

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
DECEMBER 16, 2022**





Oregon

Kate Brown, Governor

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

NOTICE OF REGULAR MEETING

PLACE: VIRTUAL VIA ZOOM

DATE: December 16, 2022

TIME: 8:00 a.m. – 12:00 p.m.

Call to Order – Jose Javier, D.D.S., President

8:00 a.m.

OPEN SESSION (Via Zoom)

<https://us02web.zoom.us/j/81824617468?pwd=bkxxeVBFcnRFQnh0N3YzN0gxUW5QUT09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 818 2461 7468 • Passcode: 314054

Review Agenda

1. Approval of Minutes
 - October 21, 2022 Board Meeting Minutes

NEW BUSINESS

2. Association Reports
 - Oregon Dental Association
 - ODA - Workforce Package
 - Oregon Dental Hygienists' Association
 - Oregon Dental Assistants Association
 - Letter from Bonnie Marshall
 - Oregon Community College Dental Assisting Consortium
 - Request to address the Board
3. Committee and Liaison Reports
 - Licensing, Standards and Competency Committee Meeting 11.16.2022 - Chair, Dr. Javier
 - Draft Meeting Minutes (Board Action)
 - Rules Oversight Committee Meeting scheduled for 1.11.2023 – Chair, Mr. Chip Dunn
 - Committee and Liaison Assignments
4. Executive Director's Report
 - Board and Staff Updates
 - OBD Budget Report
 - FY 2021 Gold Star Certificate
 - Customer Service Survey
 - Board and Staff Speaking Engagements
 - Dental Hygiene License Renewal
 - Dental Therapist Licenses Issued
 - Database Project Update
 - News from the Oregon Department of Revenue
 - 2023 Calendars – OBD & Legislative
5. Unfinished Business and Rules

Notes:

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

6. Correspondence
 - CRDTS – Short Presentation
 - Memo – Communications from Licensee on Scope of Practice for DT prophylaxis
7. Other Items & Open Public Comment
 - Tribes
 - Public Comment Period
8. Articles & Newsletters (No Action Necessary)
 - Pacific Alumni Lead First Wave of Dental Therapists in Oregon

EXECUTIVE SESSION (Via Zoom)

9:15 a.m.

The Board will meet in Executive Session pursuant to ORS 192.345(4); ORS 192.660(2)(f)(h) and (l); ORS 676.165, ORS 676.175(1) and ORS 679.320 to review records exempt from public disclosure, to review confidential materials and investigatory information, and to consult with counsel. No final action will be taken in Executive Session.

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

BREAK

10:00 a.m.

OPEN SESSION (Via Zoom)

11:30 p.m.

<https://us02web.zoom.us/j/81824617468?pwd=bkxxeVBFcnRFQnh0N3YzN0gxUW5QUt09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 818 2461 7468 • Passcode: 314054

Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

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

ADJOURN

12:00 p.m.

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

APPROVAL OF MINUTES

DRAFT
OREGON BOARD OF DENTISTRY
MINUTES
OCTOBER 21, 2022

- MEMBERS PRESENT:** Jose Javier, D.D.S., President
Chip Dunn, Vice President
Alicia Riedman, R.D.H.,
Reza Sharifi, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H.,E.P.P.
Michelle Aldrich, D.M.D.
- STAFF PRESENT:** Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Director/ Chief Investigator
Winthrop "Bernie" Carter, D.D.S., Dental Investigator
Haley Robinson, Office Manager (portion of meeting)
Shane Rubio, Investigator (portion of meeting)
Samantha Plumlee, Examination and Licensing Manager (portion of meeting)
Ingrid Nye, Investigator (portion of the meeting)
Kathleen McNeal, Office Specialist
- ALSO PRESENT:** Lori Lindley, Sr. Assistant Attorney General
- VISITORS PRESENT:** Tracy Brunkhorst, ODHA, President-Elect; Alicia Michelson, DAS CFO; Emily Coates, LFO; Amy Coplen, Pacific University; Mary Harrison, Oregon Dental Assistants Association; Jill Lomax, Chemeketa Dental Assistant Program
- VIA TELECONFERENCE*:** Lisa Rowley, Oregon Dental Hygienist Association, Jen Lewis-Goff, ODA, Olesya Salathe, D.M.D., ODA, Sarah Kowalski, R.D.H., OHA, Ginny Jorgensen, Lauren Malone, OAGD, Vesna Hopkins, Lynn Murray, Matthew Sinnott

*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 8:09 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

President Jose Javier, D.D.S. welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

Approval of Minutes

Dr. Sharifi moved and Mr. Dunn seconded that the Board approve the minutes from the August 19, 2022 Board Meeting as presented. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Dr. Olesya Salathe reported the ODA is gearing up for the 2023 legislative session. The ODA continues to focus on expanding, supporting and creating a more diverse Workforce. The ODA is hosting an event in Ashland on November 5th with CE offerings.

