



Oregon

Kate Brown, Governor

Board of Dentistry
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MEETING NOTICE

RULES OVERSIGHT COMMITTEE

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

ZOOM MEETING INFORMATION

<https://us02web.zoom.us/j/82518951132?>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 825 1895 1132 • Passcode: 276486

June 18, 2021
2:00 – 3:30 p.m.

Committee Members:

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

AGENDA

Call to Order Alicia Riedman, R.D.H., Chair

1. Review and approve Minutes of August 2, 2019 Committee Meeting
 - August 2, 2019 Minutes - **Attachment #1**
2. Review, discuss and make possible recommendations to the Board regarding Division 1 – Procedures:
 - OAR 818-001-0000 – Notice of Proposed Rule Making – **Attachment #2**
 - OAR 818-001-0002 – Definitions - **Attachment #3**
 - OAR 818-001-0082 – Access to Public Records – **Attachment #4**
3. Review, discuss and make possible recommendations to the Board regarding Division 12–Standards of Practice:
 - Correspondence – Stephen Bush – **Attachment #5** (Previously reviewed correspondence included for context)
 - Correspondence – Ashkay Govind – **Attachment #6** (Previously reviewed correspondence included for context)
 - Memo – Dental Implants Proposed Rules and Informed Consent – **Attachment #7** (Previously reviewed correspondence included for context)
 - OAR 818-012-0005 – Scope of Practice – **Attachment #8**
 - Correspondence – Ann Ossinger, R.D.H., E.P.D.H – **Attachment #9** (Previously reviewed correspondence included for context)
 - OAR 818-012-0030 – Unprofessional Conduct - **Attachment #10**
 - OAR 818-012-0070 – Patient Records – **Attachment #11**
 - OAR 818-012-XXXX – Compliance with Governor’s Executive Orders – **Attachment #12**
4. Review, discuss and make possible recommendations to the Board regarding Division 15 – Advertising:
 - OAR 818-015-0007 – Specialty Advertising – **Attachment #13**

5. Review, discuss and make possible recommendations to the Board regarding Division 21 – Examination and Licensing:
 - OAR 818-021-0012 – Specialties Recognized - **Attachment #14**
 - OAR 818-021-0060 – Continuing Education – Dentists – **Attachment #15**
 - OAR 818-021-0080 - Renewal of License – **Attachment #16**
 - OAR 818-021-0088 - Volunteer License – **Attachment #17**

6. Review, discuss and make possible recommendations to the Board regarding Division 26 – Anesthesia:
 - OAR 818-026-0040 – Qualification, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit – **Attachment #18**
 - OAR 818-026-0050 – Minimal Sedation – **Attachment #19**
 - OAR 818-026-0080 – Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia - **Attachment #20**

7. Review, discuss and make possible recommendations to the Board regarding Division 35 – Dental Hygiene:
 - Correspondence – Lisa Rowley, R.D.H. – **Attachment #21** (Previously reviewed correspondence included for context)
 - OAR 818-035-0020 – Authorization to Practice - **Attachment #22**
 - OAR 818-035-0025 – Prohibitions – **Attachment #23**

8. Review, discuss and make possible recommendations to the Board regarding Division 42 – Dental Assisting:
 - OAR 818-042-0040 – Prohibited Acts - **Attachment #24**

9. Review, discuss and make possible recommendations to the Board regarding HB 2627 – Dental Hygiene:
 - HB 2627 - **Attachment #25**
 - ORS 680.205 - **Attachment #26**
 - OAR 818-035-0030 – Additional Functions of Dental Hygienists - **Attachment #27**
 - OAR 818-035-0040 – Expanded Functions of Dental Hygienists - **Attachment #28**
 - OAR 818-035-0065 – Expanded Practice Dental Hygiene Permit - **Attachment #29**
 - OAR 818-035-0100 – Record Keeping - **Attachment #30**

Any Other Business

Adjourn

**Rules Oversight Committee Meeting
Minutes
August 2, 2019**

MEMBERS PRESENT: Gary Underhill, D.M.D., Chair
Yadira Martinez, R.D.H., E.P.P.
Jennifer Brixey
William Herzog, D.M.D., ODA Representative
Lisa Rowley, R.D.H., ODHA Representative
Mary Harrison, EFDA, Harrison, CDA, EFDA, EFODA, FADAA,
ODAA Representative

STAFF PRESENT: Stephen Prisby, Executive Director
Winthrop Carter, D.D.S., Investigator
Teresa Haynes, Office Manager
Samantha VandeBerg, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General; Chip Dunn

VISITORS PRESENT: Jennifer Lewis-Goff, ODA; Jill Lomax, Chemeketa Community College

Call to Order: The meeting was called to order by the Chair at 9:00 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES

Ms. Rowley moved and Ms. Harrison seconded that the minutes of the March 6, 2018 Rules Oversight Committee meeting be approved as presented. The motion passed unanimously.

OAR 818-001-0002 – Definitions

Ms. Martinez moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-001-0002 Definitions to a public rulemaking hearing as amended. The motion passed unanimously.

**818-001-0002
Definitions**

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "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) "General Supervision" means supervision requiring that a dentist authorize the procedures,

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

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

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

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

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

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

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

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

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

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

~~(b)~~ **(c)** "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

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

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

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

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

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

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

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

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

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

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

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

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

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

OAR 818-012-0005 – Scope of Practice

Ms. Rowley moved and Ms. Brixey seconded that the Committee recommend the Board send OAR 818-012-0005 – Scope of Practice to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0005

Scope of Practice

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

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhyetidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;
- (g) Platysmal muscle plication;
- (h) Otoplasty;

- (i) Dermabrasion;
 - (j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
 - (k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.
- (2) Unless the dentist:
- (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or
 - (b) Holds privileges either:
 - (A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or
 - (B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).
 - (3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

OAR 818-012-0006 – Qualifications – Administration of Vaccines

Dr. Herzog moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-012-0006 – Qualifications – Administration of Vaccines to a public rulemaking hearing as amended. The motion passed unanimously.

818-012-0006 – Qualifications – Administration of Vaccines

(1) A dentist may administer vaccines to a patient of record.

(2) A dentist may administer vaccines under Section (1) of this rule only if:

(a) The dentist has completed a course of training approved by the Board;

(b) The vaccines are administered in accordance with the “Model Standing Orders” approved by the Oregon Health Authority (OHA); and

(c) The dentist has a current copy of the CDC reference, “Epidemiology and Prevention of Vaccine-Preventable Diseases.”

~~**(d) The dentist has an emergency kit that contains at a minimum;**~~

~~**(i) Epinephrine auto injector – Adult 0.3mg**~~

~~**(ii) Epinephrine auto injector – Pediatric 0.15mg**~~

~~**(i) – 1 multi-dose vial of 1:1000 epinephrine with appropriate syringes, or 3 adult-dose epinephrine auto-injectors and 3 pediatric-dose auto-injectors.**~~

~~**(iii) (ii) Diphenhydramine 50mg/mL**~~

~~**(iv) (iii) Ammonia Inhalants**~~

~~**(v) (iv) Appropriate syringes with needles**~~

~~**(vi) (v) CPR shield**~~

(3) The dentist may not delegate the administration of vaccines to another person.

~~**(4) The dentist may not self-administer a vaccine to themselves.**~~

OAR 818-012-0007 – Qualifications – Administration of Vaccines

Ms. Harrison moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-012-0007 – Procedures, Record Keeping and Reporting to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0007 – Procedures, Record Keeping and Reporting

(1) Prior to administering a vaccine to a patient of record, the dentist must follow the “Model Standing Orders” approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.

(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.

(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.

(4) The dentist or designated staff must document in the patient record:

(a) The date and site of the administration of the vaccine;

(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;

(c) The name or identifiable initials of the administering dentist;

(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;

(e) The date of publication of the VIS; and

(f) The date the VIS was provided and the date when the VIS was published.

(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.

(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.

(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.

(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).

(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

OAR 818-012-0030 – Unprofessional Conduct

Ms. Martinez moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-012-0030 – Unprofessional Conduct to a public rulemaking hearing as amended. The motion passed unanimously.

818-012-0030

Unprofessional Conduct

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

(1) Attempt to obtain a fee by fraud, or misrepresentation.

(2) Obtain a fee by fraud, or misrepresentation.

(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.

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- (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
- (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
- (4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
- (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
- (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
- (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
- (8) Misrepresent any facts to a patient concerning treatment or fees.
- (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
- (A) Legible copies of records; and
- (B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.
- (b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.
- (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
- (11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
- (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
- (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
- (14) Violate any Federal or State law regarding controlled substances.
- (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
- (16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
- (17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
- (18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. ~~(Effective January 2015).~~
- (19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including

conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

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

(24) Fail to maintain a properly functioning automated external AED or defibrillator in a dental office, facility or location providing dental services in the state of Oregon.

(a) An expanded practice dental hygienist must have access to a properly function automated external defibrillator (AED) or defibrillator. The AED or defibrillator must be available for patient use and within reach in the time span of 60 seconds.

(b) A dental office or facility may share a single AED or defibrillator with an adjacent business if it meets the requirements of this section. (Effective January 1, 2021)

OAR 818-012-0070 – Patient Records

Dr. Herzog moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-012-0070 – Patient Records to a public rulemaking hearing as amended. The motion passed unanimously.

818-012-0070 Patient Records

(1) Each licensee shall have prepared and maintained an accurate **and legible** record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:

(a) Name and address and, if a minor, name of guardian;

(b) Date description of examination and diagnosis;

(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent.

(d) Date and description of treatment or services rendered;

(e) Date, description and documentation of informing the patient of any recognized treatment complications;

(f) Date and description of all radiographs, study models, and periodontal charting;

(g) Health history; and

(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.

(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.

