm
Please register for Amending Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces on Nov 3, 2021 5:00 PM PDT at:
https://attendee.gotowebinar.com/register/4935255116150411019
November 5, 2021 at 10:00 am
Please register for Amending Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces on Nov 5, 2021 10:00 AM PDT at:
https://attendee.gotowebinar.com/register/8825866015920510732
November 8, 2021 at 5:00 pm
*** This hearing will be conducted entirely in Spanish.***
Please register for Spanish-only Amending Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces on Nov 8, 2021 5:00 PM PST at:
https://attendee.gotowebinar.com/register/2700128296682792464
After registering for a webinar, you will receive a confirmation email containing information about joining the webinar. In order to ensure as many people as possible are able to testify, Oregon OSHA reserves the right to restrict testimony to no more than 5 minutes.

Rule Summary:
This rule protects workers throughout the state given the current COVID-19 public health emergency, which has not abated in 2021. The current surge of summer infections from the highly-contagious COVID-19 Delta variant has resulted in a record number of Oregonians hospitalized with COVID-19 in August and September 2021. It is within this public health context that Oregon OSHA is proposing to make permanent amendments to the OAR 437-001-0744: Rule Addressing COVID-19 Workplace Risks (COVID-19 rule).
Since it was first adopted as a permanent rule on May 4, 2021 (AO 2-2021), Oregon OSHA has filed three temporary amendments to the COVID-19 rule. The first of these changes (AO 5-2021), which occurred June 30, 2021, greatly reduced requirements as well as simplified the appendix given the low case load and high vaccination numbers at the time. Additionally, On July 19, 2021, Oregon OSHA published a Workplace Advisory Memo reducing requirements related to sanitation and physical distancing, with an additional update on August 13, 2021. After the surge of summer infections, the Governor and Oregon Health Authority (OHA) re-instated masking requirements with the adoption of

OHA's OAR 333-019-1025: Masking Requirements for Indoor and Outdoor Spaces and OAR 333-019-1015: Masking Requirements in Schools; Oregon OSHA updated its COVID-19 rule accordingly (AO 10-2021). The third and most recent change (AO 12-2021) adopted Medical Relief Benefits for healthcare workers to ensure Oregon OSHA's COVID-19 rule is as effective as federal OSHA's COVID-19 Healthcare Emergency Temporary Standard (ETS). These temporary amendments are effective through December 26, 2021.

As the temporary changes are set to expire, the public health emergency remains a significant concern in Oregon and it is necessary to update the original COVID-19 rule with the most current multi-agency guidance and the most effective protections – otherwise the rule reverts to its original May 4, 2021 text. The proposed amendments are as follows:

• Employers with employees working in indoor or outdoor workspaces must implement the requirements of OAR 333-019-1025: Masking Requirements for Indoor and Outdoor Spaces, adopted by the Oregon Health Authority.

• The K-12 Educational Institutions (A-8) industry-specific guidance in the appendix is updated. Employers must ensure that the requirements of OHA's OAR 333-019-1015: Masking Requirements in Schools and other employee protections imposed by OHA or the Oregon Department of Education are implemented and enforced in public and private K-12 schools.

• The physical distancing requirements previously found in OAR 437-001-0744(3)(a) are no longer in effect outside healthcare and transit settings.

• Except for healthcare settings, Oregon OSHA no longer requires employers to regularly clean or sanitize all common areas, shared equipment, and high-touch surfaces as defined by this rule that are under its control and that are used by employees or the public. All other sanitation requirements of OAR 437-001-0744(3)(c) remain in effect for all workplaces.

• In the appendix, the industry-specific guidance for Transit Agencies (A-5) and Emergency Medical Services (A-11) remains in place, with some modifications. Physical distancing guidance for Veterinary Clinics (A-10) is removed.

• The following appendix sections are simplified and updated to only include industry-specific masking exemptions: Personal Services Providers (A-3), Employers Operating Child Care and Early Education Programs (A-9); Law Enforcement Activities (A-12); and, Jails, Prisons, and Other Custodial Institutions (A-13).

• Oregon OSHA simplified the appendix, removing the specific requirements related to Restaurants, Bars, Brewpubs, and Public Tasting Rooms at Breweries, Wineries, and Distilleries (A-1); Retail Stores (A-2); Construction Operations (A-4); Professional, Division 1, Pac12, West Coast Conference and Big Sky Conference Sports (A-6); and Employers Operating Fitness-Related Organizations (A-7).

• In alignment with federal OSHA's COVID-19 ETS, Oregon OSHA is proposing to adopt medical relief benefits in the healthcare sector. They provide some financial relief for workers in healthcare; as defined by the federal standard, when the need for the medical removal is met under the provisions listed in the rule. These benefits apply to specified employees in healthcare settings only.

Oregon OSHA has the authority to enforce rules adopted by other state agencies under ORS 654.025(3)(a). As stated previously, it is Oregon OSHA's intent to repeal the entire rule once it is no longer necessary to address the COVID-19 pandemic in Oregon workplaces. Discussions continue with the Oregon OSHA Partnership Committee, the Oregon Health Authority, the two Infectious Disease Rulemaking Advisory Committees, and other stakeholders to determine when all or additional parts of the rule can be appropriately repealed.

Please visit our website osha.oregon.gov/rules to view our proposed rules, or select other rule activity from this page.

Direct link to the proposed rulemaking (notice, filing documents, and text of proposed changes)

When does this happen: Adoption tentatively will be in December 2021.

To get a copy: Our web site – osha.oregon.gov Rules and laws, then, Proposed rules
Or call 503-947-7449

To comment: Department of Consumer and Business Services/ Oregon OSHA
PO BOX 14480
Salem OR 97309-0405
Email – osha.rulemaking@oregon.gov
Fax – 503-947-7461

Comment period closes: November 12, 2021
Oregon OSHA contact: Matthew Kaiser, Salem Central Office @ 503-378-3272, or email at Matthew.C.Kaiser@oregon.gov.

About Oregon OSHA:

Oregon OSHA is a division of the Department of Consumer and Business Services, enforces the state's workplace safety and health rules and works to improve workplace safety and health for all Oregon workers. For more information, go to osha.oregon.gov.

The Department of Consumer and Business Services is Oregon's largest business regulatory and consumer protection agency. For more information, go to www.oregon.gov/DCBS/ or follow twitter.com/OregonDCBS.

Update your subscriptions, modify your password or email address, or stop subscriptions at any time on your Subscriber Preferences Page.

If you have questions or problems with the subscription service, check out our online Help or contact support@govdelivery.com.

This email was sent to stephen.prisby@state.or.us using GovDelivery Communications Cloud on behalf of: Oregon Department of Consumer and Business Services · 350 Winter Street NE · Salem, OR 97309-0405 · 503-378-4100

Unvaccinated Oregon Nurses Could Face Sanctions From Licensing Board

By:
Ben Botkin

Oregon nurses who fail to get a COVID-19 vaccination or qualifying exemption could face regulatory action from the state nursing board.

The Oregon State Board of Nursing will consider a temporary rule at its Wednesday, Oct. 13, meeting that, if approved, would allow the regulatory body to sanction nurses who fail to comply with the vaccine mandate. The board's meeting comes five days before Oct. 18, the state's deadline for health care workers to be fully vaccinated or have employer-approved exemptions for medical or religious reasons.

There's no hard and fast rule for how the board would discipline unvaccinated nurses. But existing options for disciplinary action include a reprimand, suspending the license for a certain period of time or revoking it. In some cases, disciplined nurses voluntarily surrender their licenses. The board also has the authority to impose civil penalties of $500 to $5,000.

Gov. Kate Brown ordered the vaccine mandate, which also applies to public school teachers.

The looming mandate has stoked fears of an exodus of health care workers from the industry, including nurses and certified nursing assistants who work in hospitals, clinics and long-term care facilities.

"The governor's immunization mandate has resulted in the Oregon Health Authority publishing rules regarding healthcare workers who are not in compliance with the mandate after October 18," wrote the nursing board's Executive Director Ruby Jason in a memo to board members. "The Department of Justice has determined that a healthcare worker licensed by an Oregon Healthcare Regulatory Board must be in compliance or could be found in violation of Oregon law."

The state's legal interpretation of the vaccine mandate also means that regulatory boards that license nurses and other health care professionals need rules that address the vaccine mandate. The Oregon Medical Board, which regulates physicians and physician assistants, will consider a similar rule at its meeting Thursday, Oct. 7. Like the nursing board proposal, its draft also includes other COVID-19-related requirements, such as wearing a face mask.

The state's justice department put out model rules for temporary adoption. Temporary rules can be in place for up to 180 days. At that point, agencies can put permanent rules in place.

