



Oregon

Kate Brown, Governor

Board of Dentistry
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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**

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

Enrolled House Bill 2528

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

CHAPTER

AN ACT

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

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

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

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

- (1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.
- (2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.
- (3) "Dentist" means a person licensed to practice dentistry under this chapter.

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

- (a) Is at least 18 years of age;
- (b) Submits to the board a completed application form;
- (c) Demonstrates the completion of a dental therapy education program;
- (d) Passes an examination described in section 4 of this 2021 Act; and
- (e) Pays the application and licensure fees established by the board.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) The examinations must:

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

(B) Be written in English; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Application for licensure;

(b) Examinations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Comprehensive charting of the oral cavity;

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

(d) Exposing and evaluation of radiographic images;

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

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

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

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

(m) Emergency palliative treatment of dental pain;

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

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

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

- (q) Indirect pulp capping on permanent teeth;
- (r) Indirect pulp capping on primary teeth;
- (s) Suture removal;
- (t) Minor adjustments and repairs of removable prosthetic devices;
- (u) Atraumatic restorative therapy and interim restorative therapy;
- (v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;
- (w) Removal of space maintainers;
- (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
- (y) Other services as specified by the Oregon Board of Dentistry by rule.

(2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:

- (a) Placement of temporary restorations;
- (b) Fabrication of soft occlusal guards;
- (c) Tissue reconditioning and soft reline;
- (d) Tooth reimplantation and stabilization;
- (e) Recementing of permanent crowns;
- (f) Pulpotomies on primary teeth;
- (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
- (h) Brush biopsies; and
- (i) Direct pulp capping on permanent teeth.

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

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

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

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

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

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

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

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

SECTION 13. ORS 679.010 is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

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

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

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

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

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

SECTION 14. ORS 679.140 is amended to read:

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

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

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

(c) Unprofessional conduct.

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

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

(f) Incapacity to practice safely.

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

(a) Obtaining any fee by fraud or misrepresentation.

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

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

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

(e) Impairment as defined in ORS 676.303.

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

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

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

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

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

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

(a) Suspend judgment.

(b) Place a licensee on probation.

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

- (d) Revoke a license to practice dentistry in this state.
- (e) Place limitations on a license to practice dentistry in this state.
- (f) Refuse to renew a license to practice dentistry in this state.
- (g) Accept the resignation of a licensee to practice dentistry in this state.
- (h) Assess a civil penalty.
- (i) Reprimand a licensee.
- (j) Impose any other disciplinary action the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty.

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

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

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

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

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

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

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

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

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

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

(13) Withdrawing the application for license does not close any investigation, action or proceeding against an applicant.

SECTION 15. ORS 679.170 is amended to read:

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

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

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

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

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

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

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

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

SECTION 16. ORS 679.250 is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Achieve at least one of the following:

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

(B) Develop new categories of dental personnel;

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

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

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

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

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

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

Passed by House April 27, 2021

Repassed by House June 23, 2021

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

.....
Tina Kotek, Speaker of House

Passed by Senate June 22, 2021

.....
Peter Courtney, President of Senate

Received by Governor:

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

Approved:

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

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

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

.....
Shemia Fagan, Secretary of State

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

1 **OBD – Suggested Language in Blue**
2 **ODA - Suggested Language in Green**

3
4 **DIVISION 1**
5 **PROCEDURES**
6

7
8 **818-001-0002**

9 **Definitions**

10 As used in OAR chapter 818:

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

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

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

16 ~~(6)~~ (4) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice
17 dental hygiene.

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

20 (6) "Dental Therapy" means the provision of preventative care, restorative dental treat-
21 ment and other educational, clinical and therapeutic patient services as part of a dental
22 care team, pursuant to a collaborative agreement including the services described in
23 (new scope section) Section XXX

24 ~~(4)~~ (7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to
25 be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in
26 the dental treatment room while the procedures are performed.

27 ~~(5)~~ (8) "General Supervision" means supervision requiring that a dentist authorize the proce-
28 dures, but not requiring that a dentist be present when the authorized procedures are per-
29 formed. The authorized procedures may also be performed at a place other than the usual place
30 of practice of the dentist.

31 ~~(7)~~ (9) "Indirect Supervision" means supervision requiring that a dentist authorize the proce-
32 dures and that a dentist be on the premises while the procedures are performed.

33 ~~(8)~~ (10) "Informed Consent" means the consent obtained following a thorough and easily under-
34 stood explanation to the patient, or patient's guardian, of the proposed procedures, any availa-
35 ble alternative procedures and any risks associated with the procedures. Following the explana-
36 tion, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The
37 licensee shall provide thorough and easily understood answers to all questions asked.