(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:

(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;

(b) The licensee gives the records, radiographs, or models to the patient; or

(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.

(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:

(a) Manufacture brand;

(b) Design name of implant;

(c) Diameter and, length;

(d) Lot number;

(e) Reference number;

(f) Expiration date;

(g) Product labeling containing the above information may be used in satisfying this requirement.

~~(4)~~(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.

~~(5)~~(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

OAR 818-015-0007 – Specialty Advertising

Ms. Martinez moved and Dr. Herzog seconded that the Committee recommend the Board send OAR 818-015-0007 – Specialty Advertising to a public rulemaking hearing as presented. The motion passed unanimously.

818-015-0007

Specialty Advertising

(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.

(2) The Board recognizes the following specialties:

(a) Endodontics;

(b) Oral and Maxillofacial Surgery;

(c) Oral and Maxillofacial Radiology;

(d) Oral and Maxillofacial Pathology;

(e) Orthodontics and Dentofacial Orthopedics;

(f) Pediatric Dentistry;

(g) Periodontics;

(h) Prosthodontics;

(i) Dental Public Health;

(j) Dental Anesthesiology.

(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

OAR 818-021-0010 – Application for License to Practice Dentistry

Ms. Harrison moved and Ms. Martinez seconded that the Committee recommend the Board send OAR 818-021-0010 – Application for License to Practice Dentistry to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0010

Application for License to Practice Dentistry

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.

(2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.

(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing agency, [national testing agency or other Board-recognized testing agency](#) and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.

~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the examination may retake the jurisprudence examination without limit on the number of times. The applicant must pass the jurisprudence portion within five years of passing the clinical portion or must retake the clinical examination.~~

~~(5)~~ A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

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

Ms. Martinez moved and Ms. Brixey seconded that the Committee recommend the Board send OAR 818-021-0011 – Application for License to Practice Dentistry Without Further Examination to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0011

Application for License to Practice Dentistry Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

- (c) Having passed the dental clinical examination conducted by a regional testing agency, ~~or~~ by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and
 - (d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
 - (e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions; and
 - (f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.
- (2) Applicants must pass the Board's Jurisprudence Examination.
- (3) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

OAR 818-021-0012 – Specialties Recognized

Ms. Rowley moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0012 – Specialties Recognized to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0012

Specialties Recognized

(1) A dentist may advertise that the dentist is a ~~an~~ dental anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules. a

(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

OAR 818-021-0017 – Application to Practice as a Specialist

Dr. Herzog moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-021-0012 – Application to Practice as a Specialist to a public rulemaking hearing as amended. The motion passed unanimously.

818-021-0017

Application to Practice as a Specialist

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current

Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;
- (b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and
- (c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association;

(d) Passing the Board's jurisprudence examination.

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

- (a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or
- (b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and
- (c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination;

(d) Passing the Board's jurisprudence examination; and

(3) An applicant who meets the above requirements shall be issued a specialty license upon:

- (a) **Passing a specialty examination approved by the Board within the five years immediately preceding application; or**
- (b) **Passing a specialty examination approved by the Board greater than five years prior to application; and**
- (A) **Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;**
- (B) **Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.**

~~(b) Passing the Board's jurisprudence examination.~~

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. ~~The applicable fee and application for the reexamination shall be submitted to the Board at least 45 days before the scheduled examination.~~ If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and

approved by the Board.

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

OAR 818-021-0020 – Application for License to Practice Dental Hygiene

Ms. Rowley moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0020 – Application for License to Practice Dental Hygiene to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0020

Application for License to Practice Dental Hygiene

(1) An applicant to practice dental hygiene, in addition to the requirements set forth in ORS 680.040 and 680.050, shall submit to the Board satisfactory evidence of:

- (a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Certification of having passed the dental hygiene examination administered by the Joint Commission on National Dental Examinations or the Canadian National Dental Hygiene Certificate Examination.

(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate.

(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.

~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the examination may retake the jurisprudence examination without limit on the number of times. The applicant must pass the jurisprudence portion within five years of passing the clinical portion or must retake the clinical examination.~~

~~(5)~~ A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association.

OAR 818-021-0025 – Application for License to Practice Dental Hygiene Without Further Examination

Ms. Rowley moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0020 – Application for License to Practice Dental Hygiene Without Further Examination to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0025

Application for License to Practice Dental Hygiene Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental hygiene program located outside the United States or

Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

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

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

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

(f) Having completed 24 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

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

OAR 818-021-0060 – Continuing Education - Dentists

Ms. Brixey moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0060 – Continuing Education - Dentists to a public rulemaking hearing as amended. The motion passed unanimously.

818-021-0060

Continuing Education — Dentists

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

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

(3) Continuing education includes:

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

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

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial

licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

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

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

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

~~(Effective January 1, 2015.)~~

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

OAR 818-021-0070 – Continuing Education – Dental Hygienists

Ms. Rowley moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0070 – Continuing Education – Dental Hygienists to a public rulemaking hearing as amended. The motion passed unanimously.

818-021-0070

Continuing Education — Dental Hygienists

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

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

(3) Continuing education includes:

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

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

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination.

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

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

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(~~4011~~) for renewal of the Nitrous Oxide Permit.

(6) At least ~~two (2)~~ hours of continuing education must be related to infection control.
(Effective January 1, 2015.)

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

OAR 818-021-0088 – Volunteer License

Dr. Herzog moved and Ms. Martinez seconded that the Committee recommend the Board send OAR 818-021-0088 – Volunteer License to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0088 - Volunteer License

(1) An Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:

(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.

(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.

(c) Licensee must provide the health care service without compensation.

(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.

(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.

(f) Licensee must agree to volunteer for a minimum of ~~40 hours per calendar year~~ **80 hours per renewal cycle**.

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

OAR 818-026-0030 – Requirements for Anesthesia Permits

Ms. Martinez moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-021-0030 – Requirement for Anesthesia Permit to a public rulemaking hearing as presented. The motion passed unanimously.

Division 26 – Anesthesia

818-026-0030 – Requirements for Anesthesia Permits, ~~Standards and Qualifications of an Anesthesia Monitor~~

~~Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor~~

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education,

immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

~~(4) Persons serving as anesthesia monitors in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.)~~

~~(4)(5)~~ A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Healthcare Care Providers certificate or its equivalent.

~~(5)(6)~~ A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Healthcare Care Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

~~(6)(7)~~ Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Healthcare Provider Basic Life Support (BLS).

~~(7)(8)~~ When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required.

~~(8)(9)~~ The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

~~(9)(10)~~ Permits shall be issued to coincide with the applicant's licensing period.

OAR 818-026-0040-Qualification, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide

Ms. Martinez moved and Dr. Herzog seconded that the Committee recommend the Board send OAR 818-026-0040 – Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide to a public rulemaking hearing as presented. The motion passed unanimously.

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

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia

Permits: Nitrous Oxide Permit

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

- (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;
- (b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
- (e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and
- (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

- (a) Evaluate the patient;
 - (b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
 - (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
 - (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
- (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
- (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

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

(8)(7) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

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

- (a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
- (b) The patient can talk and respond coherently to verbal questioning;
- (c) The patient can sit up unaided or without assistance;
- (d) The patient can ambulate with minimal assistance; and
- (e) The patient does not have nausea, vomiting or dizziness.

~~(10)(9)~~ The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

~~(11)(10)~~ Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

OAR 818-026-0050 – Minimal Sedation

Ms. Martinez moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-026-0050 – Minimal Sedation to a public rulemaking hearing as presented. The motion passed unanimously.

818-026-0050

Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
- (d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
- (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
- (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate

continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

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

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

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

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

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

(4) No permit holder shall have more than one person under minimal sedation at the same time.

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

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

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

(8)(7) The patient shall be monitored as follows:

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

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(10)(9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers

certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

OAR 818-026-0055 – Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

Ms. Harrison moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-026-0055 – Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation to a public rulemaking hearing as presented. The motion passed unanimously.

818-026-0055

Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

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

- (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
- (b) The permit holder, or an anesthesia monitor, monitors the patient; or
- (c) if a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.
- (d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

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

- (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
- (b) The permit holder, or an anesthesia monitor, monitors the patient; and
- (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

OAR 818-026-0060 – Moderate Sedation Permit

Ms. Martinez moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-026-0060 – Moderate Sedation Permit to a public rulemaking hearing as presented. The motion passed unanimously.

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and
- (c) Satisfies one of the following criteria:
 - (A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.
 - (i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of

at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

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

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:

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

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

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

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained

and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

~~(8)~~(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO₂ monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

~~(9)~~(8) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

~~(10)~~(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

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

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

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

(d) The patient can sit up unaided;

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

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

~~(11)~~(10) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

~~(12)~~(11) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

~~(13)~~(12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.

OAR 818-026-0065 – Deep Sedation Permit

Ms. Martinez moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-026-0065 – Deep Sedation Permit to a public rulemaking hearing as presented. The motion passed unanimously.

818-026-0065

Deep Sedation Permit

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

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

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

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

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

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

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support

(BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8)(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operating room for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9)(8) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(12)(11) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist

(13)(12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

OAR 818-026-0070 – General Anesthesia Permit

Ms. Martinez moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-026-0070 – General Anesthesia Permit to a public rulemaking hearing as presented. The motion passed unanimously.

818-026-0070

General Anesthesia Permit

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces

deep sedation or general anesthesia shall:

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

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

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

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

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

(8)(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

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

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

(9)~~(8)~~ A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(12)~~(11)~~ Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

(13)~~(12)~~ Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies,

monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

OAR 818-026-0080 – Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

Ms. Rowley moved and Ms. Martinez seconded that the Committee recommend the Board send OAR 818-026-0080 - Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia to a public rulemaking hearing as presented. The motion passed unanimously.