“The expectation is that all healthcare regulatory boards adopt these rules to address concerns that healthcare workers are caring for clients and interacting with the public without vaccination for COVID-19 after the governor’s deadline,” Jason wrote.

However, the proposed rule doesn’t mean unvaccinated nurses will automatically lose their licenses. The Department of Justice model gives the board discretion to determine what the discipline should be if they find the nurse didn’t comply. That would only come after the board’s existing due process, which gives the nurse a hearing before finalizing any discipline.

“Rumors of the OSBN automatically revoking a person’s license on the Governor’s deadline have no basis in fact,” the board said in a statement about the pending rule.

The proposed rule would add “failure to comply” with Oregon Health Authority COVID-19 rules to the board’s existing list of behaviors and actions that are “conduct derogatory to the standards of nursing.”

Nurses who don’t get vaccinated would not face an automatic investigation, either. Someone would need to report them to the board. Barbara Holtry, communications manager for the nursing board, said the regulatory agency would have to receive a complaint in order to start an investigation.

“The board cannot act without a complaint,” Holtry said in an interview. “If we don’t receive a complaint, we will not act.”

Holtry said the purpose of all regulatory agencies is public safety.

The board regulates nearly 72,000 registered nurses, nearly 6,000 licensed practical nurses and almost 20,000 certified nursing assistants.

The Oregon Nurses Association, a union that represents more than 15,000 nurses and allied health professionals, declined to take a firm position on the proposal. At this point, the group's understanding is that proposal's purpose is to bring regulations in line with the mandate, spokesman Scott Palmer said.

At this point, it "seems pretty reasonable," Palmer said, adding that the group will continue to monitor the issue.

Currently, 83% of registered nurses, 69% of licensed practical nurses and 68% of certified nursing assistants are vaccinated, according to Oregon Health Authority rates.

Request for Approval of Soft Reline Course – Brock Jesse Nelson, D.M.D.

The Board has received a request for approval of a Soft Reline Course. This course would be provided so the EFDA Dental Assistants could qualify to apply soft relines in accordance with OAR 818-042-0090 – Additional Functions of EFDAs.

Relevant Rules:

OAR 818-042-0090 – Additional Functions of EFDAs

"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 Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:

(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 dentist or dental hygienist.
(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
(3) Place cord subgingivally."

Application for approval as instructor for soft tissue reline

RECEIVED

SEP 24 2021

Oregon Board
of Dentistry

Brock Nelson

Willis Dental

631 Jason St. Suite 150 Salem Oregon 97301

OREGON BOARD OF DENTISTRY

THIS PORTION FOR MAILING PURPOSES ONLY

BROCK JESSE NELSON
631 JASON ST NE
SALEM OR 97301

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE SIGHT OF LICENSEE'S PATIENTS

D11037
License Number

OREGON BOARD OF DENTISTRY

2021/2023 Dental License

BROCK JESSE NELSON D.M.D.

Permits :
None

Expires:03/31/2023

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF LICENSEE'S PATIENTS

In-office denture Soft Reline for the EFDA

Denture reline types

- Denture Relines are classified into 3 types
  1. Hard Reline
  2. Soft Reline
  3. Tissue conditioning (allowable for Oregon EFDA with proper certificate.)

Tissue conditioning

- **D5850** Tissue conditioning - Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration

What is tissue conditioning?

- Adding material to the Intaglio, tissue side, of a denture to fill space.
- Material should be able to set fully while in the patients mouth.

Tissue conditioner

- Designed to be softer and gentler to promote healing for sore or damaged tissue.
- Often used after extractions and immediate denture placement because it can be easily added and replaced during the healing process
- Can also be as a functional impression for creating future hard relines
- May be used as a trial for possible future hard reline, lets patients "test drive" what the relined denture will feel like.

Soft reline (chairside or lab made)

- Not a permanent fix, will wear out over time, usually about 6 months.
- Good for patients who do not tolerate dentures for one of many reasons.
- Not allowable for Oregon EFDAS

Hard reline

- Similar to a soft reline, but the open spaces in the denture are replaced with hard acrylic. This is generally done by a dental laboratory .

Indications for a denture reline

- Dental ridges are constantly changing
  - Ridge size reduction is highest during the first few months after an extraction
  - Studies show an average residual ridge change of .5mm per year after the first year.

Clinical, cephalometric, and densitometric study of reduction of residual ridges

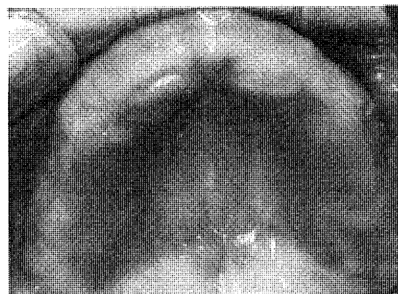
1971 Douglas A. Atwood, Willard A. Coy 10.1016/0022-3913(71)90070-9 The Journal of Prosthetic Dentistry

Indications for tissue conditioning

- Can be used for the first several months after an immediate denture to improve fit before a final hard reline is done.
- For patients who for one of several reasons cannot tolerate a hard denture
- To improve fit for a short period of time

Indications for tissue conditioning

- If a patient presents with an ill fitting denture tissue may be damaged and sore, tissue conditioner allows for healing before final reline impressions are made for a permanent reline.



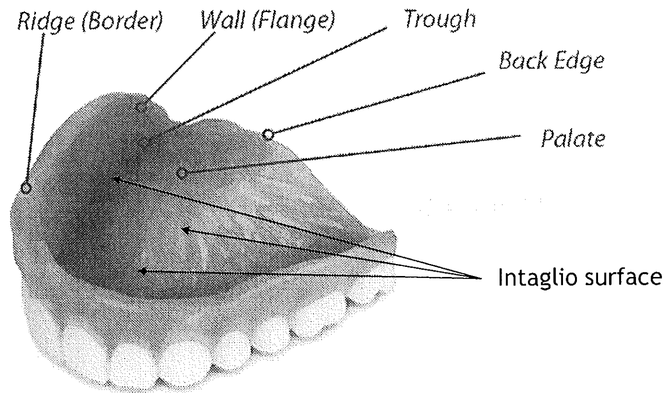
Indications for a denture reline

- Pt. complains of denture moving
- Falling out while eating or talking
- Need to use adhesive
- Sore or damaged gingival tissue

Contraindications

- Read manufacturers instructions thoroughly, ensure that patient is not allergic to any ingredients.

Denture anatomy



For best results

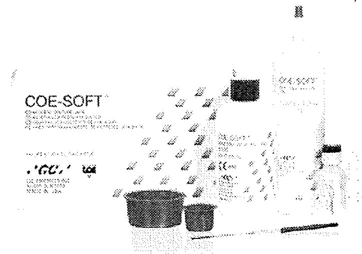
- Ensure that the denture flanges are adequate, reline materials are not strong enough to extend flanges.
- If flanges are short and denture will be hard relined a traditional impression with border molding should be considered
- Ensure that the denture is clean and adhesive free
- Some tissue conditioning material benefits from roughening the surface to be relined.

For every material read manufacturers instructions!

- These can be found in the box the product came in or online.

Review of commonly used materials

- Resilient, self curing, lasts up to 3 months.

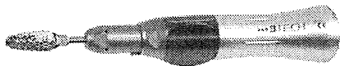


Coe Soft- Contraindications/safety

- Do not use on patients with allergy to Methacrylate
- Highly flammable, keep away from flame

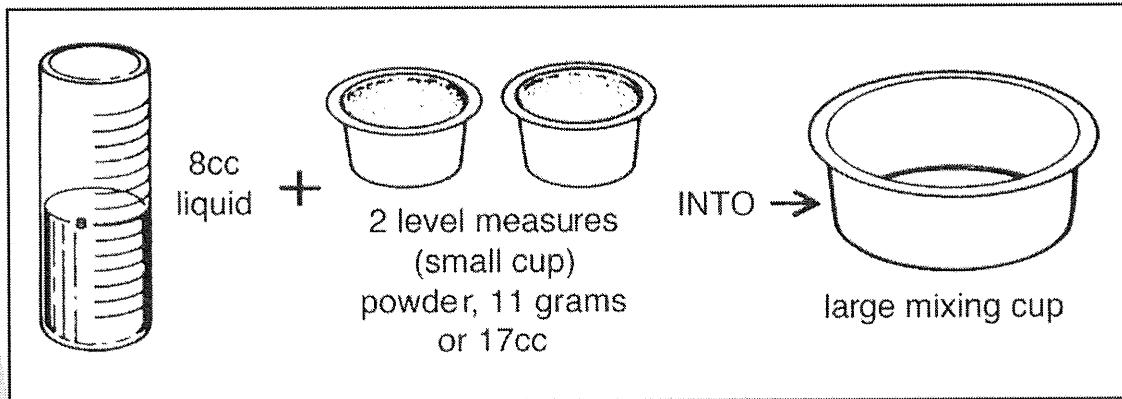
Coe Soft- Step 1

- Roughen intaglio surface of denture in the areas to be relined



Coe Soft- Step 2

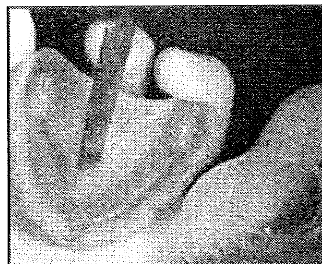
- Mix with spatula, limit mixing to less than 30 seconds to avoid air bubbles, do not whip.