38 ~~(9)~~ (11) "Licensee" means a dentist, ~~or~~ hygienist or dental therapist.

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

41 ~~(10)~~ (12) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is un-
42 able to receive regular dental hygiene or dental therapy treatment in a dental office.

43 ~~(11)~~ (13) "Specialty." The specialty definitions are added to more clearly define the scope of the
44 practice as it pertains to the specialty areas of dentistry.

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

47 (b) "Dental Public Health" is the science and art of preventing and controlling dental diseases
48 and promoting dental health through organized community efforts. It is that form of dental prac-
49 tice which serves the community as a patient rather than the individual. It is concerned with the
50 dental health education of the public, with applied dental research, and with the administration

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.

102 ~~(45)~~ (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 ~~(46)~~ (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 ~~(47)~~ (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.

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

160
161 **818-012-0020**

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

163 In addition to other discipline, the Board may order a licensee who engaged in or permitted un-
164 acceptable patient care to:

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

171
172 **818-012-0030**

173 **Unprofessional Conduct**

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

- 177 (1) Attempt to obtain a fee by fraud, or misrepresentation.
178 (2) Obtain a fee by fraud, or misrepresentation.
179 (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to
180 make, a material, false statement intending that a recipient, who is unaware of the truth, rely
181 upon the statement.
182 (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or
183 permitting any person to make a material, false statement.
184 (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepre-
185 sentation.
186 (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person
187 other than a partner, employee, or employer.
188 (4) Accept rebates, split fees, or commissions for services rendered to a patient from any per-
189 son other than a partner, employee, or employer.
190 (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior
191 can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; ges-
192 tures or expressions, any of which are sexualized or sexually demeaning to a patient; inappro-
193 priate procedures, including, but not limited to, disrobing and draping practices that reflect a lack
194 of respect for the patient's privacy; or initiating inappropriate communication, verbal or written,
195 including, but not limited to, references to a patient's body or clothing that are sexualized or sex-
196 ually demeaning to a patient; and inappropriate comments or queries about the professional's or
197 patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual
198 preferences.
199 (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
200 (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient
201 or to a patient's guardian upon request of the patient's guardian.
202 (8) Misrepresent any facts to a patient concerning treatment or fees.
203 (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

- 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 ~~of~~ dental hygiene or
228 dental therapy.
- 229 (16) Practice dentistry ~~of~~ 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 ~~of~~ 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.
- 254

255 818-021-00XX
256 Application for License to Practice Dental Therapy
257 (1)(a)The Oregon Board of Dentistry ~~may~~ shall require an applicant for a license to prac-
258 tice dental therapy to pass written, laboratory or clinical examinations to test the profes-
259 sional knowledge and skills of the applicant.
260 (b) The examinations may not be affiliated with or administered by a dental pilot project
261 or a dental therapy education program ~~described in section 3 of this 2021 Act.~~
262 (c) The examinations must:
263 (A) Be elementary and practical in character, and sufficiently thorough to test the fitness
264 of the applicant to practice dental therapy; (B) Be written in English; and
265 (C) Include questions on subjects pertaining to dental therapy.
266 (2) If a test or examination was taken within five years of the date of application and the
267 applicant received a passing score on the test or examination, as established by the
268 board by rule, the board:
269 (a) To satisfy the written examination authorized under this section, may accept the re-
270 sults of national standardized examinations.
271 (b) To satisfy the laboratory or clinical examination authorized under this section:
272 A) Shall accept the results of regional and national testing agencies or clinical board ex-
273 aminations administered by other states; and
274 (B) May accept the results of board-recognized testing agencies.
275 (3) The board shall accept the results of regional and national testing agencies or of clini-
276 cal board examinations administered by other states, and may accept results of board
277 recognized testing agencies, in satisfaction of the examinations authorized under this
278 section for applicants who have engaged in the active practice of dental therapy in Ore-
279 gon, another state, the Armed Forces of the United States, the United States Public
280 Health Service or the United States Department of Veterans Affairs for a period of at least
281 3,500 hours in the five years immediately preceding application and who meet all other
282 requirements for licensure.