818-026-0080

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

- (1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.
- (2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.
- (3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.
- (4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.
- (5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
- (6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient's ~~condition the patient is discharged~~ **until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document** the patient's condition at discharge ~~in the patient's dental record~~ as required by the rules applicable to the level of anesthesia being induced. ~~The~~ **A copy of the** anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.
- (7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.**
- (8)(7)** A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

OAR 818-042-0040 – Prohibited Acts

Ms. Harrison moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0040 – Prohibited Acts to a public rulemaking hearing as presented. The motion passed unanimously.

**818-042-0040
Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty ([OAR 818-042-0070](#) and [OAR 818-042-0090](#)) or Expanded Orthodontic Function duty ([OAR 818-042-0100](#)) or Restorative Functions ([OAR 818-042-0095](#) or Expanded Preventive Duty [OAR 818-042-0113](#) and [OAR 818-042-0114](#) or Expanded Function Anesthesia ([OAR 818-042-0115](#)) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by [OAR 818-042-0100](#).
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to ~~[OAR 818-026-0030\(6\)](#)~~, [OAR 818-026-0050\(5\)\(a\)](#), [OAR 818-026-0060\(11\)](#), [OAR 818-026-0065\(11\)](#), [OAR 818-026-0070\(11\)](#) and as provided in [OAR 818-042-0070](#), [OAR 818-042-0090](#) and [OAR 818-042-0115](#).
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in [OAR 818-042-0070](#).
- (11) Use ultrasonic equipment intra-orally except as provided in [OAR 818-042-0100](#).
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in [OAR 818-042-0095](#), and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed ~~prosthesis~~ prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in [OAR 818-042-0100](#).
- (17) Condense and carve permanent restorative material except as provided in [OAR 818-042-0095](#).
- (18) Place any type of retraction material subgingivally except as provided in [OAR 818-042-0090](#).
- ~~(19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.~~
- ~~(20)~~ (19) Apply denture relines except as provided in [OAR 818-042-0090\(2\)](#).
- ~~(21)~~ (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board ([OAR 818-042-0050](#) and [OAR 818-042-0060](#)) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- ~~(22)~~ (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- ~~(23)~~ (22) Perform periodontal probing.
- ~~(24)~~ (23) Place or remove healing caps or healing abutments, except under direct supervision.
- ~~(25)~~ (24) Place implant impression copings, except under direct supervision.
- ~~(26)~~ (25) Any act in violation of Board statute or rules. ~~No licensee may authorize any dental assistant to perform the following acts:~~

OAR 818-042-0050 – Taking of X-Rays – Exposing of Radiographs

Ms. Harrison moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0050 – Taking of X-Rays – Exposing of Radiographs to a public rulemaking hearing as amended. The motion passed unanimously.

818-042-0050

-Taking of X-Rays — Exposing of ~~Radiographs~~ Radiographic Images

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

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

(2) A dentist or dental hygienist may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist or dental hygienist that the assistant is proficient to take radiographics images.

OAR 818-042-0070 – Expanded Function Dental Assistants (EFDA)

Ms. Harrison moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0070 – Expanded Function Dental Assistants (EFDA) to a public rulemaking hearing as presented. The motion passed unanimously.

818-042-0070

Expanded Function Dental Assistants (EFDA)

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

- (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge;
- (2) Remove temporary crowns for final cementation and clean teeth for final cementation;
- (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;
- (4) Place temporary restorative material (~~i.e., zinc oxide eugenol based material~~) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;
- (5) Place and remove matrix retainers for ~~alloy and composite~~ any type of direct restorations;
- (6) Polish amalgam or composite surfaces with a slow speed hand piece;
- (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
- (8) Fabricate temporary crowns, and fixed partial dentures (bridges) and temporarily cement the temporary crown or fixed partial dentures (bridges). The cemented crown or fixed partial dentures (bridge) must be examined and approved by the dentist prior to the patient being released;
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary

cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
~~(10) Perform all aspects of teeth whitening procedures.~~

OAR 818-042-0080 – Certification - Expanded Function Dental Assistant (EFDA)

Ms. Harrison moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0080 – Certification - Expanded Function Dental Assistant (EFDA) to a public rulemaking hearing as amended. The motion passed unanimously.

818-042-0080

Certification — Expanded Function Dental Assistant (EFDA)

The Board may certify a dental assistant as an expanded function assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
 - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
 - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the [Oregon Basic, Infection Control](#) or [Certified Dental Assisting \(CDA\)](#) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully polished ~~12~~ [six \(6\)](#) amalgam or composite surfaces, removed supra-gingival excess cement from ~~six (6)~~ [four \(4\)](#) crowns [and/or fixed partial dentures \(bridges\)](#) with hand instruments; placed temporary restorative material (~~i.e., zinc oxide eugenol based material~~) in ~~six (6)~~ [three \(3\)](#) teeth; preliminarily fitted ~~six (6)~~ [four \(4\)](#) crowns to check contacts or to adjust occlusion outside the mouth; removed ~~six (6)~~ [four \(4\)](#) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated ~~six (6)~~ [four \(4\)](#) temporary crowns [and/or fixed partial dentures \(bridges\)](#) and temporarily cemented the crowns [and/or fixed partial dentures \(bridges\)](#); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed ~~two~~ matrix bands ~~in each quadrant~~ on [four \(4\)](#) teeth prepared for Class II restorations; ~~and complete six (6) teeth whitening or bleach procedures.~~

The Committee also recommends that OAR 818-042-0080 be referred back to the Licensing, Standards and Competency Committee for further review of how long an assistant has to complete the certification by a licensed dentist.

OAR 818-042-0095 – Restorative Functions of Dental Assistants

Ms. Martinez moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0095 – Restorative Functions of Dental Assistants to a public rulemaking hearing as presented.

818-042-0095

Restorative Functions of Dental Assistants

~~Restorative Functions of Dental Assistants~~

- (1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:
 - (a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or
 - (b) If successful passage of the Western Regional Examining Board's Restorative Examination or

other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

OAR 818-042-0110 – Certification - Expanded Function Orthodontic Assistant (EFODA)

Ms. Martinez moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0110 – Certification - Expanded Function Orthodontic Assistant (EF)DA to a public rulemaking hearing as amended. The motion passed unanimously.

818-042-0110

Certification — Expanded Function Orthodontic Assistant (EFODA)

The Board may certify a dental assistant as an expanded function orthodontic assistant

(1) By credential in accordance with OAR 818-042-0120, or

(2) Completion of an application, payment of fee and satisfactory evidence of;

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

(b) Passage of the [Oregon Basic](#), [Infection Control](#), [Certified Dental Assistant \(CDA\)](#) or [Certified Orthodontic Assistant \(COA\)](#) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients.

OAR 818-042-0113 – Certification - Expanded Function Preventive Dental Assistants (EFPDA)

Ms. Harrison moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0011370 –Certification - Expanded Function Preventive Dental Assistants (EFPDA) to a public rulemaking hearing as presented. The motion passed unanimously.

818-042-0113

Certification — Expanded Function Preventive Dental Assistants (EFPDA)

The Board may certify a dental assistant as an expanded function preventive dental assistant:

(1) By credential in accordance with OAR 818-042-0120, or

(2) If the assistant submits a completed application, pays the fee and provides evidence of;

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or [Infection Control examination, and](#) Certified Preventive Functions Dental Assistant (CPFDA) examination, ~~and or~~ the Expanded Function Dental Assistant examination, or [the Coronal Polish \(CP\) examination, or](#) equivalent successor examinations, administered by the Dental Assisting

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National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six patients.

OAR 818-042-0116 – Certification – Anesthesia Dental Assistant

Ms. Martinez moved and Ms. Rowley seconded that the Committee recommend the Board send OAR 818-042-0116 – Certification – Anesthesia Dental Assistant to a public rulemaking hearing as presented. The motion passed unanimously.

818-042-0116

Certification — Anesthesia Dental Assistant

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:

(1) Successful completion of:

(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or

(b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or

(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; ~~and or~~

(d) The Resuscitation Group – Anesthesia Dental Assistant course; or

(e) Other course approved by the Board; and

(2) Holding valid and current documentation showing successful completion of a ~~Healthcare Care~~ Provider BLS/CPR course, or its equivalent.

The meeting was adjourned at 10:26.

818-001-0000

Notice of Proposed Rule Making

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

- (1) By publishing a notice in the Secretary of State's Bulletin referred to in ORS 183.370 at least 21 days prior to the effective date.
- (2) By mailing, [emailing or electronic mailing](#), a copy of the notice to persons on the mailing list established pursuant to ORS 183.335(8) at least 28 days before the effective date of the adoption, amendment, or repeal.
- (3) By mailing, [emailing or electronic mailing](#) a copy of the notice to the following persons and publications:
 - (a) Oregon Dental Hygienists' Association;
 - (b) Oregon Dental Assistants Association;
 - (c) Oregon Association of Dental Laboratories;
 - (d) Oregon Dental Association;
 - (e) The Oregonian;
 - (f) Oregon Health & Science University, School of Dentistry;
 - (g) The United Press International;
 - (h) The Associated Press;
 - (i) The Capitol Building Press Room.

818-001-0002

Definitions

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "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) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
- (6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.
- (7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
- (9) "Licensee" means a dentist or hygienist.
- (10) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
- (11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
- (12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
 - (a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
 - (b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
 - (c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
 - (d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
 - (e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
 - (f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
 - (g) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of

forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

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

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

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

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

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

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

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

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

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

818-001-0082

Access to Public Records

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

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

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

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

(b) Data files ~~on-diskette~~ submitted electronically or on a device ~~CD~~:

(A) All Licensed Dentists — \$50;

(B) All Licensed Dental Hygienists — \$50;

(C) All Licensees — \$100.