Coe Soft- Step 3

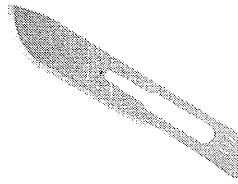
III. Application:

Spread the mixture of COE-SOFT over the area to be relined. Seat the denture in the manner of taking an impression and instruct the patient to close lightly into occlusion. After 3 minutes instruct the patient to move lips and cheeks so that a muscle trimmed periphery is obtained. Remove the denture and rinse under cold water. Trim away excess material. Re-seat the denture and instruct the patient to close FIRMLY into occlusion and to hold this position for 5 minutes. Remove the denture and rinse again in cold water.



Coe Soft- Step 4

IV. Finishing:
When curing is complete, trim away excess. For smoothing the edges use a hot spatula.



Coe Soft- Step 5

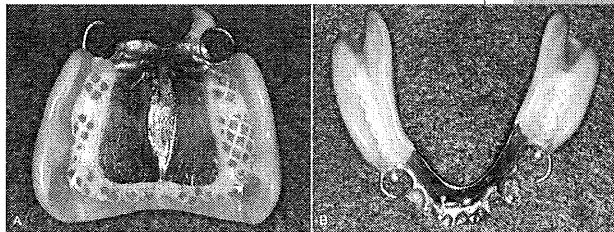
V. Patient Advice:
Advise the patient NOT to use a brush or abrasive (such as toothpaste) on the lining. Cleaning is best achieved by holding it under cold running water and wiping with wet cotton.

Muscle trimming

- The shaping of impression material in the mouth, before reaching its final set, to determine the border of a denture by the manipulation of the lips and cheeks to conform the impression material to the shape of the vestibule.

Relining a partial

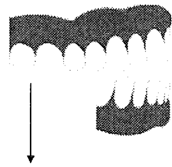
Same process as a full denture however only add reline in areas that are acrylic.



Tips and tricks

- Evaluate the patients bite before starting

  -If bite is unstable you may want to hold denture in place during material setup, for example if they have only lower anterior teeth to bite against



Tips and tricks

- If doing tissue conditioning post extractions trim areas that fill into extraction sites.
- If left untrimmed healing might altered

NEWSLETTERS & ARTICLES OF INTEREST

From: nbexams <nbexams@ada.org>
Sent: Friday, September 10, 2021 8:17 AM
To: nbexams <nbexams@ada.org>
Subject: Important Update from the JCNDE

Greetings from the Joint Commission on National Dental Examinations (JCNDE). This email contains important updates for Boards from the JCNDE in the following areas:

- Transition to the standard-length-NBDHE in October 2021
- The DHLOSCE and DLOSCE

Transition to the standard-length-NBDHE in October 2021

In July 2020, the Joint Commission on National Dental Examinations released the short-form National Board Dental Hygiene Examination (NBDHE), a shortened version of the NBDHE. The short-form-NBDHE was made available to help address a growing backlog of candidates who were unable to test due to circumstances surrounding the COVID-19 pandemic. The content appearing in the short-form-NBDHE is proportionally representative of the current test specifications of the standard-length-NBDHE, and the level of skill required to pass this reduced length examination is the same as that required to pass the standard-length examination. Additional information about the short-form-NBDHE is available here.

Recent improvements in the availability of NBDHE testing appointments have eliminated the need for short-form-NBDHE administrations. Accordingly, the JCNDE announces that it will begin transitioning to the standard-length version of the NBDHE on October 8, 2021. This transition period will continue for several months, during which both the short-form-NBDHE and standard-length-NBDHE will be administered, depending upon when candidates submitted their application to test. Both sets of examination forms have been fully validated and rely on the same performance standard that determines passing and failure. It should be noted that—due to the rigor and success of the short-form-NBDHE, and consistent with prior recommendations by JCNDE technical panel advisors—in June 2021 the JCNDE approved a resolution directing staff to conduct a general investigation on the possibility of shortening the length of Joint Commission examinations. The Department of Testing Services will present a report on this topic to the JCNDE's Committee on Research and Development at the Committee's 2022 annual meeting.

The DHLOSCE and DLOSCE

The JCNDE would also like to announce its recent decision (June 2021) to approve a business plan to develop, validate, and implement a Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE). The DHLOSCE is expected to launch in 2024. Information on this exciting new examination program is available on a new JCNDE DHLOSCE webpage.

Boards are also welcome to contact the JCNDE, to learn more about the JCNDE's Dental Licensure Objective Structured Clinical Examination (DLOSCE). Recently conducted studies provide strong evidence of the DLOSCE's validity, with data demonstrating the substantial positive relationship between DLOSCE performance and candidate clinical performance. Please contact the JCNDE for additional information, and to setup a time when the JCNDE can present DLOSCE information to your Board.

A Note of Thanks to Boards

The JCNDE would like to thank Boards for their work during an incredibly challenging time. The JCNDE appreciates the opportunity to serve Boards, as Boards make decisions that protect the public health. The JCNDE shares Boards' concerns for the public health, and is committed to supporting the work of Boards through the provision of valid, reliable and fair assessments of candidate knowledge, skills, and abilities.

American Dental Association 211 E. Chicago Ave. Chicago, IL 60611 www.ada.org

JCNDE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

National Board Dental Hygiene Examination (NBDHE)
Short-Form-NBDHE Quick Facts

Name of Examination	National Board Dental Hygiene Examination (NBDHE) – Short Form
Purpose	The purpose of the National Board Dental Hygiene Examination is to measure whether a candidate for licensure possesses the entry-level cognitive skills necessary to safely practice as a dental hygienist. Dental and dental hygiene boards use the information provided by the NBDHE to help protect the public health. Additional information can be found in the NBDHE Candidate Guide.
Short-Form-NBDHE	The short-form-NBDHE is a shortened version of the full-length NBDHE, made available in 2020 in response to circumstances surrounding COVID-19.
Content Domain and Test Specifications	The short-form-NBDHE is comprised of 155 total questions. Content appearing in the shortened forms is proportionally representative of the current NBDHE test specifications. **Discipline-Based Component (85 questions)** The discipline-based component contains questions addressing three major areas: • Scientific Basis for Dental Hygiene Practice (29%) • Provision of Clinical Dental Hygiene Services (59%) • Community Health/Research Principles (12%) **Case-Based Component (70 questions)** The case-based component includes questions involving dental hygiene patient cases.
Practice Questions	NBDHE Practice Test modules are also helpful in preparing for the short-form-NBDHE and are available for purchase on the JCNDE website.
First Date of Availability	The short-form-NBDHE will be available mid-July, 2020. Candidates will be able to submit corresponding applications approximately two weeks before the short-form-NBDHE becomes available.
Eligibility	Eligibility rules are the same for the NBDHE and short-form-NBDHE. NBDHE eligibility rules for students of US dental programs accredited by the Commission on Dental Accreditation (CODA) are determined by each program. Each program at its discretion may institute its own specific requirements pertaining to the examination.