283
284 818-021-00XX

285
286 Application for License to Practice Therapy Without Further Examination

287 (1) The Oregon Board of Dentistry may grant a license without further examination to a
288 dental therapist who holds a license to practice dental therapy in another state or states
289 if the dental therapist meets the requirements set forth in ORS 679 and submits to the
290 Board satisfactory evidence of:
291 (a) Having graduated from a dental therapy program accredited by the Commission on
292 Dental Accreditation of the American Dental Association; ~~or and~~
293
294 ~~(b) Having graduated from a dental therapy program located outside the United States or~~
295 ~~Canada, completion of not less than one year in a program accredited by the Commis-~~
296 ~~sion on Dental Accreditation of the American Dental Association, and proficiency in the~~
297 ~~English language; and~~
298 (c) Having passed the clinical dental therapy examination conducted by a regional test-
299 ing agency or by a state dental or dental therapy licensing authority, by a national testing
300 agency or other Board-recognized testing agency; and
301 (d) Holding an active license to practice dental therapy, without restrictions, in any state;
302 including documentation from the state dental board(s) or equivalent authority, that the
303 applicant was issued a license to practice dental therapy, without restrictions, and
304 whether or not the licensee is, or has been, the subject of any final or pending discipli-
305 nary action; and

306 (e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed
307 Forces of the United States, the United States Public Health Service, the United States
308 Department of Veterans Affairs for a minimum of 3,500 hours in the five years immedi-
309 ately preceding application. Licensed clinical practice could include hours devoted to
310 teaching by dental therapists employed by a CODA accredited dental therapy program
311 with verification from the dean or appropriate administration of the institution document-
312 ing the length and terms of employment, the applicant's duties and responsibilities, the
313 actual hours involved in teaching clinical dental therapy, and any adverse actions or re-
314 strictions; and
315 (f) Having completed 36 hours of continuing education in accordance with the Board's
316 continuing education requirements contained in these rules within the two years immedi-
317 ately preceding application.

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

319
320 **818-021-0026**

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

322 (1) The Board requires fingerprints of all applicants for a dental, dental therapy or dental hy-
323 giene license to determine the fitness of an applicant. The purpose of this rule is to provide for
324 the reasonable screening of dental and dental hygiene applicants and licensees in order to de-
325 termine if they have a history of criminal behavior such that they are not fit to be granted or hold
326 a license that is issued by the Board.

327 (2) These rules are to be applied when evaluating the criminal history of all licensees and appli-
328 cants for a dental, dental therapy or dental hygiene license and for conducting fitness determi-
329 nations consistent with the outcomes provided in OAR 125-007-0260.

330 (3) Criminal records checks and fitness determinations are conducted according to ORS
331 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.

332 (a) The Board will request the Oregon Department of State Police to conduct a state and nation-
333 wide criminal records check. Any original fingerprint cards will subsequently destroyed.

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

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

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

341 (a) The nature of the crime;

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

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

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

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

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

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

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

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

354 (F) A recommendation of an employer.

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

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

- 357 (5) The Board will make a fitness determination consistent with the outcomes provided in OAR
358 125-007-0260.
- 359 (a) A fitness determination approval does not guarantee the granting or renewal of a license.
- 360 (b) An incomplete fitness determination results if the applicant or licensee refuses to consent to
361 the criminal history check, refuses to be fingerprinted or respond to written correspondence, or
362 discontinues the criminal records process for any reason. Incomplete fitness determinations
363 may not be appealed.
- 364 (6) The Board may require fingerprints of any licensed Oregon dentist, [dental therapist](#) or den-
365 tal hygienist, who is the subject of a complaint or investigation for the purpose of requesting a
366 state or nationwide criminal records background check.
- 367 (7) All background checks shall be requested to include available state and national data, un-
368 less obtaining one or the other is an acceptable alternative.
- 369 (8) Additional information required. In order to conduct the Oregon and National Criminal History
370 Check and fitness determination, the Board may require additional information from the licen-
371 see/applicant as necessary, such but not limited to, proof of identity; residential history; names
372 used while living at each residence; or additional criminal, judicial or other background infor-
373 mation.
- 374 (9) Criminal offender information is confidential. Dissemination of information received may be
375 disseminated only to people with a demonstrated and legitimate need to know the information.
376 The information is part of the investigation of an applicant or licensee and as such is confidential
377 pursuant to ORS 676.175(1).
- 378 (10) The Board will permit the individual for whom a fingerprint-based criminal records check
379 was conducted, to inspect the individual's own state and national criminal offender records and,
380 if requested by the individual, provide the individual with a copy of the individual's own state and
381 national criminal offender records.
- 382 (11) The Board shall determine whether an individual is fit to be granted a license or permit,
383 based on fitness determinations, on any false statements made by the individual regarding crim-
384 inal history of the individual, or any refusal to submit or consent to a criminal records check in-
385 cluding fingerprint identification, and any other pertinent information obtained as a part of an in-
386 vestigation. If an individual is determined to be unfit, then the individual may not be granted a
387 license or permit. The Board may make fitness determinations conditional upon applicant's ac-
388 ceptance of probation, conditions, or limitations, or other restrictions upon licensure.
- 389 (12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-
390 007-0300. Challenges to the accuracy of completeness of criminal history information must be
391 made in accordance with OAR 125-007-0030(7).