(c) Written verification of licensure — \$2.50 per name; and

(d) Certificate of Standing — \$20.

Statutory/Other Authority: ORS 183, 192, 670 & 679

Statutes/Other Implemented: ORS 192.420, 192.430 & 192.440

From: Stephen Prisby
Sent: Monday, October 7, 2019 12:11 PM
To: Teresa Haynes <Teresa.Haynes@state.or.us>
Subject: FW: OAR 818-012-0005 - proposed amendment

Please add to Lic Stds and Comp Meeting agenda along with OAR 818-012-0005. Thank you!

From: Stephen Bush [<mailto:Stephen.C.Bush@kp.org>]
Sent: Monday, October 7, 2019 10:43 AM
To: Stephen Prisby <Stephen.Prisby@state.or.us>
Cc: Daniel Blickenstaff <Daniel.Blickenstaff@state.or.us>
Subject: OAR 818-012-0005 - proposed amendment

Dear Stephen,

I spoke with Dr. Blickenstaff this morning regarding an ambiguity in OAR 818-012-0005. In his view, the requirements to administer Botox under subsection (3) would already be met by a dentist who has completed an OMFS residency. But the way the rule is written, successful completion of an OMFS residency would still require 20 hours of CE and approval by AGD PACE or ADA CERP, which I don't believe is the Board's intent.

Dr. Blickenstaff invited me to propose to you an amendment for the OBD's next round of rule-making, and I have done so in red underscore below. Please let me know your thoughts.

818-012-0005
Scope of Practice

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of this subsection (3) by successfully completing a residency in Oral and Maxillofacial Surgery accredited by CODA.

Thank you in advance for your consideration.

Steve

Stephen Bush, JD (he, him, his)
Vice-President, Legal Services & Government Relations
Compliance, Privacy & Security Official
Permanente Dental Associates, PC | PDA MSO, LLC

[Portland, OR 97232](#)

Phone: [503-813-2724](tel:503-813-2724) | Cell: [971-221-6615](tel:971-221-6615)

*Please send PDFs in lieu of faxing

Stephen.C.Bush@kp.org

Administrative Assistant – Meaghan Madden

Meaghan.L.Madden@kp.org, [503-813-3040](tel:503-813-3040) (49-3040)

For Litigation or Board Licensing Matters --

Cynthia Tarvin, Cynthia.L.Tarvin@kp.org, 503-813-3060 (49-3060)

Bret Morrow, Bret.T.Morrow@kp.org, 503-813-2231 (49-2231)

Office Hours (most weeks):

M 8:30-1:30

T 8:30-5

W 10-3

Th 8:30 – 1:30

F 8:30-1:30

Upcoming PTO: September 25

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Teresa Haynes

From: Akshay Govind <govind@ohsu.edu>
Sent: Tuesday, February 18, 2020 2:29 PM
To: Teresa Haynes
Subject: Re: Botox Course

Dear Teresa,

This is a follow-up note from our conversation last month formally requesting that the board consider a separate certification for use of botulinum toxin for temporomandibular disorders. The current wording combines use of botulinum toxin and dermal fillers, which is appropriate for cosmetic use, but doesn't quite capture the indications for TMD. My long-term idea is to devise a training course which would include both didactic and hands-on training on the topic. For me, 12 hours seems like the appropriate amount of time to get through all the relevant material, but I am open to discussion on how best to create this rubric.

Please let me know what the appropriate next steps are in the process.

Thank you,
Akshay Govind

From: Teresa Haynes <Teresa.Haynes@state.or.us>
Sent: Tuesday, January 14, 2020 10:49:56 AM
To: Phillip Marucha; Akshay Govind
Subject: Botox Course

Hi Dr. Marucha and Dr. Govind,

It was nice speaking with you both this morning.

Dr. Govind when you submit your request to the Board, if you could mention that you are looking more for the use of Botox for TMD etc., instead of esthetics. This will give the Board information of why you would like to see the rule changed, if you also could give them an Idea of how many hours you think it should be in comparison to what the existing rule is, that also may be helpful.

When you're ready to propose language for a possible rule revision if you would like to run it by Stephen or I, we would be glad to look at it and assist in any way possible.

Please let me know if you either of you have questions.

Sincerely,

Teresa

*Teresa Haynes
Office Manager
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
Telephone: 971-673-3200
FAX: 971-673-3202*

www.oregon.gov/dentistry

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“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.”

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Oregon

Kate Brown, Governor

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

TO: OBD Board Members, Licensees and Interested Parties
FROM: Stephen Prisby, Executive Director
DATE: June 11, 2019
SUBJECT: Proposed Dental Implant Continuing Education and Informed Consent Forms

At the Licensing, Standards and Competency Committee Meeting on May 24, 2019 the Committee directed OBD Staff to:

- Develop proposed continuing education rules regarding placement of dental implants
- Develop proposed informed consent form language that would be required prior to placing dental implants

The Committee directed the staff to have the information ready by the August 23, 2019 Board meeting. Staff were able to develop ideas in time for this June Meeting, so that the Board and other interested parties can digest these proposals.

I attached sample informed consent forms to review and for your discussion at the meeting. OBD staff believe a form should be similar to the one that the OHSU School of Dentistry uses, which has the patient acknowledge with initials each piece of important information relating to the procedure and possible outcomes.

Since these proposals were not reviewed by the Licensing, Standards and Competency Committee, they should not be referred to the Rules Committee for action yet.

818-021-0060 – Continuing Education-Dentists

(8) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(9) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period.

**OHSU School of Dentistry Advanced Education Program in Periodontics
CONSENT: TWO-STAGE, ONE-STAGE, &/or IMMEDIATE
OSSEOINTEGRATED IMPLANT SURGERY**

Patient Name: _____ **Patient Chart #** _____

Today's date: _____

Surgery date: _____

You have the right to be given pertinent information about your proposed implant placement so that you have sufficient information to make the decision as to whether or not to proceed with surgery. What you are being asked to sign is a confirmation that we have discussed the nature of the proposed treatment, the known risks associated with it and the feasible alternate treatments.

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.

____ 1. I hereby authorize Dr(s). _____, and any other agents, assistants, or employees selected by him / her to treat the condition described as:

____ 2. The procedure necessary to treat the condition has been explained to me, and I understand the nature of the procedure to be:

____ 3. I understand incisions will be made inside my mouth for the purpose of placing one or more root form structures (implants) in my jaw to serve as anchors for a missing tooth or teeth or to stabilize a crown (cap), bridge or denture. I acknowledge that the doctor has explained the procedure, including the number and location of the incisions and the type of implant to be used. I understand that the crown, bridge or denture that will later be attached to this implant will be made and attached by Dr. _____ and that a separate charge will be made for that work.

____ 4. I understand that the implant must remain covered by gum tissue for a minimum of three to six months before it can be used and that a second surgery is required to uncover the top of the implant if a two stage implant. If the implant is placed with the top exposed this is a one stage implant with no second surgery required to uncover the implant. If a tooth is being extracted with an implant placed at the same surgery appointment, that implant is an immediate implant.

____ 5. No guarantee can be or has been given that the implant(s) will last for a specific time period. It has also been explained to me that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If this schedule is not carried out, the implant(s) may fail.

____ 6. It has been explained to me that during the course of the procedure, unforeseen conditions may be revealed which will necessitate extension of the original procedure or a different procedure from those described in paragraph 2 above. I authorize my doctor and his/her staff to perform such different procedure(s) as necessary and desirable in the exercise of his/her professional judgment.

**OHSU School of Dentistry Advanced Education Program in Periodontics
CONSENT: TWO-STAGE, ONE-STAGE, &/or IMMEDIATE
OSSEOINTEGRATED IMPLANT SURGERY**

- ____7. I have been informed of possible alternative methods of treatment (if any), including
- ____ no treatment
 - ____ removable partial denture
 - ____ fixed partial denture (bridge)
 - ____ full conventional denture
 - ____ other: _____

I understand that other forms of treatment or no treatment at all are choices that I have and the risks of those choices have been presented to me.

____8. My doctor has explained to me that there are certain inherent and potential risks, side effects in any surgical procedure. In this specific instance such risks include, but are not limited to the following:

- ____ a. Postoperative discomfort and swelling that may require several days of at-home recuperation.
- ____ b. Prolonged or heavy bleeding that may require additional treatment.
- ____ c. Injury or damage to adjacent teeth or roots of adjacent teeth.
- ____ d. Postoperative infection that may require additional treatment.
- ____ e. Stretching of the corners of the mouth that may cause cracking and bruising, and may heal slowly.
- ____ f. Restricted mouth opening for several days; sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ). Pre-existing TMJ symptoms get worse.
- ____ g. Injury to the nerve branches in the lower jaw resulting in numbness or tingling of the chin, lips, cheek, gums or tongue on the operated side. This may persist for several weeks, months or, in rare instances, permanently. In some cases the implant may need to be removed.
- ____ h. Opening into the sinus (a normal chamber above the upper back teeth) requiring additional treatment.
- ____ i. If the sinus is intentionally entered (sinus lift procedure with grafting), there will usually be several weeks of sinusitis symptoms requiring certain medications and additional recovery time.
- ____ j. If an indirect sinus lift with use of a mallet is necessary to place the implants, dizziness & inability to be balanced when standing or walking (Benign Paroxysmal Positional Vertigo, JP 01/10 p.158) can result.
- ____ k. The removal of grafted bone from any donor site has its own potential risks and complications, which have been explained to me.
- ____ l. Fracture of the jaw.
- ____ m. Other: _____

____9. I have been made aware that certain medications, drugs, anesthetics and prescriptions which I may be given can cause drowsiness, incoordination, and lack of awareness which also may be increased by the use of alcohol and other drugs. I have been advised not to operate any vehicle or hazardous machinery and not to return to work while taking such medications, or until fully recovered from the effects of same. I understand this recovery may take up to 24 hours or more after I have taken the last dose of medication. If I am to be given sedative medication during my surgery, I agree not to drive myself home and will have a responsible adult drive me home and accompany me until I am fully recovered from the effects of the sedation.