211 East Chicago Avenue Chicago, Illinois 60611-2637
Main 800.232.1694 Fax 312.587.4105 ADA.org/JCNDE

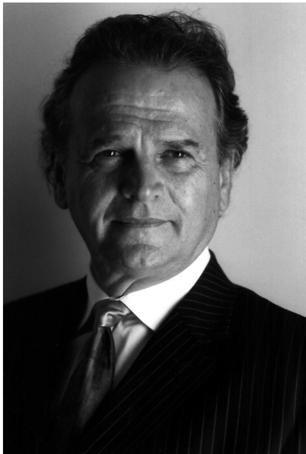
Administration	The short-form-NBDHE will be administered in approximately 3 hours and 35 minutes. The administration schedule is as follows: **Discipline-Based Component** — 1 hour, 30 minutes **Optional Scheduled Break** — 15 Minutes **Case-Based Component** — 1 hour, 50 minutes
Administration Fees	The fee for the short-form-NBDHE is identical to the fee associated with the standard-form-NBDHE.
General Policies and Procedures	Short-form-NBDHE policies and procedures are fully consistent with the policies and procedures associated with the standard form NBDHE. This includes, for example, policies concerning examination rules of conduct, irregularities, and appeals.
Results Reporting	**Candidate Results.** Short-form-NBDHE results are reported as “Pass” or “Fail.” Results are reported only as “Pass” for candidates who achieve passing scores. The status of “Pass” is reported for candidates who achieve a scale score of 75 or higher. The status of “Fail” is reported for candidates who achieve a scale score below 75. The short-form-NBDHE is a criterion-referenced examinations, with the minimum passing score determined by subject matter experts through rigorous standard-setting activities. The level of skills required to pass is the same, regardless of whether a candidate completes a standard form of the NBDHE or the short-form. As a consequence of the shortened test length, the short-form-NBDHE results report provides less information to candidates who have failed the examination, as compared to the information made available to failing candidates who were administered the standard form. For remediation purposes, candidates who fail the examination will receive an overall scale score and information about their performance in the following major areas of the examination. • Scientific Basis for Dental Hygiene Practice • Provision of Clinical Dental Hygiene Services Approximately four weeks after testing, short-form-NBDHE candidates will be able to view their examination results by logging into the My Account Summary page on ADA.org/JCNDE. **School Results.** Candidates’ Pass/Fail status will be reported to schools through the DTS Hub. Schools will receive periodic reports that describe how their students perform on the examination, relative to students from other schools. School results reports containing short-form-NBDHE administrations are subject to the same limitations as individual results reports (i.e., aggregate reporting is only possible for the overall scale and the two major areas indicated above). **Dental Board Results.** Candidates’ Pass/Fail status will be reported through the DTS Hub.

Retesting Policy	Short-form-NBDHE retesting policies are fully consistent with the policies and procedures associated with the standard form NBDHE, and are treated as parallel forms of the NBDHE from a retesting perspective. As indicated in other JCNDE communications, at the present time the short-form-NBDHE is being offered and will be available on a limited basis. The Retest Policy is as follows: • Candidates who have passed may not retake the examination unless required by a state board or relevant regulatory agency. • Candidates who have not passed may apply for re-examination. An examination attempt is defined as any examination administration where the candidate has been seated at a computer at a test center, and electronically agreed to the confidentiality statement to start the examination. • Candidates must wait a minimum of 90 days between test attempts. • Candidates are encouraged to seek formal remediation before re-examination. • Under the JCNDE's 5 Years/5 Attempts Eligibility Rule, candidates must pass the examination within a) five years of their first attempt or b) five examination attempts, whichever comes first. Subsequent to the fifth year or fifth attempt, failing candidates may test once every 12 months after their most recent attempt.
Governance	The governing body of the NBDHE Program is the Joint Commission on National Dental Examinations (JCNDE).
Validity and Technical Information	Short and standard length forms of the NBDHEs are supported through content validity arguments. NBDHE content has been developed by teams of highly qualified subject matter experts, working together to build examination questions that are capable of accurately and reliably identifying those who possess the clinical skills necessary to safely practice dental hygiene. These procedures are discussed in the NBDHE Technical Report.
Additional Information	Please see the NBDHE website: www.ada.org/nbdhe. The JCNDE can also be reached via nbexams@ada.org.

THE BULLETIN

Volume 134 | September 2021

Farewell from the President



Dear Members,

It is with a heavy heart that I bid you farewell as my presidency ends at the termination of our Annual Meeting on October 31, 2021. It has been a pleasure serving you and guiding our organization through some troublesome times. We have emerged over the past two and a half years as a much stronger and viable entity with national recognition and respect.

I have worked very hard with the Board of Directors to create stability, not only functionally, but also fiscally. The Directors, through their hard work and dedication to this organization, are responsible for its success. I want to also thank the caucus chairs and past presidents for taking their precious time to assist in making our achievements possible. Our sponsors deserve special recognition for their financial contributions which stabilized our fiscal outlook. They have played a key role in our survival during the COVID-19 pandemic.

Most of all, I want to thank all of our members for their confidence and dedication to the American Association of Dental Boards. With you and your backing, we have excelled.

We have had to deal with COVID-19 and all of its devastating impact over the last year and a half. Recently it has resurged with high numbers of infections. The breakthrough infections have affected even some of our membership with lasting impact. Due to COVID's prevalence, our Board of Directors has decided to make our Annual Meeting virtual. This was a very difficult decision made after much deliberation and angst but in the best interest of our Association and the safety of its members.

I and the Board of Directors have guided us through troubled waters and created a more diverse and efficient body to better serve our members and create value at the same time. The ACE program is part of that legacy to better ensure we have quality continuing education in the future and assist in our budget stability. The ACE Program is now underway. I urge the remaining states to accept the accreditation of this program as it is striving to be the gold standard for quality assurance relative to continuing education and the fiscal viability of our organization's future. The AADB is the national voice of our State Boards and puts the Boards on a level playing field with other national organizations and federal agencies. The value of the AADB is dependent on you, our members, to empower its credibility through your involvement and support.

The Remediate+ program has also been initiated as a service to our Boards to give them a means to mandated re-education for licensees who are a threat to the safety of the public.

Special thanks to Dr. Frank Recker, without whom our organization would no longer exist. He has worked very hard and provided legal services to our organization pro bono. We can't thank him enough for his dedication to the AADB. Without the strong support of the testing agencies and ADEA, it would not have been possible to get 6,500 graduating dental and hygiene students licensed, and the positive attitude of our member states. I'm especially proud of the role of the AADB and its tenacity in achieving that goal.

Finally, I want to thank Dr. Tonia-Socha-Mower, our Executive Director, for her dedication to the success of the AADB. She has been my advisor and helped to guide me with relentless support and tenacity. I can't thank her enough for her guidance and wisdom.

With great pride, I will pass the baton to Dr. Sparks, our President-Elect, on October 31, 2021.

Warmest regards,

Robert Zena, D.M.D.
Your President
AADB

From the Desk of the Executive Director

Dear Colleagues,

As we approach the end of a transformational era, I find myself reflecting upon what we have learned about our organization. What I have come to realize is that the AADB possesses great tenacity and resilience. Despite the unparalleled adversity introduced by the public health crisis, the AADB has survived and is thriving. Our achievements can be attributed to many. First, I want to extend my gratitude to our dedicated members who have given their time and energy towards organizing and moving projects forward. Secondly, I want to thank our committed Board of Directors who have shown true leadership during a time that requires tough decisions and swift action. Finally, I want to extend my personal thanks to our fearless leader, President Robert Zena. He has donated hours upon hours of time to best position our organization for success. His work ethic and creativity is inspirational and he has worked hard to set Dr. Sparks up for success.

As we prepare for a new administration, the AADB stands prepared to support our members with greater focus and strength. I am excited to learn more from the Department of Justice at the Annual Meeting. I hope you will be able to join us.

Sincerely,

Tonia Socha-Mower, MBA, EdD
AADB Executive Director

AADB 2021 Virtual Annual Meeting

Earlier in the year, with the reduction in COVID-19 cases, the AADB Board of Directors was excited to invite you to San Antonio for an in-person meeting. However, in the last few weeks, the circumstances have changed. COVID has resurged with high numbers of infections. Unfortunately, some of the breakthrough infections have affected our membership with a lasting impact. Additionally, many of our speakers are now unable to travel. **Accordingly, our Board of Directors has decided to make our Annual Meeting virtual.** This was not an easy choice but a decision made in the best interest of our Association and the safety of our members.

If you booked a hotel room at the Hyatt and associated your reservation with the AADB meeting, your reservation was canceled on Tuesday, September 14 and you should have received a confirmation email from the Hyatt. **If you did not link your reservation, you will want to cancel with the Hyatt directly at 210-222-1234.** Of course, if you still intend to travel and want to stay at the Hyatt, please call the resort and their customer service staff will be happy to help.

We have an interesting agenda planned for our virtual meeting. **Steven Mintz, JD, the Trial Attorney in the Appellate Section of the Antitrust Division of the United States Department of Justice will now be able to participate since the meeting is virtual.** His section represents the Division in civil and criminal appeals and works with the Federal Trade Commission on appellate matters and with the Office of the Solicitor General on Supreme Court cases involving antitrust issues. Additionally, we will be voting on proposed bylaws changes and electing a new Director for the AADB. The latest version of the program can be found **here**.

