

**OREGON BOARD OF DENTISTRY  
MINUTES  
AUGUST 20, 2021**

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

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

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

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

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

**Call to Order:** The meeting was called to order by the President at 8:01 a.m. at the Board office; 1500 SW 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

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

**NEW BUSINESS**

**Approval of Minutes**

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

**ASSOCIATION REPORTS**

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

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

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

Nothing to report.

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

Nothing to report.

## **COMMITTEE AND LIAISON REPORTS**

### **WREB Liaison Report**

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

### **AADB Liaison Report**

Nothing to report.

### **CDCA Liaison Report**

Nothing to report.

### **Rules Oversight Committee Meeting**

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

## **EXECUTIVE DIRECTOR'S REPORT**

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

Mr. Prisby reported on staff transitions. Both of these changes were effective July 1, 2021.

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

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

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

### **OBD Budget Status Report**

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

### **Customer Service Survey**

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

### **Dental Hygiene License Renewal**

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

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

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

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

### **2021 Legislative Session Wrap Up**

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

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

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

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

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

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

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

### **HB 2359**

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

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

### **TriMet Contract 2021 -2022**

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

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

### **HPSP - Year 11 Reports**

Mr. Prisby presented the 11<sup>th</sup> Annual HPSP Reports for review.

### **2021 Third Party Audit Results for HPSP**

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

### **Board Best Practices Self-Assessment & Score Card**

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

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

### **Oregon Buys Newsletter**

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

### **Strategic Planning Update**

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

### **Newsletter**

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

## **UNFINISHED BUSINESS AND RULES**

### **OAR 818-035-0020(1)(c) – Authorization to Practice**

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

### **OAR 818-012-0005(X) – Scope of Practice**

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

### **Rules to move to September Public Rulemaking Hearing**

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

## **818-001-0000**

### **Notice of Proposed Rule Making**

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

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

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

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

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

## **818-001-0082**

### **Access to Public Records**

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

## **818-012-0005**

### **Scope of Practice**

- (1) No dentist may perform any of the procedures listed below:
  - (a) Rhinoplasty;
  - (b) Blepharoplasty;
  - (c) Rhytidectomy;
  - (d) Submental liposuction;
  - (e) Laser resurfacing;
  - (f) Browlift, either open or endoscopic technique;
  - (g) Platysmal muscle plication;
  - (h) Otoplasty;
  - (i) Dermabrasion;
  - (j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
  - (k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.
- (2) Unless the dentist:
  - (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or
  - (b) Holds privileges either:
    - (A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or
    - (B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).
- (3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing

Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

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

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

### **818-012-0070**

#### **Patient Records**

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

- (a) Name and address and, if a minor, name of guardian;
- (b) Date description of examination and diagnosis;
- (c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "~~SOAP" (Subjective Objective Assessment Plan) or their~~ its equivalent.
- (d) Date and description of treatment or services rendered;
- (e) Date, description and documentation of informing the patient of any recognized treatment complications;
- (f) Date and description of all radiographs, study models, and periodontal charting;
- (g) Current 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;

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

**(k) Oral Medicine;**

**(l) Orofacial Pain.**

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

### **818-021-0010**

#### **Application for License to Practice Dentistry**

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

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or

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

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.

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

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

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

**(5) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.**

### **818-021-0011**

#### **Application for License to Practice Dentistry Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the

requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Having passed the dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and

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

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

(f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

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

**(3) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.**

~~(3)~~ **(4)** A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

## **818-021-0012**

### **Specialties Recognized**

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

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

### **818-021-0017**

#### **Application to Practice as a Specialist**

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

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

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

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

[\(e\) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.](#)

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

- (a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or

(b) Passing a specialty examination approved by the Board greater than five years prior to application; and

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

(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

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

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

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

##### **Continuing Education - Dentists**

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

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

(3) Continuing education includes:

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

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

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

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

of credit may be in these areas.

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

(5) At each renewal, ~~All~~ dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. ~~All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.~~ (Effective January 1, 2022).

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

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

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

### 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 Hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years.

(3) The renewal application shall contain:

(a) Licensee's full name;

(b) Licensee's mailing address;

(c) 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.

## **818-021-0088**

### **Volunteer License**

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

## **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.**

~~(1011)~~ 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.

## **818-035-0010**

### **Definitions**

All terms used in this Division shall have the meanings assigned under ORS 679.010 except that:

(1) "Limited Access Patient" means a patient who is unable to receive regular dental hygiene treatment in a dental office.

(2) "Long-Term Care Facility" shall have the same definition as that established under ORS 442.015(14)(b).

**(3) When performed by an Expanded Practice Dental Hygienist with a Collaborative Agreement in accordance with OAR 818-035-0065 (5):**

**(a) "Temporary Restoration" means a restoration placed for a shorter time interval for use while definitive restoration is being fabricated or placed in the future.**

**(b) "Atraumatic/Alternative Restorative Techniques" means restoring and preventing caries in limited access patients and as a community measure to control caries in large numbers of the population.**

(c) “Interim Therapeutic Restoration” means a direct provisional restoration placed to temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further definitive treatment, and that:

(A) Consists of the removal of soft material from the tooth using only hand

instrumentation and subsequent placement of an adhesive restorative material; and

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

### 818-035-0020

#### Authorization to Practice

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

(a) To take a health history from a patient;

(b) To take dental radiographs;

(c) To perform periodontal **assessment** and record findings;

(d) To gather data regarding the patient; and

(e) To diagnose, treatment plan and provide dental hygiene services.