**OHSU School of Dentistry Advanced Education Program in Periodontics
CONSENT: TWO-STAGE, ONE-STAGE, &/or IMMEDIATE
OSSEOINTEGRATED IMPLANT SURGERY**

____ 10. I consent to the administration of _____ anesthesia in connection with the procedure referred to above. If intravenous sedation anesthesia is used, there may be soreness at the injection site or along the vein, as well as bruising around the injection site. In rare instances, the vein irritation may cause restricted mobility of the arm or hand and may require additional treatment.

____ 11. I understand that I am not to have anything (or have not had anything) by mouth for at least six hours before my surgery if intravenous sedation is to be used. **To do otherwise may be life-threatening.**

____ 12. It has been explained to me, and I understand, that a perfect result is not, and cannot be guaranteed or warranted. I understand that implant placement is an elective procedure.

____ 13. I agree to follow all pre-operative and post-operative instructions. I will use proper oral hygiene measures and will return for all post treatment follow-up appointments.

I certify that I have read all of the previous information and consent prior to my surgery, I have been fully informed of the nature of root form implant surgery, and acknowledge that any and all questions have been answered to my satisfaction regarding the proposed treatment, routine post surgical course, and possible complications. The procedure(s), alternatives, and risks have been explained to me in substantial detail, and I am satisfied with my surgeon's explanations. I have no additional questions about the procedure(s), other alternative procedures, or risks.

I also consent to the use of an alternative implant system or method if clinical conditions are found to be unfavorable for the use of the implant system that has been described to me. If clinical conditions prevent the placement of implants, I defer to my surgeon's judgment on the surgical management of that situation. I also give my permission to receive supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby to assist in placement, closure and security of my implants.

I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and for reimbursement purposes. However, my identity will not be revealed to the general public without my permission.

I also certify that I speak, read, and write English, or, have used a translator to explain all of the previous information to me and I understand all of the information translated to me. I give my permission and consent to the procedure(s) proposed.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

_____ Patient/parent or Guardian	_____ Time	_____ Date
_____ Witness/Staff	_____ Time	_____ Date
_____ Surgeon	_____ Time	_____ Date

**INFORMED CONSENT FORM
FOR ORAL AND MAXILLOFACIAL SURGERY
AND ANESTHESIA**

Dear Patient:

You have a right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo a procedure after knowing the risks and hazards. The disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so we may give an informed consent to the procedure. Please be assured that we will do our best at all times to make healing as rapid and trouble-free as possible.

POSSIBLE COMPLICATIONS (*may be variable in occurrence*):

Please initial each paragraph after reading. If you have any questions, please ask your doctor before initialing.

_____ **ALL SURGERIES:**

1. Soreness, pain, swelling, bruising, and restricted mouth opening during healing sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ), especially when TMJ problems already exists.
2. Bleeding, usually controllable, but may be prolonged and required additional care.
3. Drug reactions or allergies.
4. Infection; possibly requiring additional care, including hospitalization and additional surgery.
5. Stretching or cracking at the corners of the mouth.

_____ **ALL TOOTH EXTRACTIONS:**

1. Dry socket (delayed healing) causing discomfort a few days after extraction requiring further care.
2. Damage to adjacent teeth or fillings.
3. Sharp ridges or bone splinters; may require additional surgery to smooth area.
4. Portions of tooth remaining - sometimes fine root tips break off and may be deliberately left in place to avoid damage to nearby vital structures such as nerves or the sinus cavity.

_____ **UPPER TEETH:**

1. SINUS INVOLVEMENT: Due to closeness of the roots of upper back teeth to the sinus or from a root teeth being displaced into the sinus, a possible sinus infection and/or sinus opening may result, which may require medication and/or later surgery to correct.

_____ **LOWER TEETH:**

2. NUMBNESS: Due to proximity of tooth roots (especially wisdom teeth) and other surgical sites to the nerves, it is possible to loose function of nerves following the removal of the tooth or surgery in the area. The lip, chin, teeth, gums, or tongue could thus feel numb (resembling local anesthetic injection). There may also be pain, loss of taste, and change in speech. This could remain for days, weeks, or possibly, permanently.
3. JAW FRACTURE: While quite rare, it is possible in difficult or deeply impacted teeth and usually requires additional treatment, including surgery and hospitalization.

ANESTHESIA:

1. LOCAL ANESTHESIA: Certain possible risks exists that, although rare, could include pain, swelling, bruising, infection, nerve damage, and unexpected reactions which could result in heart attacks, stroke, brain damage, and/or death.
2. INTRAVENOUS OR GENERAL ANESTHESIA: Certain possible risk exists that, although uncommon, may include nausea, pain, swelling, inflammation, and/or bruising at the injection site.

Rare complications include nerve or blood vessel injury (phlebitis) in the arm or hand and allergic or unexpected drug reactions, pneumonia, heart attack, stroke, brain damage, and/or death.

If I am having intravenous sedation or general anesthesia, I understand that I have NOT HAD ANY FOOD OR DRINK FOR SIX HOURS before my appointment. To do otherwise MAY BE LIFE-THREATENING! I agree not to drive myself home for the next 24 hours and will have a responsible adult accompany me.

ALTERNATIVE TREATMENT OPTIONS: _____

PATIENT NAME: _____

I hereby authorize Dr. _____ and staff to perform the following procedures:

_____ and to administer an anesthetic. I understand the doctor may discover other or different conditions that may require additional or different procedures than those planned. I authorize him/her to perform such other procedures as he/she deems necessary in his/her professional judgment in order to complete my surgery.

I have discussed my past medical history with my doctor and disclosed all diseases and medications and drug use. I agree not to operate vehicles or hazardous machinery while taking prescription narcotic pain medications.

I have received written postoperative instructions regarding home care, including emergency after hour phone numbers.

I understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions during or following treatment, I agree to report them to the doctor or his/her designated agent as soon as possible.

I have read and discussed the preceding with the doctor and believe I have been given sufficient information to give my consent to the planned surgery. No warrantee or guarantee has been made as to the results or cure. I certify that I speak, read, and write English and have read and fully understand this consent form for surgery; or if do not, I have had someone translate so that I can understand the consent form. All blanks were filled in prior to my initials and signature.

Patient's (or legal guardian's) signature Date

Witness signature Date

Doctor's signature Date

Oral Surgery Consent Form

Patient Name _____

Date _____

I hereby authorize **Dr.** _____ to perform the following procedures: _____

The doctor and or staff have explained to me the proposed treatment and the anticipated results of such treatment. I understand this is an elective procedure and that there are other forms of treatment available, including the option of no treatment.

The doctor has explained to me that there are certain potential risks in the treatment plan or procedure. These include:

1. Injury to a nerve resulting in numbness or tingling of the chin, lip, cheek, gums, and or tongue to the operated side. This may persist for several weeks, months, or in remote instances, permanently. _____
2. Postoperative infection requiring additional treatment. _____
3. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery. _____
4. Restricted mouth opening for several days or weeks, with possible dislocation of the tempromandibular (jaw) joint. _____
5. Injury to adjacent teeth and fillings. _____
6. In rare circumstances, cardiac arrest or breakage of the jaw. _____
7. Postoperative discomfort, swelling, and bleeding that may necessitate several days of recuperation. _____
8. Decision to leave a small piece of root in the jaw when its removal requires extensive surgery. _____
9. Stretching of the corners of the mouth with resultant cracking and bruising. _____

Unforeseen conditions may arise during the procedure that requires a different procedure than as set forth above. I therefore authorize the doctor and any associates to perform such procedures when, in their professional judgment, they are necessary.

I understand that the medications, drugs, anesthetic, and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and no to operated any vehicle, automobile, or hazardous devices while taking such medications and until fully recovered from their effects. **I have also been advised not to smoke for two weeks after the surgery.** _____

It has been explained to me and I understand that a perfect result is not guaranteed or warranted.

Patient signature _____ Date _____

Doctor's signature _____ Date _____

Dental Implant Consent Form/Oral Surgery Consent Form

All patients receiving dental implants and other oral surgery will be asked to sign consent forms. We've included the text of our consent forms so you can review their contents before coming in to the office.

Dental Implant Consent Form

1. ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

State law requires that you be given certain information and that we obtain your consent prior to beginning any treatment. What you are being asked to sign is a confirmation that we have discussed the nature and purpose of the treatment, the known risks associated with the treatment, and the feasible treatment alternatives; that you have been given an opportunity to ask questions; that all your questions have been answered in a satisfactory manner. Please read this form carefully before signing it and ask about anything that you do not understand. We will be pleased to explain.

2. CONSENT FOR DENTAL IMPLANT

I hereby authorize and direct the oral and maxillofacial surgeon whose name appears above with associates or assistants of his or her choice to perform surgery upon me (or upon any person identified above as the patient, for whom I am empowered to consent) to insert dental implant(s) in my upper and/or lower jaw and/or placement of bone graft (etc.) as needed.

3. NATURE AND PURPOSE OF THE PROCEDURE

I understand incision(s) will be made inside my mouth for the purpose of placing one or more metal structures in my jaw(s) to serve an anchor(s) for a missing tooth or teeth or to stabilize a crown (cap), denture or bridge. I acknowledge that the oral and maxillofacial surgeon whose name appears above has explained the procedure, including the number and location of the incisions to be made, in detail. I understand that the crown (cap) , denture or bridge, will later be attached to this implant by a general dentist or prosthodontist and that the cost for that work is not included in the charge for this procedure. I have been informed that the implant must remain covered under the gum tissue for at least three months before it can be used and that a second surgical procedure is required to uncover the top of the implant. Finally, I understand that this is a relatively new procedure. I have received literature, anesthesia information, pre and post surgical instructions and diet information and have read and understand the information.