AADB Nomination for AADB Secretary

The AADB Nominating Committee, composed of representatives from each of the four regional Caucuses, met to discuss eligible nominations for AADB Secretary. At this time, nominations were accepted from the Northern Caucus (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, or Wisconsin). **The Nominating Committee has confirmed the nomination of Dr. Frank Maggio for the vacant seat as Secretary on the AADB Board of Directors.** An election will take place during the AADB Annual Meeting on October 30-31. Please see Dr. Maggio's application below.

Statement

I hope to serve as the next AADB Secretary from the North Caucus. I want to assure you all that our communications to all interested parties are not only timely but also helpful in order to advance our mission to protect the public. These are trying times for our State Boards where rapid changes are before us at all times. As your secretary, I will reach out to all State Boards to learn what are the issues confronting them on a daily basis. My plan is to then take the concerns to the AADB Board to give us direction for how to help our members in future decisions they will have to make. We will develop a Strategic Plan to move us forward in protecting the public we serve. Throughout the process, I will seek input from the various leaders in oral health. AADB needs to have officers who listen to all parties, and that is exactly what I will do. I will be there for you at any time. You can always reach me at maggiof@icloud.com or at (847)312-3752 to discuss your concerns. I hope I can count on you to vote for me as your next Secretary. Thanks for all we together do for AADB.

Curriculum Vitae

Bylaws Committee Report

The AADB Board of Directors would like to thank the Chair of the Bylaws Committee, Dr. Frank Maggio, the Bylaws Committee, and the many members who joined the Bylaws Committee Report on September 13, 2021. An updated version of the document can be found **here**.

Voting to accept the proposed changes will occur at the Annual Meeting.

CALL FOR HOT TOPICS

AADB seeks topic suggestions for our always popular AADB Open Forum. **More specifically, the AADB asks Executive Directors to submit a written report with highlights of progress and/or challenges.**

Your input does not need to be in the form of a report, but brief reports are welcome, especially if your state is contemplating new legislation. If you have suggestions about topics that would be of interest, please let the AADB know by **October 8, 2021.**

Email your suggestions to AADB at info@dentalboards.org. Our goal is to stimulate conversation and discussion of regulatory concerns.

AADB In the News

Dr. Clifford Feingold, AADB Secretary, and past board member from the North Carolina State Board of Dental Examiners shared his experience with the landmark 2015 U.S. Supreme Court involving the Federal Trade Commission during a *Certemy® Fireside Chat*. This webinar received much praise because he covered the history as well as discussed how regulators continue to be challenged. The AADB Board of Directors would like to thank Dr. Feingold for his dedication to the profession.

The video replay for his session can be found here: https://www.dentalboards.org/

ACE Program

The American Association of Dental Boards' new Accredited Continuing Education (ACE) Program is a reliable resource for dental boards that includes a stringent process that assures the quality of approved courses.

The first question: "how is the course relevant to protecting the public by increasing the relative knowledge of the licensee" is fundamental. The course director must show how his or her course educates a licensee to better enable them to protect the public through knowledge. This basic question excludes many potentially frivolous courses that can't meet this basic requirement.

Potential courses are required to reveal information regarding the course and the course creator. Course description, outline, and teaching objectives, as well as format and length, must be described. Careful analysis of that information is then considered prior to approval.

The other key factors, who is the course creator(s), what are their educational achievements, what is their experience relative to the topic, and documentation of such are integral parts of the process. Simply, are they qualified to educate others on this subject?

Another area of concern for the AADB is the training for the person(s) giving the course. This training must be described in detail. Course providers must be properly trained and identified with documentation.

Materials dictate technique. Dentistry is a material-dependent discipline. Dentistry is also technology-dependent. Companies are encouraged to lend their knowledge and guidance to better care thus protecting the public.

We at the AADB take this process very seriously. The AADB is committed to assuring state and territorial dental boards the courses approved by ACE are highly credible and have been thoroughly vetted before approval.

The AADB Board of Directors would like to thank the many boards who consider the ACE program the gold standard for continuing education accreditation.

Remediate+

The AADB is excited to offer remediation services to help support dental boards in their mission to protect the public. **Remediate+ is a fully customizable program designed to assist with mandated re-education of dental providers who show signs of benefiting from additional training.** Services are provided to meet the specific needs of all state/territory dental boards. This new approach to remediation services provides dental remediation and assessments, powered by advanced technology. All courses are fair, objective, and assessed accurately. Remediation courses will be taught in a multimodal format and will cover remediation needs, comprehensively. Courses will provide evidence of completion and performance. More information can be found here.

If you have a remediation case, please contact our team or have your remediation candidate contact our team at 706-705-6167 or info@dentalboards.org. Dr. Mary Jane Hanlon and the Remediate+ team will provide you with free assistance and expertise to help you define a customized remediation curriculum to fit your practitioner's specific needs.

Clearinghouse

The AADB Clearinghouse for Board Actions is one of the most valuable resources maintained by AADB. We rely upon each state/territory dental board to forward its orders and other disciplinary actions to AADB as soon as reasonably possible. Quarterly submissions by each state board are encouraged.

We input all state board orders within days of receipt in Chicago. The timelier the submission and entry, the more valuable the Clearinghouse. Information can be emailed to info@dentalboards.org.

Expansion of the AADB Team

Mary Jane Hanlon, RDH, DMD, MBA

The AADB Board of Directors would like to welcome Dr. Mary Jane Hanlon to the AADB team as the primary contact for the Remediate+ program. She is reaching out to dental boards to explain how this complimentary service to offer mandated re-education can support dental boards in their mission to protect the public.

Dr. Hanlon has a long and varied background in dentistry, including dental receptionist, dental assistant, and dental hygienist. She started a practice from scratch in Lexington, MA, where she would work for fifteen years and ultimately led her to pursue an MBA from Suffolk University in 2012. She later became the Associate Dean of Clinical Affair at Tufts University.

Stephanie Rojas

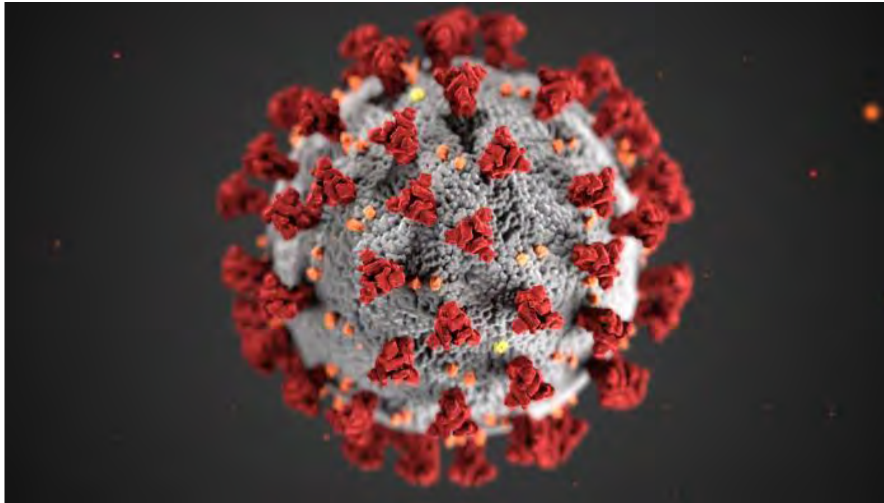
The AADB Board of Directors would like to congratulate Ms. Stephanie Rojas on her promotion. Ms. Rojas first joined the AADB in 2017 as an Administrative Assistant. She was promoted to Project Manager in 2019 and now serves as the AADB Director of Operations where she leads many of the day-to-day initiatives to support our members.

Lailah Sansano

The AADB Board of Directors would like to welcome Ms. Lailah Sansano to our central office team. Ms. Sansano joined the AADB in June 2021. She has worked for Google and YouTube and has been working in the IT Infrastructure Industry for over a decade. She has earned her Bachelor of Science degree in Nutrition and Dietetics so she is excited to return to the healthcare industry where she can apply her experience to help the AADB grow.

She helps contribute to the efficiency of our office by providing personalized and timely support to the executive staff and members. Ms. Sansano also helps with managing the AADB membership database and the AADB website.

Member benefit spotlight: COVID-19 Resources



The AADB has consulted with our colleagues at other national organizations to collect recommendations to help State/Territory Dental Boards manage the pandemic. Accordingly, the AADB has created a COVID-19 resources page for our Members. Once you log in to the Member's page, you will have access to exclusive resources that are not accessible to the general public. For example, **the most current information from the Chief Dental Officer of the U.S. Public Health Service, NIH, and the CDC, and other oral health stakeholders can be found on the Member's page**.