392
393 **[818-021-00XX](#)**

394 **[Continuing Education — Dental Therapists](#)**

395 **[\(1\) Each dental therapist must complete 36 hours of continuing education every two](#)**
396 **[years. Continuing education \(C.E.\) must be directly related to clinical patient care or the](#)**
397 **[practice of dental public health.](#)**

398 **[\(2\) Dental therapists must maintain records of successful completion of continuing edu-](#)**
399 **[cation for at least four licensure years consistent with the licensee's licensure cycle. \(A](#)**
400 **[licensure year for dental therapists is October 1 through September 30.\) The licensee,](#)**
401 **[upon request by the Board, shall provide proof of successful completion of continuing](#)**
402 **[education courses.](#)**

403 **[\(3\) Continuing education includes:](#)**

404 **[\(a\) Attendance at lectures, dental study groups, college post-graduate courses, or scien-](#)**
405 **[tific sessions at conventions.](#)**

- 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

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

458

459 **818-021-0085**

460 **Renewal or Reinstatement of Expired License**

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

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

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

465 (b) Pay the biennial renewal fee; and

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

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

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

470 (b) Pay the biennial renewal fee; and

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

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

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

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

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

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

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

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

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

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

489 (d) Pass the Board's Jurisprudence Examination;

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

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

494 (g) Submit a completed application for reinstatement provided by the Board including certifica-
495 tion of having completed continuing education credits as required by the Board during the period
496 the license was expired. The Board may request evidence of satisfactory completion of continu-
497 ing education courses.

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

501

502 **818-021-0090**

503 **Retirement of License**

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

- 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 hygienist~~ 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.

- 557 (d) The permit holder performs the appropriate pre- and post-operative evaluation and dis-
558 charges the patient in accordance with 818-026-0050(7) and (8).
559 (2) Under indirect supervision, a dental assistant may perform those procedures for which the
560 dental assistant holds the appropriate certification for a patient who is under nitrous oxide or
561 minimal sedation under the following conditions:
562 (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anes-
563 thesia Permit administers the sedative agents;
564 (b) The permit holder, or an anesthesia monitor, monitors the patient; and
565 (c) The permit holder performs the appropriate pre- and post-operative evaluation and dis-
566 charges the patient in accordance with 818-026-0050(7) and (8).
567

568 **818-026-0080**

569 **Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Pro-** 570 **vider Induces Anesthesia**

- 571 (1) A dentist who does not hold an anesthesia permit may perform dental procedures on a pa-
572 tient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon
573 Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthe-
574 sia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of
575 Nursing.
576 (2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform
577 dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed den-
578 tal hygienist holding a Nitrous Oxide Permit.
579 (3) A dentist who performs dental procedures on a patient who receives anesthesia induced by
580 a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental
581 hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Pro-
582 viders certificate, or its equivalent, and have the same personnel, facilities, equipment and
583 drugs available during the procedure and during recovery as required of a dentist who has a
584 permit for the level of anesthesia being provided.
585 (4) A dentist, a dental hygienist, ~~dental therapist~~ or an Expanded Function Dental Assistant
586 (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physi-
587 cian anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not sched-
588 ule or treat patients for non emergent care during the period of time of the sedation procedure.
589 (5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until
590 criteria for transportation to recovery have been met.
591 (6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general
592 anesthesia shall monitor the patient until easily arousable and can independently and continu-
593 ously maintain their airway with stable vital signs. Once this has occurred the patient may be
594 monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental
595 record shall document the patient's condition at discharge as required by the rules applicable to
596 the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in
597 the patient's dental record and is the responsibility of the dentist who is performing the dental
598 procedures.
599 (7) No qualified provider shall have more than one person under any form of sedation or general
600 anesthesia at the same time exclusive of recovery.
601 (8) A dentist who intends to use the services of a qualified anesthesia provider as described in
602 section 1 above, shall notify the Board in writing of ~~her or his~~ their intent. Such notification
603 need only be submitted once every licensing period.
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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

- 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 intraosseous 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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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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- (f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;
 - (g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;
 - (h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;
 - (i) Protocols for the dispensation and administration of drugs by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;
 - (j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and
 - (k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.
- 2) (a) In addition to the information described in subsection (3) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III.

DRAFT

DIVISION 42
DENTAL ASSISTING

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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.

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 **818-038-XXXX**
832 **Scope of Practice**
833

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;

- 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@oregondentistry.org>

Sent: Friday, August 27, 2021 3:15 PM

Attachment #4

Cc: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>

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

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
Executive Director
Oregon Board of Dentistry
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Your opinion matters. Please complete our Customer Satisfaction Survey at
<https://www.surveymonkey.com/r/OBDSurveyLink>

"The Mission of the Oregon Board of Dentistry is to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals."

Attachment #4

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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