4. ALTERNATIVES TO A DENTAL IMPLANT

The alternatives to the use of a dental implant, including no treatment at all; construction of a new standard dental prosthesis; augmentation of the upper or lower jaw by means of a vestibuloplasty, skin and bone grafting, or with synthetic materials; and implantation of another type of device have been explained to me as have the advantages and disadvantages of each procedure and I choose to proceed with insertion of the dental implant.

5. AUTHORIZATION OF ANCILLARY TREATMENT

I also authorize and direct the oral and maxillofacial surgeon whose name appears

above with the associate or assistants of his or her choice to provide such additional services as he or they may deem reasonable and necessary, including, but not limited to , the administration of anesthetic agents; the performance of necessary laboratory, radiological (X-ray), and other diagnostic procedures; the administration of medications orally, by injection, by infusion, or by other medically accepted route of administration; and the removal of bone, tissue and fluids for diagnostic and therapeutic purposes and the retention or disposal of same in accordance with usual practices.

6. AUTHORIZATION FOR SUPPLEMENTAL TREATMENT

If any unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under general anesthesia or sedation, I further authorize and direct the oral and maxillofacial surgeon whose name appears above with associates or assistants of his choice to do whatever he deems necessary and advisable under the circumstances.

7. NO GUARANTEE OF TREATMENT RESULTS

I understand that there is no way to accurately predict the healing capabilities of any particular patient following the placement of the implant and that complications do occur; and I confirm that I have been given no guarantee or assurance by the oral and maxillofacial surgeon whose name appears above, or by anyone else, as to the results that may be obtained from treatment. In the event of implant failure, there will be no refund of fees.

8. RISKS AND COMPLICATIONS ASSOCIATED WITH DENTAL IMPLANTS

I have been informed and understand that there are risks and complications from surgery, drugs, and/or anesthetics.

9. SURGICAL COMPLICATIONS

Such possibilities include but are not limited to, infection, tissue discoloration (bruising), alteration in taste and/or numbness, tingling, increased sensitivity of the lips, tongue, chin, cheek or teeth which may last for an indefinite period and may be permanent. Also possible are injury to teeth if present, loss of bone, bone fractures, nasal or sinus penetration (for implants placed in the upper jaw), chronic pain, bleeding and decreased ability to open the mouth. I have also been informed that any procedure which is outside the mouth will leave a scar on the skin, and that although a good cosmetic result is hoped for, it cannot be guaranteed.

I also understand that any of these treatment complications may necessitate medical, dental, or surgical treatment; may necessitate wiring of my teeth or jaws, and may require an additional period of recuperation at home or even in the hospital. Finally, I have been told that this treatment may not be successful, that problems may arise during the procedure which may prevent placement of the implant, and that rejection of this implant is possible which would necessitate its removal at any time after placement. Should this happen, I understand that it may possible to insert another implant after a suitable healing period and that charge will be made for this procedure.

10. DRUG AND ANESTHETIC COMPLICATIONS

If intravenous medications are used, there may be irritation of, or damage to the

vein in which anesthetic medications are injected. I understand there are certain drugs and anesthetic risks, which could involve serious bodily injury, and are inherent of any procedure requiring their use.

11. RISKS ASSOCIATED WITH NO TREATMENT

I understand that should I **not** have this implant procedure, one or more of the following may occur: faster dissolving of the jaw bone structure, increased difficulty wearing conventional dentures, increased loss of bony support of the face, lips and cheeks, increased difficulty chewing, pain and numbness, and fracture of a very thin jawbone.

12. IMPORTANCE OF PATIENT COMPLIANCE

I agree and understand that the degree of success of any dental treatment is directly related to my cooperation and that, if I fail to cooperate as requested and instructed, I may suffer temporary or permanent injury to my dental and general health and to the dental work performed by my dentist.

I understand that the success of dental implants depends to a great extent on my maintenance and meticulous hygiene throughout my mouth and especially around the implant posts where they come through the gum tissue.

I understand that smoking, alcohol, improper dietary practices may affect gum and bone healing and will limit the success of the implant. I agree to follow home care and dietary instructions as prescribed. I will not wear my dentures for 2 weeks.

I agree to return at regular intervals as specified by the doctor for inspection of my mouth and implant cleansings by the doctor or the hygienist and to have performed such dental services as may be needed to maintain my oral health. This will involve regular and long-term follow –up care for the life of the implant.

I agree to report immediately any evidence of pain, swelling, or inflammation around my implant(s) and agree to attend the office/hospital if necessary. A reasonable fee will be charged for these visits commencing one year after placement of my implant (s).

I agree not to eat or drink anything for 6 hours prior to my surgery/anesthesia. Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Thus, I have been advised not to operate any vehicle, automobile, hazardous devices, or work while taking such medications and/or drugs; or until fully recovered from their effects. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four hours after my release from surgery or until further recovered from the effects of anesthetic medication and drugs that may have been given to me in the office or the hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery. Failure to follow these instructions may be life threatening.

13. AUTHORIZATION OF USE OF DENTAL RECORDS

I authorize photographs, X-rays, or other viewing of my care and treatment during its progress may be used for educational purposes and research.

I hereby state that I have read and I fully understand this consent form, that I have

been given an opportunity to ask any questions I might have had, that those questions have been answered in a satisfactory manner.

Date_____

Time_____

Signature_____

Signature of relative or Representative (where required)

Witness_____

INFORMED CONSENT FOR DENTAL IMPLANTS

Diagnosis. After careful oral examination and study of my dental condition, my doctor has advised me that my missing tooth or teeth may be replaced with artificial teeth supported by an implant.

Recommended Treatment. In order to treat my condition, my doctor has recommended the use of root form dental implants. I understand that the procedure for root form implants involves placing implants into the jawbone. This procedure has a surgical phase followed by a prosthetic phase.

Surgical Phase of Procedures. I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. My gum tissues will be opened to expose the bone. Implants will be placed by tapping or threading them in to holes that have been drilled into my jawbone. The implants will have to be snugly fitted and held tightly in place during the healing phase.

The gum and soft tissues will be stitched closed over or around the implants. A periodontal bandage or dressing may be placed. Healing will be allowed to proceed for a period of four to six months. I understand the dentures usually cannot be worn during the first one to two weeks of the healing phase.

I further understand that if clinical conditions turn out to be unfavorable for the use of this implant system or prevent the placement of implants, my doctor will make a professional judgment on the management of the situation. The procedure also may involve supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby to assist in placement, closure, and security of my implants.

For implants requiring a second surgical procedure, the overlying tissues will be opened at the appropriate time, and the stability of the implant will be verified. If the implant appears satisfactory, an attachment will be connected to the implant. Plans and procedures to create an implant prosthetic appliance can then begin.

Prosthetic Phase of Procedure. This phase is just as important as the surgical phase for the long-term success of the oral reconstruction. During this phase, an implant prosthetic device will be attached to the implant.

Expected Benefits. The purpose of dental implants is to allow me to have more functional artificial teeth. The implants provide support, anchorage, and retention for these teeth.

Principal Risks and Complications. I understand that some patients do not respond successfully to dental implants, and in such cases, the implant may be lost. Implant surgery may not be successful in providing artificial teeth. Because each patient's condition is unique, long-term success may not occur.

SAMPLE #4

I understand that complications may result from the implant surgery, drugs, and anesthetics. These complications include, but are not limited to:

- Post surgical infection
- Bleeding
- Swelling
- Pain
- Facial discoloration
- Transient but on occasion permanent numbness of the lip, tongue, teeth, chin, or gum
- Jaw joint injuries or associated muscle spasm
- Transient but on occasion permanent increased tooth looseness
- Tooth sensitivity to hot, cold, sweet, or acidic foods
- Shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth
- Cracking or bruising of the corners of the mouth
- Restricted ability to open the mouth for several days or weeks
- Impact on speech
- Allergic reactions
- Injury to teeth
- Bone fractures
- Nasal sinus penetrations
- Delayed healing
- Accidental swallowing of foreign matter

The exact duration of any complications cannot be determined, and they may be irreversible.

I understand that the design and structure of the prosthetic appliance can be a substantial factor in the success or failure of the implant. I further understand that alterations made on the artificial appliance or the implant can lead to loss of the appliance or implant. This loss would be the sole responsibility of the person making such alterations. I am advised that the connection between the implant and the tissue may fail and that it may become necessary to remove the implant. This can happen in the preliminary phase, during the initial integration of the implant to the bone, or at any time thereafter.

Alternative to Suggested Treatment. Alternative treatments for missing teeth include no treatment, new removable appliances, and other procedures—depending on the circumstances. However, continued wearing of ill-fitting and loose removable appliances can result in further damage to the bone and soft tissue of my mouth.

Necessary Follow-up Care and Self-Care. I understand that it is important for me to continue to see my dentist. Implants, natural teeth, and appliances have to be maintained daily in a clean, hygienic manner. Implants and appliances must also be examined periodically and may need to be adjusted. I understand that it is important for me to abide by the specific prescriptions and instructions given by my doctor.

No Warranty or Guarantee. I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, a doctor cannot

predict certainty of success. There exists the risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Publication of Records. I authorize photos, slides, x-rays, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and for reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

PATIENT CONSENT

I have been fully informed of the nature of root form implant surgery, the procedure to be utilized, the risks and benefits of the surgery, the alternative treatments available, and the necessity for follow-up care and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my doctor. After thorough deliberation, I hereby consent to the performance of dental implant surgery as presented to me during consultation and in the treatment plan presentation as described in this document.