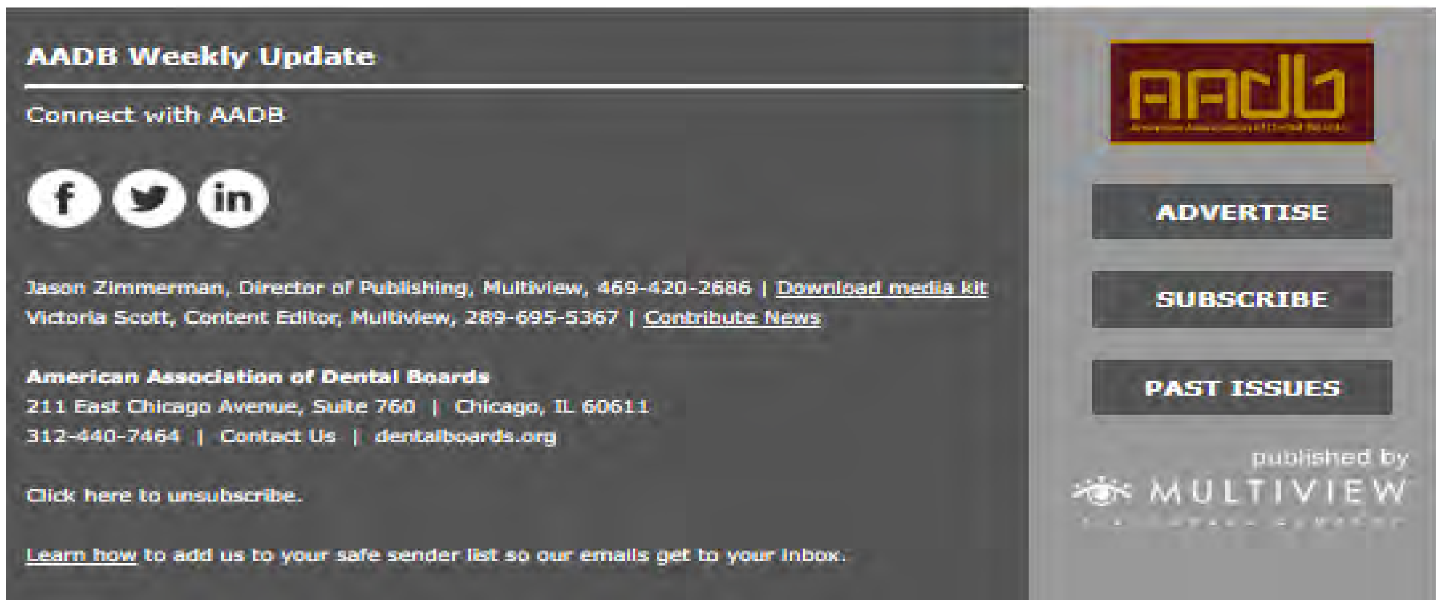
Member Benefit Spotlight: The Composite

This publication contains 40 charts that provide state-by-state information on dental board structure, licensee populations, licensing requirements, practice regulations, and state board disciplinary actions. Each Agency Member State Board and all Member Specialty Boards should have received a complimentary electronic copy of the Composite as part of their membership package this week.

The 32nd Edition of the Composite has been made possible through a generous contribution from the American Dental Education Association.

Copies of this valuable resource can be purchased online.

Member Benefit spotlight: AADB Weekly Update



As a Member, you should be receiving the AADB Weekly Update. Excluding holidays, the AADB members receive this electronic publication on Monday afternoons. The update provides a look at trending dental-related stories in the news and provides updates about AADB's activities.

Lapel Pins

AADB lapel pins are now available for purchase at www.dentalboards.org in our online store.

Thank you for your continued support of the American Association of Dental Boards.

September 2021

HealthProChoices

A newsletter for participants in the Health Professionals' Services Program (HPSP)

What's That Website? Why Should I Visit It?

The hpspmonitoring.com website is a great source of information. Without even logging in, you can find all of the pertinent program forms and guidelines, the current and past newsletters, as well as additional resources. You are then able to log in using your 8-digit ID and 4- or 6-digit pin; these are the same credentials you use to check to see if a test is required each day.

Once logged in, you can:
1) Check to see if a test is required
2) Request additional CCFs
3) Review a history of your daily check-ins
4) Check your account balance
5) See a list of your assigned collection sites

All data is current as of the prior evening. If you have any questions or experience trouble logging in, please contact your Agreement Monitor.

We Love Bagels and Muffins, Too...

But please remember to avoid those with poppy seeds! Poppy seeds and California poppy can cause toxicology tests to be positive for morphine or codeine. Any food, drink, or supplement with poppy/poppy seeds as an ingredient is not permitted by HPSP.

Address Change

All address changes must be submitted in writing (email, fax, or mail). HPSP does not want to risk incorrectly recording a verbally reported address. By submitting any address changes in writing, you will help us to ensure that we avoid errors that could potentially breach your confidentiality.

Why?

Participants often ask, “Why does my participation in HPSP have to last so long?” or “Why do I have to test so often?” In fact, HPSP’s structure is empirically based. A light review of three relevant research studies will shed light on the purpose behind the various program components. For, example, you will see that a five-year long program is the “gold standard” of recovery in the field of addiction.

1. **Relapse Declines after Five Years:** This is a follow-up article by the authors after originally making the statement that “After 5 years of abstinence, a recovering alcoholic has approximately the same chances of lifetime relapse as a randomly selected member of the general US population has of experiencing alcoholism in the coming year.” In the article, they review the research studies that allowed them to make that statement. They primarily are referencing studies of alcohol use disorder, but do look at other drugs as well. Read the full document **here**.

2. **Appropriate Use of Drug Testing in the Clinical Setting:** This is a consensus statement published by ASAM (American Society of Addiction Medicine) to provide guidance about the effective use of testing in diagnosis, treatment, and recovery. Below are the key points that are related to monitoring. As you can most likely tell, these are mirrored in HPSP’s toxicology testing program:

- Testing should be random, not scheduled or predictable in any way (page 2).
- Type of test (urine/blood/hair/etc) as well as panel need to be selected based on drugs of abuse (or drugs of concern) (page 2).
- Frequency of tests should in general be based on the window of detection for the drugs of abuse (or drugs of concern.) That said, it goes on to say that testing should be weekly at the beginning of recovery and then once stabilized can be gradually decreased to at least monthly (page 11).
- Testing frequency should be increased on days following weekends and holidays for those in outpatient care (page 25).
- Monitoring, with a drug testing component, should continue for five years (page 30).
- Physician Health Programs should monitor participants for five years if diagnosed with an addiction (page 31).

Read the full document **here**.

3. **Outcomes of SUD Monitoring Programs for Nurses:** This study was conducted in part to determine which nurse monitoring program characteristics are associated with program completion. It notes that the “percentage of nurses successfully completing a program correlated with the number of years in the program…It shows a steady increase and suggests that the highest percentage of nurses successfully completing a program was at or around the 5-year mark.” They also note the importance of testing twice a month in successful program completion, including among nurses who have experienced a relapse. Read the full document **here**.

The Finish Line

Imagine that you are running a marathon. You trained for it, and the first few miles feel easy. As you continue it does get tougher, much tougher, but the cheers of the crowd, the camaraderie of your fellow runners and the “refreshments” along the way help you to keep on going. Knowing that others see your effort and that they want you to keep trying sure helps you to put one foot in front of the other, even when you want to give up. (Continued on next page)

The beginning of the pandemic was like this for many on the front line of health care: It was tough work with long hours and difficult conditions to put it mildly. Yet, the general population was cheering you on with signs, treats and messages of support. It made the unbearable just a bit easier to know that the world cared and that your hard work was appreciated.

As the marathoner continues, they reach for that finish line; it gets closer with each and every step. Every last bit of energy is used to get to that 26.2 mile mark. In our battle with COVID, this can be seen as the point where the vaccine was developed and the virus' spread slowed. The pandemic "finish line" was within reach. Last bits of energy were used treating patients as we as a nation worked to reach that finish line.

Suddenly though, what is impossible in an actual marathon, happened: **The finish line moved!** Case counts soared again and hospital beds were filled. Now, it seems the pandemic is wearing on endlessly. Returning to our metaphor, the crowd that is cheering is thin at best, your fellow "runners" are weary, and the refreshments have all but dried up. In fact, it might even seem that the crowd is trying to trip you and get in your way by NOT doing the things that science shows will stop the spread of COVID-19. There is not a clear finish line and there are obstacles instead of supporters. Is there any question about why our healthcare professionals feel TIRED?

How would we help a runner in this situation? We would tell them to REST and REFUEL...and we would CHEER them on. For your "race," know that your Agreement Monitor and the rest of the HPSP staff are here to help you find ways to REST and REFUEL even in the face of the stressors of today's world. And we are definitely here to CHEER you on. WE APPRECIATE ALL THAT YOU DO!