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

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

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

**(5)** A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist. **When dental hygiene services are provided pursuant to this subsection, subsections (2), (3) and (4) also apply.**

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

### 818-035-0025 (\*Combined changes from ITR & Rules Oversight)

#### Prohibited Acts

A dental hygienist may not:

(1) Diagnose and treatment plan other than for dental hygiene services;

(2) Cut hard or soft tissue with the exception of root planing, **except as provided in OAR 818-035-0065;**

(3) Extract any tooth;

(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);

(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, **OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12)** and 818-026-0070(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.

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(10) Place implant impression copings, except under direct supervision.

### 818-035-0065

#### Expanded Practice Dental Hygiene Permit

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

(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or

(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and

(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.

(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.

(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs (6), (67)(a) to ~~(d)~~ (e) of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.

(6) Upon completion of a Board-approved curriculum, an Expanded Practice Permit Dental Hygienist may perform interim therapeutic restorations as allowed by ORS 680.205.

~~(6)~~ (7) The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to:

(a) Administering local anesthesia;

(b) Administering temporary restorations with or without excavation;

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and

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

(e) Referral parameters.

~~(7)~~ (8) The collaborative agreement must comply with ORS 679.010 to 680.990.

~~(8) From the date this rule is effective, the Board has the authority to grant a Limited Access Permit through December 31, 2011, pursuant to ORS 680.200.~~

### 818-035-0100

#### Record Keeping

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

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

## **818-042-0040**

### **Prohibited Acts**

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

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(~~4112~~), OAR 818-026-0065(~~4112~~), OAR 818-026-0070(~~4112~~) 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 [assessment](#).
- (23) Place or remove healing caps or healing abutments, except under direct supervision.
- (24) Place implant impression copings, except under direct supervision.
- (25) Any act in violation of Board statute or rules.

### **OAR 818-001-0002 – Definitions**

Dr. Underhill moved and Dr. Javier seconded that the Board add "Oral Medicine" and "Orofacial



Pain” to the list of definitions in OAR 818-001-0002. The motion passed unanimously.

## 818-001-0002

### Definitions

As used in OAR chapter 818:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.**

**(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.**

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

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

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

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

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

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

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

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

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

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

### **Pain Management Training Requirement**

Ms. Martinez moved and Dr. Sharifi seconded that the Board move the draft rules regarding the new pain management CE requirement to public rulemaking hearing for review. The motion passed unanimously.

\*The pain management draft rules are encompassed in the above text to send to a public rulemaking hearing.

### **Approval of Interim Therapeutic Restorations (ITR) Curriculum**

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

### **OBD Review of New Rules Adopted per ORS 183.405(I)**

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

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

### **Dental Therapy Rules Oversight Committee Creation**

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

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

## **CORRESPONDENCE**



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

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

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

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

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

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

**OTHER ISSUES**

Nothing to report.

**ARTICLES AND NEWS (Informational Only)**

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

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

**OPEN SESSION:** The Board returned to Open Session at 2:00p.m.

**CONSENT AGENDA**

**2022-0008, 2021-0190, 2021-0181, 2021-0131, 2021-0185, 2021-0178, 2021-0150**

Dr. Javier moved and Mr. Dunn seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

**COMPLETED CASES**

**2021-0132, 2021-0097, 2021-0173, 2021-0120, 2021-0187, 2021-0118, 2021-0164, 2021-0103, 2021-0184, 2021-0046**

Dr. Javier moved and Mr. Dunn seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

**2021-0095**

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

**NOUREDINE, HADI, D.M.D.; 2021-0102**

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

**O'LEARY, DANIEL P., D.D.S.; 2021-0159**

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

**2021-0128**

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

**2021-0105**

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

**2021-0112**

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

**PREVIOUS CASES REQUIRING BOARD ACTION**

**DHADLI, JATINDER S., D.D.S.; 2019-0240**

Mr. Dunn moved and Ms. Martinez seconded that the Board move to dismiss the remaining \$6,000.00 civil penalty. The motion passed unanimously.

**HSU, RICHARD PAO-YUAN, D.M.D.; 2020-0033**

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

**2021-0073**

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

**2018-0228**

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

**VOGELSANG, JESSICA A., D.D.S.; 2017-0163**

Dr. Fine moved and Ms. Martinez seconded that the Board accept Licensee's proposal and dismiss the community service stipulation. The motion passed unanimously.

**LICENSE & EXAMINATION ISSUES**

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

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

**Request for Nonresident Permit – Adrian Ruiz DDS**

Dr. Kansal moved and Ms. Martinez seconded that the Board approve the nonresident permit as requested. The motion passed unanimously.

**OAR 818-026-0010**

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

**2015-0056**

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

**RATIFICATION OF LICENSES**

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

**Request for a letter to be sent to WREB approving Daniel Martinez, R.D.H. to become WREB Examiner**

Mr. Dunn moved and Dr. Sharifi seconded that the Board send the approval letter to WREB as requested. The motion passed unanimously.

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

**OPEN SESSION: The Board returned to Open Session at 2:40 p.m.**