I also consent to use of an alternative implant system or method if clinical conditions are found to be unfavorable for the use of the implant systems that has been described to me. If clinical conditions prevent the placement of implants, I defer to my doctor's judgment on the surgical management of that situation. I also give my permission to receive supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby to assist in placement, closure, and security of my implants.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Date

Patient, Parent or Guardian Name (Print)

Signature

Date

Witness Name (Print)

Signature

818-012-0005
Scope of Practice

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(#) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(#) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective January 1, 2022.)

Dear Dr. Todd Beck, DMD, and the Oregon Board of Dentistry.

Re: Rulemaking proposed AED for EPDH's.

I am writing this, per your request, from the Oregon Board of Dentistry meeting of October 25th, 2019, where I provided oral testimony as an EPDH. This is a written summary of that testimony.

Most of my patients have a "DNR" (do not resuscitate). If I were to visit a private home or an adult foster home, do I still need to have an AED with me, even if the patient I am seeing has a DNR?

About half the nursing homes I called and surveyed have an AED and about half do not. Given that most patients in a nursing home have a DNR, the practical reality is that the AED's are more for staff and visitors, and not so much for the actual residents. For those facilities where there is an AED available, would I be responsible for the maintenance of that AED?

I called DHS (Dept. of Human Services) regarding AED's and Adult Foster Homes. There are three classifications for AFH, depending on the level of care required for their residents. The State of Oregon does NOT require AFH's, of any classification, to have an AED on site.

I have a friend who is a Registered Nurse and a Certified Emergency Nurse. She owns and operates her own "RN on Call" practice that caters to coordinating post-hospital stays as the patient transitions to their home environment—and she has been doing this for over a dozen years. When I asked her if she carries an AED, she replied "NO! That's crazy! And you can quote me on that!". Home health nurses are NOT required to carry an AED for home health visits in the State of Oregon.

CPR/AED is a controversial subject for patients 85 years and older, with corresponding comorbidities. Only 10% of observable cardiac events are "shockable" (as older, sicker patients tend to have different types of arrhythmias). Of those, only 1-5% survive the immediate cardiac event, with "survivability" being a mean average of 30 days, often with broken ribs, bruised lungs, damaged airways, punctured spleens and lacerated livers. Some cardiac and geriatric experts have stated that CPR/AED on older, sicker patients (i.e. nursing home patients) can lead to a prolonged and painful death.

Unsurprisingly, when surveyed for themselves, 90% of doctors and nurses choose DNR as they age and become infirm.

As a point of reference, younger, healthier patients who have an observable cardiac event with CPR/AED, (20% of which have a "shockable" event) have a 45% of surviving (and living considerably longer and healthier) after their post-cardiac event.

Thank you for listening to my testimony.

Ann Ossinger, RDH, BSDH, EPP

818-012-0030

Unprofessional Conduct

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

- (1) Attempt to obtain a fee by fraud, or misrepresentation.
- (2) Obtain a fee by fraud, or misrepresentation.
 - (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
 - (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
 - (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
- (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
- (4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
- (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
- (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
- (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
- (8) Misrepresent any facts to a patient concerning treatment or fees.
- (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
 - (A) Legible copies of records; and
 - (B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.
- (b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.
- (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
- (11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
- (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
- (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
- (14) Violate any Federal or State law regarding controlled substances.
- (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
- (16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

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

(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. (Effective January 2015).

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

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in accordance with OAR 888-023-0820(8) in order to have access to the Program's electronic system if the Licensee holds an Oregon DEA registration.

(24) Fail to maintain in a dental office an Automated External Defibrillator (AED). Each AED, or equivalent defibrillator, shall be maintained in a properly functioning capacity at all times. Proof of the availability of a properly functioning AED, or equivalent defibrillator shall be retained by the licensee for the current calendar year and the two preceding calendar years. (Effective January 1, 2022)

818-012-0070

Patient Records

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

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

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

818-015-0007

Specialty Advertising

(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.

(2) The Board recognizes the following specialties:

- (a) Endodontics;
- (b) Oral and Maxillofacial Surgery;
- (c) Oral and Maxillofacial Radiology;
- (d) Oral and Maxillofacial Pathology;
- (e) Orthodontics and Dentofacial Orthopedics;
- (f) Pediatric Dentistry;
- (g) Periodontics;
- (h) Prosthodontics;
- (i) Dental Public Health;
- (j) Dental Anesthesiology;

(k) Oral Medicine;

(l) Orofacial Pain.

(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

818-021-0012

Specialties Recognized

(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, [oral medicine dentist, orofacial pain dentist](#), orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, [oral medicine, orofacial pain](#), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

818-021-0060

Continuing Education - Dentists

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

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

(3) Continuing education includes:

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

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

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.

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

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

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

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

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

(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective January 1, 2022.)

818-021-0080

Renewal of License

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

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

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

(3) The renewal application shall contain:

(a) Licensee's full name;

(b) Licensee's mailing address;

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

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

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

(f) Licensee's assumed business name;

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

(h) A statement that the licensee has met the **continuing** educational requirements for renewal set forth in OAR 818-021-0060 or 818-021-0070;

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

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

(k) A statement disclosing if the licensee has been arrested and or convicted of a misdemeanor or felony;

(l) A statement disclosing if the licensee or licensee's malpractice insurance company or risk retention group has had any request for an alleged injury; and

(m) A statement disclosing any physical or mental condition that would inhibit licensee's ability to practice safely.

818-021-0088

Volunteer License

(1) An Oregon licensed dentist or dental hygienist who will be practicing in Oregon for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:

(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.

(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.

(c) Licensee must provide the health care service without compensation.

(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.

(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.

(f) Licensee must agree to volunteer for a minimum of 80 hours [in Oregon](#) per renewal cycle.

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

818-026-0040

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

- (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;
- (b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
- (e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and
- (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

- (a) Evaluate the patient **and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;**
 - (b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
 - (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
 - (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
- (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
- (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of **preoperative and postoperative vital signs, and** all medications administered with dosages, time intervals and route of administration.
- (7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

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

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

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

(c) The patient can sit up unaided or without assistance;

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

(e) The patient does not have nausea, vomiting or dizziness.

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

(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

818-026-0050

Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
- (d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
- (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
- (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
- (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
- (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

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

- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
- (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
- (c) Certify that the patient is an appropriate candidate for minimal sedation; and
- (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

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

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

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the

use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

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

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

~~(4011)~~ Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

818-026-0080

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

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon ~~Board of Medical Examiners~~ [Board](#), another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

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

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

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

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

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

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Please consider the environment before printing this e-mail.

From: Rowley, Lisa J. [<mailto:lisajrowley@pacificu.edu>]
Sent: Monday, July 15, 2019 3:52 PM
To: Teresa Haynes <Teresa.Haynes@state.or.us>
Subject: OAR 818-035-0020

Hi Teresa-

I was reviewing the rules for dental hygiene and I wanted to get your thoughts on the highlighted portions of 818-035-0020.

818-035-0020 Authorization to Practice

(1) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.

(2) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the hygienist's findings.

(3) A supervising dentist, without first examining a new patient, may authorize a dental hygienist: (a) To take a health history from a patient; (b) To take dental radiographs; (c) To perform periodontal probings and record findings; (d) To gather data regarding the patient; and (e) To diagnose, treatment plan and provide dental hygiene services.

(4) When hygiene services are provided pursuant to subsection (3), the supervising dentist need not be on the premises when the services are provided.

(5) When hygiene services are provided pursuant to subsection (3), the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the hygiene services are provided.

(6) If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection (3), no further dental hygiene services may be provided until an examination is done by the supervising dentist.

In referring back to ORS 680.150 it looks like a dental hygienist does not need to have an expanded practice permit to work in any place where limited access patients are located as long as they are working under the general supervision of a dentist.

Sections 4, 5 & 6 refer back to Section 3 but not to Sections 1 & 2. So if a dental hygienist works under the general supervision of a dentist in any place where limited access patients are located, Sections 4, 5 & 6 do not apply? So the patient does not need to be scheduled to be examined by the supervising dentist within 15 business days?

Do you think that I am interpreting this correctly? If so, perhaps ODHA could offer a rule change just to re-format this a bit to make it a bit easier to understand?

Thanks for your help!

-Lisa

From: [Rowley, Lisa J.](#)
To: [Teresa Haynes](#)
Subject: RE: OAR 818-035-0020
Date: Monday, July 22, 2019 1:41:57 PM
Attachments: [2019 Rule Amendment 2 - Authorization.docx](#)

Hi Teresa-

So I'm thinking that it may be more clear if (1) & (2) were moved to the end and then they were referred back to (3), (4), (5) & (6). And of course everything would be re-numbered.

Please let me know if you think the attachment makes sense.

-Lisa

From: Teresa Haynes <Teresa.Haynes@state.or.us>
Sent: Monday, July 22, 2019 12:58 PM
To: Rowley, Lisa J. <lisajrowley@pacificu.edu>
Subject: RE: OAR 818-035-0020

Hi Lisa,

It has always been the interruption of the OBD that a dentist would have to see the patient since the hygienist is working under the general supervision. Otherwise the hygienist could get their expanded practice permit and of course treat patients without supervision.

Hope that helps.

Sincerely,

Teresa

*Teresa Haynes
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"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."

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Proposed Amendment to the Rules Authorization to Practice

818-035-0020

Authorization to Practice

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

NOTE:

Language in **blue bold underline** is new to be added.

Language in ~~red strikethrough~~ is existing to be omitted.

818-035-0020

Authorization to Practice

(1) A supervising dentist, without first examining a new patient, may authorize a dental hygienist:

- (a) To take a health history from a patient;
- (b) To take dental radiographs;
- (c) To perform periodontal probings and record findings;
- (d) To gather data regarding the patient; and
- (e) To diagnose, treatment plan and provide dental hygiene services.