5 Self-Care Tips to Help Reduce Stress

❶**Make self-care a priority.** Exercise daily, get plenty of rest, address your own needs and feelings regularly, and make an effort to eat healthy.

❷**Start a mindfulness practice.** Mindfulness can help develop self-awareness and the ability to cope with feelings of stress. Pay attention to the present moment with openness, slow down, connect with your breath to relax your mind and body.

❸**Create a resilience routine.** Take a proactive approach to dealing with stress. Make exercise, meditation, yoga and other relaxation techniques part of your daily routine.

❹**Make time for activities you enjoy.** Read a good book, watch a comedy, play a fun game, or make something—it doesn't matter what you do, as long as it takes you out of your worries.

❺**Remember to laugh.** Laughter is the best medicine and it's free. Laughter can reduce the pain you feel, both body and mind, and help to minimize the issue at hand.

A Thank You From the Staff at IBH Monitoring

We see you and we value you. The lengths that you have gone to over these last months to keep our community safe are astounding. Your tenacity and perseverance is an inspiration, and your dedication and hard work will not be forgo en. Thank you, thank you, thank you. - Kate

To our health care workers: I would like to take a moment to thank you for all you do during this time of un ertainty, stress, and anxiety. I know on a personal level that professionals like you are helping me and my family stay healthy and strong. Thank you!! - Sco

Thank you health professionals for the sacrifices you make every day, and especially during this pandemic. Your dedication, commitment and courage deserve our deepest gratitude and admiration. - Tina

Words cannot express my gratitude or your ongoing efforts, courage, and perseverance to continue the fig t against the pandemic. Thank you for all the sacrifices you have made to help our communities vercome this difficult time. - Jenn

Thank you for all the hard work you do day in and day out. These times are especially dark and tough, but you continue o shine through the darkness. Know that we support you and we thank you for all the long days and sacrifices you make to help those who need you. Thank you for everything and all you do. - Mark

Please know just how very much all of your work, each and every day, is appreciated. Even on those days when it seems like no one cares, WE DO. We know that you are giving your best and we are so thankful! You continue o go above and beyond to serve your patie ts, even in the face of what seems like a never-ending pandemic. Thank you! Those two little words an never be quite big enough for all the gratitude th y hold. - Lori

Thanks for all that you do during an incredibly difficult time in hi tory. Your job isn't an easy one, but humanity would be worse off without people like you. - Dylan

Your fortitude, pers verance, and dedication are inspiring. Thank you or doing what you do. - Kat

You are all amazing and I hope you stay safe and healthy during this pandemic. I am so grateful for your continued dedication to helping others. Please know that if you are struggling we are here to help you too. Together we can do hard things. - Ashlea

Thank you to our healthcare team for your professionalism and caring both on an ongoing basis and especially during the difficult time of C vid and changes in leadership. - Joe Autry

YOU ARE A LIFESAVER! Thank you for all you have done and continue o do where it ma ers the most, on the front lines! Your dedication and ommitment to this fight has not gone unnoti ed!! Despite it all, you continue to show up with your heart and mind!! We honor you today and always! - Christa

Meet Laura Skarnulis, CEO of DANB and the DALE Foundation

The Dental Assisting National Board (DANB) and the DALE Foundation would like to officially introduce Chief Executive Officer Laura Skarnulis. Laura took the helm of DANB and the DALE Foundation on Aug. 16, 2021.

We'd like to share a message from Laura:

Hello! I can't believe I'm nearing my one-month anniversary in the CEO role. Time is certainly flying by as I've hit the ground running. I'm excited to be here and have been impressed with the strong foundations of DANB and the DALE Foundation.

My first two weeks were primarily dedicated to gaining as much institution knowledge as possible. I'd like to extend a heartfelt thanks to Cindy Durley, whose last day as Executive Director was Aug. 31. I am grateful to Cindy for the support, counsel and leadership she provided me during the transition.

DANB and the DALE Foundation are leading organizations, thanks to the strength of the staff and the dedication of the Boards. This is a remarkable group to join and work alongside.

I am energized about diving into the work at hand and ready for all that we have ahead of us. In the coming weeks and months, I look forward to connecting with you. In the meantime, my contact information is below. Please feel free to reach out to me at any time.

Warmest regards,
Laura

Laura Skarnulis
Chief Executive Officer
lskarnulis@danb.org
312-280-3428

About Laura Skarnulis

Ms. Skarnulis comes to DANB and the DALE Foundation after serving for more than eight years as the Chief Operating Officer of the American Board of Medical Specialties. Previously, Ms. Skarnulis held operations and financial leadership positions at the United Way of Metropolitan Chicago and the Arena Football League, including its affiliate af2. She was named a 2019 Notable

Woman in Healthcare by Crain's Chicago Business and was a finalist for the Financial Executives International's CFO of the Year award in 2012. Ms. Skarnulis holds a Bachelor of Science in Accountancy from Northern Illinois University and was a Certified Public Accountant.

About DANB and the DALE Foundation

DANB is recognized by the American Dental Association as the national certifying board for dental assistants. DANB exams and certifications are recognized or required by 37 states, the District of Columbia, the U.S. Air Force and the Department of Veterans Affairs. The DALE Foundation, the official DANB affiliate, offers interactive e-learning courses and study aids to help dental assistants and other oral healthcare professionals expand their knowledge and grow their careers. For more information, visit www.danb.org or www.dalefoundation.org.

This email was sent to stephen.prisby@state.or.us. You are receiving this email because you are subscribed to the DANB and DALE Foundation News email list. If you wish to no longer receive these emails from us, you can unsubscribe.

Dental Assisting National Board, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611, United States

LICENSE RATIFICATION

16 . RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H8274	RUTHAITIP GLASER , R.D.H.	8/11/2021
H8275	KENDRA R ELLSWORTH , R.D.H.	8/11/2021
H8276	MARISA ENGLE , R.D.H.	8/11/2021
H8277	CHEYANNE S ZIMMERMAN , R.D.H.	8/27/2021
H8278	KYLIE HIGGINS-HOYLE , R.D.H.	8/27/2021
H8279	JULIE ANNE RUEHL , R.D.H.	8/27/2021
H8280	ANNA M ORTON , R.D.H.	8/27/2021
H8281	JENNIFER ENTRAMBASAGUAS , R.D.H.	8/27/2021
H8282	CERA ASHLEE SORENSEN , R.D.H.	8/27/2021
H8283	CHELSEA KUUIPO OKALANI ALLISON , R.D.H.	8/27/2021
H8284	LAUREN DELLSITE , R.D.H.	8/27/2021
H8285	CECILIA M SEIBERT , R.D.H.	8/27/2021
H8286	ANDRA FONDERSMITH , R.D.H.	8/27/2021
H8287	KATERINA A LABRADOR , R.D.H.	8/27/2021
H8288	LAKOTA RAVEN BEARSGHOST COUTURIER , R.D.H.	8/27/2021
H8289	TAYLOR PRESLEY , R.D.H.	8/27/2021
H8290	MARIA LAUREN CLINE , R.D.H.	8/27/2021
H8291	SINDY DANIELA MAGANA PEDROZA , R.D.H.	8/27/2021
H8292	SHANNON LEE VUYLSTEKE , R.D.H.	8/27/2021
H8293	ASHLEY TANNER , R.D.H.	9/1/2021
H8294	TREANA GARCIA-PERREIRA , R.D.H.	9/3/2021
H8295	SAVANNAH L COLE , R.D.H.	9/3/2021
H8296	DANIELLE J HOBBS , R.D.H.	9/3/2021
H8297	SUZIE KREINDEL , R.D.H.	9/3/2021
H8298	SILVIA SANTELLANO , R.D.H.	9/10/2021
H8299	YADIRA CORONA , R.D.H.	9/10/2021
H8300	MEGAN AMBER BAITEY , R.D.H.	9/10/2021
H8301	JENNIFER CRYSTAL WILKS , R.D.H.	9/10/2021
H8302	KATLYN LORENE STAVIG , R.D.H.	9/10/2021
H8303	MARLEY BLACK , R.D.H.	9/10/2021
H8304	AMANDA MARIE MUSGRAVE , R.D.H.	9/10/2021
H8305	KATIE CHEN , R.D.H.	9/10/2021
H8306	ARIANA MIKAYLIA TREVINO , R.D.H.	9/10/2021
H8307	LYSETTE IANNUCCI , R.D.H.	9/10/2021
H8308	ALYSSA SORENSEN KNAPP WEBER , R.D.H.	9/10/2021
H8309	MARIA DEL CARMEN GUERRERO BEJARANO , R.D.H.	9/10/2021
H8310	CHRISTINA N DUKES , R.D.H.	9/10/2021
H8311	ADAIR C PARDI , R.D.H.	9/10/2021
H8312	DAVID LEONTYUK , R.D.H.	9/15/2021
H8313	BROOKE MICHELLE CUNNINGHAM , R.D.H.	9/15/2021
H8314	S. KATHRYN LIGHTHOUSE , R.D.H.	9/24/2021
H8315	DESTYNE JOHNSON , R.D.H.	9/24/2021
H8316	JING TING GAN , R.D.H.	9/24/2021
H8317	JAE WON PARK , R.D.H.	9/24/2021