Oregon Dental Hygienists' Association (ODHA)

Tracy Brunkhorst, R.D.H. presented information about the Oregon Dental Hygiene Conference November 11-12. CE courses will be available. The 70th anniversary show will feature a display highlighting past ODHA presidents.

Oregon Dental Assistants Association (ODAA)

Mary Harrison announced the ODAA is gearing up for their annual meeting on November 29th. This will be a Zoom Meeting where dental assisting rules will be discussed.

COMMITTEE AND LIAISON REPORTS

An Agenda for the November 16, 2022 Licensing, Standards and Competency Committee Meeting was posted. The Rules Oversight Committee is planning to meet on January 11, 2023.

EXECUTIVE DIRECTOR'S REPORT

Board and Staff Updates

It was noted that the Board is adjusting to their new assigned state emails and laptops.

OBD 2023-2025 Budget - Fee Memo & Current Budget Report

A memo was presented with information and detail on a possible fee increase added to OBD 2023 -2025 Budget. Also attached was the budget report for the 2021 – 2023 Biennium. This report, which is from July 1, 2021 through August 31, 2022 showed revenue of \$2,161,745.69 and expenditures of \$1,978,721.17. There was much discussion with Mr. Prisby inviting input from Board members, Association members, LFO and DAS representatives.

Mr. Dunn moved and Dr. Sharifi seconded that the Board support a fee increase. The motion passed unanimously.

Customer Service Survey

The legislatively mandated survey results from July 1, 2021 – September 30, 2022 were presented. The results of the survey showed that the OBD continues to receive positive ratings from the majority of those that submit a survey.

Board and Staff Speaking Engagements

Samantha Plumlee and Ingrid Nye gave a Licensing application virtual presentation to the graduating dental hygiene students at PCC on August 22, 2022.

Mr. Prisby gave a Board Updates presentation with Dr. Reza Sharifi to a Dental Study Club in Portland on September 8, 2022.

Dental Hygiene License Renewal

The renewal period started on July 26th and ended September 30th. At the time of compiling this report Mr. Prisby did not have the final numbers to report on. Those renewal numbers will be included in the December Board Meeting packet.

FY 2022 Annual Performance Progress Report

The OBD's FY 2022 Annual Performance Progress Report, which was submitted to the Legislative Fiscal Office before the due date, was shared. Most state agencies are required to complete this report annually.

October Cybersecurity Awareness Month

Mr. Prisby noted that Governor Kate Brown has proclaimed October 2022 to be Cybersecurity Awareness Month, encouraging all Oregonians to learn about cybersecurity and put that knowledge into practice in their homes, schools, workplaces, and businesses. In support of the Governor's proclamation, Enterprise Information Services Cyber Security Services (CSS) works toward the following objectives:

- Improve the security culture of the enterprise.
- Reduce cybersecurity risk by increasing awareness of cybersecurity.
- Reduce human vulnerabilities that could result in a breach of confidentiality, integrity, and availability of state information assets, thereby increasing the overall security posture of the state.

HPSP - Year 12 Reports

The 12th Annual HPSP Reports were included for review.

DANB Workforce Forum Summary

Mr. Prisby attached a summary report from July 14, 2022 DANB meeting in which he participated.

Legislative Days - Meeting

The meeting agenda and OBD Presentation that Mr. Prisby gave on September 21st was provided.

AADA & AADB Annual Meetings & AADB West Caucus Agenda

The agenda for The American Association of Dental Administrators (AADA) and American Association of Dental Boards (AADB) annual meetings, held in Asheville, NC October 6 – 9, 2022 were included. Lori Lindley led the Attorneys' Roundtable presentation yet again. Mr. Prisby attended both meetings and led the AADA Meeting as AADA President. He also served as the AADB West Caucus Chair and attached that meeting agenda.

UNFINISHED BUSINESS AND RULES

New Pain Management Requirements FAQs were shared, highlighting the changes brought about by HB 2078. Dentists are required to complete one hour of pain management CE every renewal cycle.