(2) When dental hygiene services are provided pursuant to subsection **(1)**, the supervising dentist need not be on the premises when the services are provided.

(3) When dental hygiene services are provided pursuant to subsection **(1)**, the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the dental hygiene services are provided.

(4) If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection **(1)**, no further dental hygiene services may be provided until an examination is done by the supervising dentist.

(5) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.

(6) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the dental hygienist's findings.

(7) When dental hygiene services are provided pursuant to subsection (5), subsections (2), (3) and (4) also apply.

818-035-0025

Prohibitions

A dental hygienist may not:

- (1) Diagnose and treatment plan other than for dental hygiene services;
- (2) Cut hard or soft tissue with the exception of root planing;
- (3) Extract any tooth;
- (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, [OAR 818-035-0040](#), [OAR 818-026-0060\(11 12\)](#), [OAR 818-026-0065\(12\)](#) and 818-026-0070(11 12);
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (9) Place or remove healing caps or healing abutments, except under direct supervision.
- (10) Place implant impression copings, except under direct supervision.

818-042-0040

Prohibited Acts

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(~~4412~~), OAR 818-026-0065(~~4412~~), OAR 818-026-0070(~~4412~~) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (22) Perform periodontal probing.
- (23) Place or remove healing caps or healing abutments, except under direct supervision.
- (24) Place implant impression copings, except under direct supervision.
- (25) Any act in violation of Board statute or rules.

Enrolled House Bill 2627

Sponsored by Representatives HAYDEN, SCHOUTEN; Representatives DEXTER, GRAYBER, PRUSAK, Senator MANNING JR (Presession filed.)

CHAPTER

AN ACT

Relating to interim therapeutic restorations; creating new provisions; amending ORS 680.205; and prescribing an effective date.

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

SECTION 1. ORS 680.205 is amended to read:

680.205. (1) An expanded practice dental hygienist may render all services within the scope of practice of dental hygiene, as defined in ORS 679.010, without the supervision of a dentist and as authorized by the expanded practice dental hygienist permit to:

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

- (A) Nursing homes as defined in ORS 678.710;
- (B) Adult foster homes as defined in ORS 443.705;
- (C) Residential care facilities as defined in ORS 443.400;
- (D) Adult congregate living facilities as defined in ORS 441.525;
- (E) Mental health residential programs administered by the Oregon Health Authority;
- (F) Facilities for persons with mental illness, as those terms are defined in ORS 426.005;
- (G) Facilities for persons with developmental disabilities, as those terms are defined in ORS 427.005;

(H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

- (I) Public and nonprofit community health clinics.
- (b) Adults who are homebound.

(c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by naturopathic physicians, nurse practitioners, physician assistants or midwives.

(e) Patients whose income is less than the federal poverty level.

(f) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.

(2) Unless different criteria for referral of a patient or resident to a dentist are included in an agreement described in subsection (3) of this section, at least once each calendar year, an expanded practice dental hygienist shall refer each patient or resident to a dentist who is available to treat the patient or resident.

(3) An expanded practice dental hygienist may render the services described in paragraphs (a) to [(d)] (e) of this subsection to the patients described in subsection (1) of this section if the expanded practice dental hygienist has entered into an agreement in a format approved by the board with a dentist licensed under ORS chapter 679. The agreement must set forth the agreed-upon scope of the dental hygienist's practice with regard to:

- (a) Administering local anesthesia;
- (b) Administering temporary restorations **with or** without excavation;
- (c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement; [and]

(d) Performing interim therapeutic restoration after diagnosis by a dentist; and

[(d)] (e) Referral parameters.

(4) This section does not authorize an expanded practice dental hygienist to administer nitrous oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.

(5) An expanded practice dental hygienist may assess the need for and appropriateness of sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients.

(6) An expanded practice dental hygienist must also procure all other permits or certificates required by the board under ORS 679.250.

(7) As used in this section and section 4 of this 2021 Act, "interim therapeutic restoration" means a direct provisional restoration placed to temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further definitive treatment, and that:

(a) Consists of the removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material; and

(b) Does not require the administration of local anesthesia.

SECTION 2. The amendments to ORS 680.205 by section 1 of this 2021 Act apply to agreements described in ORS 680.205 that are entered into or renewed on or after the operative date specified in section 6 of this 2021 Act.

SECTION 3. (1) Not later than January 1, 2022, the Oregon Board of Dentistry shall adopt rules to establish educational and instructional requirements for interim therapeutic restoration to be performed by an expanded practice dental hygienist under ORS 680.205. In establishing these requirements, the board shall use the curriculum, competency-based training protocols and learning outcomes established by the Dental Health Workforce Pilot Project No. 200 through the dental pilot project program of the Oregon Health Authority.

(2) Expanded practice dental hygienists performing interim therapeutic restorations under the dental pilot project program of the Oregon Health Authority as of the effective date of this 2021 Act may continue performing interim therapeutic restorations until the rules established by the board take effect.

SECTION 4. (1) The Oregon Board of Dentistry shall approve applications from oral health care education providers for training courses that meet the requirements established in rules adopted by the board establishing educational and instructional requirements for interim therapeutic restoration to be performed by an expanded practice dental hygienist.

(2) An expanded practice dental hygienist must successfully complete a training course approved by the board under this section before performing interim therapeutic restorations under ORS 680.205 (3)(d).

(3) Notwithstanding subsection (2) of this section, an expanded practice dental hygienist who is operating within the Dental Health Workforce Pilot Project No. 200 through the dental pilot project program of the Oregon Health Authority as of the effective date of this

2021 Act, and who has completed training to perform interim therapeutic restorations, is exempt from completing training under subsection (2) of this section.

SECTION 5. Section 4 of this 2021 Act is added to and made a part of ORS chapter 680.

SECTION 6. (1) Section 4 of this 2021 Act and the amendments to ORS 680.205 by section 1 of this 2021 Act become operative on January 1, 2022.

(2) The Oregon Board of Dentistry may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on or after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by section 4 of this 2021 Act and the amendments to ORS 680.205 by section 1 of this 2021 Act.

SECTION 7. 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 10, 2021

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

.....
Tina Kotek, Speaker of House

Passed by Senate May 12, 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

680.205 Services rendered under permit. (1) An expanded practice dental hygienist may render all services within the scope of practice of dental hygiene, as defined in ORS 679.010, without the supervision of a dentist and as authorized by the expanded practice dental hygienist permit to:

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

(A) Nursing homes as defined in ORS 678.710;

(B) Adult foster homes as defined in ORS 443.705;

(C) Residential care facilities as defined in ORS 443.400;

(D) Adult congregate living facilities as defined in ORS 441.525;

(E) Mental health residential programs administered by the Oregon Health Authority;

(F) Facilities for persons with mental illness, as those terms are defined in ORS 426.005;

(G) Facilities for persons with developmental disabilities, as those terms are defined in ORS 427.005;

(H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

(I) Public and nonprofit community health clinics.

(b) Adults who are homebound.

(c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by naturopathic physicians, nurse practitioners, physician assistants or midwives.

(e) Patients whose income is less than the federal poverty level.

(f) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.

(2) Unless different criteria for referral of a patient or resident to a dentist are included in an agreement described in subsection (3) of this section, at least once each calendar year, an expanded practice dental hygienist shall refer each patient or resident to a dentist who is available to treat the patient or resident.

(3) An expanded practice dental hygienist may render the services described in paragraphs (a) to (d) of this subsection to the patients described in subsection (1) of this section if the expanded practice dental hygienist has entered into an agreement in a format approved by the board with a dentist licensed under ORS chapter 679. The agreement must set forth the agreed-upon scope of the dental hygienist's practice with regard to:

(a) Administering local anesthesia;

(b) Administering temporary restorations without excavation;

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement; and

(d) Referral parameters.

(4) This section does not authorize an expanded practice dental hygienist to administer nitrous oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.

(5) An expanded practice dental hygienist may assess the need for and appropriateness of sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients.

(6) An expanded practice dental hygienist must also procure all other permits or certificates required by the board under ORS 679.250. [1997 c.251 §3; 2001 c.592 §1; 2005 c.52 §1; 2007 c.70 §306; 2007 c.379 §3; 2009 c.582 §4; 2009 c.595 §1062; 2011 c.658 §41; 2011 c.716 §8; 2013 c.360 §63; 2015 c.349 §2; 2017 c.356 §87]

818-035-0030

Additional Functions of Dental Hygienists

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

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

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

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

818-035-0040

Expanded Functions of Dental Hygienists

(1) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents and local anesthetic reversal agents under the general supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

(2) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist may administer nitrous oxide under the indirect supervision of a licensed dentist in accordance with the Board's rules regarding anesthesia.

(3) Upon completion of a course of instruction approved by the Oregon Health Authority, Public Health Division, a dental hygienist may purchase Epinephrine and administer Epinephrine in an emergency.

Statutory/Other Authority: ORS 679 & 680

818-035-0065

Expanded Practice Dental Hygiene Permit

The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and

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

Statutory/Other Authority: ORS 680

Statutes/Other Implemented: ORS 680.200

818-035-0100

Record Keeping

(1) An Expanded Practice Dental Hygienist shall refer a patient annually to a dentist who is available to treat the patient, and note in the patient's official chart held by the facility that the patient has been referred.

(2) When a licensed dentist has authorized an Expanded Practice Dental Hygienist to administer local anesthesia, place temporary restorations without excavation or prescribe prophylactic antibiotics and nonsteroidal anti-inflammatory drugs, the Expanded Practice Dental Hygienist shall document in the patient's official chart the name of the collaborating dentist and date the collaborative agreement was entered into.