H8318	NIKA CHICK , R.D.H.	9/24/2021
H8319	ALEENA F NELSON , R.D.H.	9/24/2021
H8320	BRANDI ALEXIS WATSON , R.D.H.	9/24/2021
H8321	BROOKE HEIN , R.D.H.	10/8/2021
H8322	TIFFANY VO , R.D.H.	10/8/2021
H8323	JESSICA EDEN HAUSER , R.D.H.	10/8/2021
H8324	HASAN MOHAMMED ALRAMADAN , R.D.H.	10/8/2021
H8325	VALERIE SUZANNE MILLER , R.D.H.	10/8/2021
H8326	ALEXANDRIA A ALEXANDER , R.D.H.	10/8/2021
H8327	RHIANNON COLEMAN , R.D.H.	10/8/2021
H8328	JENNIFER ANN VINSON , R.D.H.	10/8/2021

DENTISTS

D11504	JAE HEUNG HA , D.D.S.	8/11/2021
D11505	MIMI THUY TRAN , D.D.S.	8/11/2021
D11506	AARON REID ROGERS , D.M.D.	8/11/2021
D11507	JOHN ABRAM ORDONA ABORDO , D.D.S.	8/11/2021
D11508	SOMANG LEE , D.M.D.	8/11/2021
D11509	MARK D DEVINCENZI , D.M.D.	8/11/2021
D11510	KELLY R WALKER , D.M.D.	8/11/2021
D11511	JOSEPH PETER COROMELAS , D.D.S.	8/11/2021
D11512	SCARLETT KETTWICH , D.M.D.	8/11/2021
D11513	MATTHEW P BYRNE , D.D.S.	8/11/2021
D11514	SYDNEY L HOFFMAN , D.M.D.	8/11/2021
D11515	MYRIAM HAMIEH , D.M.D.	8/11/2021
D11516	TYLER FRIESEN , D.M.D.	8/11/2021
D11517	PAUL DZUY HAI LE , D.M.D.	8/19/2021
D11518	JENNIFER TA , D.M.D.	8/27/2021
D11519	K-LYNN HOGH , D.D.S.	8/27/2021
D11520	LILIA YING CHIEH YU , D.D.S.	8/27/2021
D11521	KYUNG SUNWOO , D.M.D.	8/27/2021
D11522	MATTHEW CHAVARRIA , D.D.S.	8/27/2021
D11523	JASON MICHAEL HOLTMAN , D.D.S.	8/27/2021
D11524	KHANH MAI PHAM , D.M.D.	8/27/2021
D11525	CONNER J KANE , D.M.D.	8/27/2021
D11526	ERIC D CHRISTENSEN , D.M.D.	8/27/2021
D11527	MACKENZIE SAUTTER , D.D.S.	8/27/2021
D11528	MARLO BULZA , D.M.D.	8/27/2021
D11529	ALEXANDER ZUK , D.M.D.	8/27/2021
D11530	HEATHER ANNE NICHOLAS , D.M.D.	8/27/2021
D11531	ALEXANDER J HANG , D.M.D.	8/27/2021
D11532	NATHAN W SUTER , D.D.S.	8/27/2021
D11533	JACOB DOUGLAS GUBRUD , D.D.S.	8/27/2021
D11534	VALENTINA SERRANO HILL ,	9/1/2021
D11535	JENNIFER BREHOVE , D.M.D.	9/1/2021
D11536	JONATHAN COUTIN , D.D.S.	9/10/2021
D11537	ABIGAIL H RAPCHICK-WEIDMAN , D.D.S.	9/10/2021
D11538	BRENDEN CHRISTOPHER SCOTT , D.M.D.	9/10/2021
D11539	ELLYSE LOOK , D.M.D.	9/10/2021
D11540	DARCY MORALES , D.M.D.	9/10/2021
D11541	OMAR AIMAN AKILEH , D.M.D.	9/10/2021
D11542	MIKKELL MARIE BOWENS , D.M.D.	9/10/2021
D11543	BROOKE ASHLEY APPELHANS , D.D.S.	9/10/2021
D11544	ANDREW PHILLIPS , D.M.D.	9/10/2021
D11545	XUE ZHAO , D.M.D.	9/15/2021

D11546	BHAVIN GAJJAR , D.D.S.	9/24/2021
D11547	KATE CARDULLO , D.M.D.	9/24/2021
D11548	WILLIAM SONG , D.M.D.	9/24/2021
D11549	AHMAD HAMAD OUBAID , D.M.D.	10/8/2021
D11550	SYED UMER , D.M.D.	10/8/2021
D11551	DA YOUNG LEE , D.D.S.	10/8/2021
D11552	ELISE ESPOSITO , D.D.S.	10/8/2021

DENTAL FACULTY

DF0051	CHING YUN HSU	9/10/2021

LICENSE, PERMIT
&
CERTIFICATION

Nothing to report under this tab

STRATEGIC PLANNING SESSION

Oregon Board of Dentistry

Strategic Planning Workshop

Location: Marriott Downtown Waterfront

Portland, Oregon

On-site Facilitators: Jen Coyne & Theresa Trelstad of The PEAKFleet

Attendees: Stephen Prisby, Oregon Board of Dentistry, OBD Staff

Session Objectives: Plan multi year path for OBD, outline strategic initiatives to support the plan and key actions

Date: October 22 - 23, 2021

Start	End	Duration	Topic	Owner/Presenter	Objective/Outcome
1:30 PM	2:00 PM	0:30:00	Open mtg Values exercise	Jen Coyne	Build framework for the workshop discussion
2:00 PM	2:10 PM	0:10:00	Objectives and Goals for 2-day workshop	Jen Coyne / Theresa Trelstad	Set stage for the flow of information and the when and how of activity
2:10 PM	2:15 PM	0:05:00	Point in time/Map "we are here"	Jen Coyne	Clarify current point in the process
2:15 PM	3:05 PM	0:50:00	Organizational Values => Lens for reviewing OBD Mission	Jen Coyne / Theresa Trelstad with Group Participation	Ensure OBD Mission is current, differentiated and reflective of the strategic intent of the origination
3:05 PM	3:35 PM	0:30:00	Preview of Strategic Initiatives and Prioritization criteria	Jen Coyne / Theresa Trelstad	Review the 5 Strategic Initiative areas and the pritorized weighting system
3:35 PM	3:40 PM	0:05:00	COMMENTS AND WRAP UP	Jen Coyne	

October 23

8:30 AM	9:00 AM	0:30:00	Open with a new way to ZOOM	Jen Coyne	Collaboration exercise
9:00 AM	9:25 AM	0:25:00	Goals for the Day	Jen Coyne / Theresa Trelstad	Review activities, time table and end goals
9:25 AM	9:55 AM	0:30:00	Walk the Room - Initiatives overview	Theresa Trelstad	Review Strategic Themes, Goals within each theme
9:55 AM	10:40 AM	0:45:00	Frame success for each initiative and goal.	Jen Coyne / Theresa Trelstad	Break into groups, build success criteria. Take turns sharing recommendations with the full group.
10:40 AM	11:40 AM	1:00:00	Organizational Strengths, Capacity, Gaps	Jen Coyne / Theresa Trelstad	Apply Organizational Strengths and Opportunities via a facilitated discussion. What effort and resources are needed to achieve? Break into groups to identify Gaps
11:40 AM	12:10 PM	0:30:00	BREAK Compile, Stack Rank	Jen Coyne	
12:10 PM	12:50 PM	0:40:00	Share out State of Initiatives	ALL	Ground understanding in the work needed to meet goals
12:50 PM	1:50 PM	1:00:00	LUNCH		
1:50 PM	2:20 PM	0:30:00	Vote based on Prioritization Criteria	Theresa Trelstad	Create understanding of items most important to tackle
2:20 PM	3:20 PM	1:00:00	Discussion Alignment and Next Steps	Jen Coyne / Theresa Trelstad	Stack, rank initiatives to align resources and acknowledge limits
3:20 PM	3:30 PM	0:10:00	Wrap up & Final comments	Stephen Prisby / Jen Coyne	