CORRESPONDENCE

A memo from the OBD to Governor Kate Brown regarding OBD's involvement in litigation regarding specialty advertising statute and rules was included. The American Academy of

Implant Dentistry (AAID) sued the Board and Mr. Prisby in his official capacity, regarding perceived restrictions on advertising as a specialist. The DOJ settled the matter on behalf of the OBD. As part of the settlement agreement: the OBD is recommending that Governor Brown add repealing ORS 679.546 to the 2023 Legislative Agenda.

OTHER ISSUES

Oregon Health Authority is requesting Legislative Concept (LC) 438 that would remove the sunset date for the OHA Dental Pilot Project Program.

Haley Robinson reported that the Tribal State Government-to-Government Annual Summit was a success and provided valuable insight into the challenges and successes that the tribes face.

NEWSLETTERS & ARTICLES OF INTEREST

ADA HPI - Dental Workforce Shortages - Webinar Slides were included.

A memo from Sarah Kowalski announced that the Dental Therapy (DHAT) program at Skagit Valley College in Washington was granted initial accreditation by the Commission on Dental Accreditation (CODA). This brought up discussion among board members as to the different educational opportunities for dental therapists. Mr. Prisby pointed out the importance of the collaborative agreement that sanction or proscribe DT duties depending on the DT's capabilities and training.

The Council of State Governments released a draft of Dentist and Dental Hygiene Licensure Compact. This brought up discussion of the pros and cons of the compact and how it would affect Oregon licensees.

The ADEA analysis of the results of the 2022 survey of US dental school seniors was included for review.

California Senate Bill SB 501 affects anesthesia rule changes for pediatrics. Dr. Sharifi offered commentary and said the Anesthesia Committee might review it.

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 1:14 pm.

CONSENT AGENDA

2023-0021, 2023-0016, 2023-0026, 2023-0020, 2023-0024, 2022-0144, 2023-0028, 2023-0025, 2023-0017, 2023-0038, 2023-0035, 2022-0145, 2022-0146, 2023-0019, 2022-0147, 2023-0023

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

COMPLETED CASES

October 21, 2022
Board Meeting
Page 4 of 7

2022-0134, 2023-0003, 2022-0105, 2022-0112, 2022-0150, 2023-0022, 2023-0012, 2023-0001, 2022-0148, 2023-0046, 2022-0126, 2022-0120

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

Bae, Sam Seoho, D.D.S.; 2022-0117

Ms. Brixey moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer licensee a Consent Order in which the Licensee would agree to be reprimanded, and to pay a \$2,000.00 civil penalty. The motion passed unanimously.

2022-0142

Dr. Sharifi moved and Mr. Dunn seconded to close the matter with a strongly worded Letter of Concern reminding Licensee to assure he responds within 10 days to the board's written request for information, and he completes all required continuing education. The licensee will need to complete the balance of the 20.5 hours of continuing education for the licensure period April 1, 2020 to March 31, 2022, in addition to the 40 hours of continuing education required for licensure period April 1, 2022, to March 31, 2024. The motion passed unanimously.

2022-0135

Ms. Ludwig moved and Dr. Sharifi seconded to close the matter with a Letter of Concern reminding Licensee to carefully review all CE requirements prior to each renewal to ensure that all required CE has been completed in compliance with the DPA as written at time of renewal, and to ensure biological monitoring testing is completed each week that patients are scheduled. The motion passed unanimously.

2023-0027

Dr. Kansal moved and Dr. Sharifi seconded to close the matter with a Letter of Concern reminding Licensee to assure she respond within 10 days to the board's written request for information. The motion passed unanimously.

2022-0127

Ms. Riedman moved and Dr. Sharifi seconded to close the matter with a STRONGLY WORDED Letter of Concern reminding Licensee to assure that he documents more detailed patient treatment notes regarding occlusal adjustment, documents intrapulpal tooth anatomy of root canal system specifically documenting absence or presence of tooth (root) cracks, and documents periodontal data, including probing depths, tooth mobility and presence of furcation involvement; conducts more timely referral to endodontists to minimize pain and discomfort continuing while treating the patient; and reviews and countersigns all patient treatment record notes completed by his dental assistants for accuracy and completeness. The motion passed unanimously.

2022-0139

Dr. Aldrich moved and Mr. Dunn seconded to close the matter with a Letter of Concern reminding Licensee to assure that he documents that he has given the patient, in writing, implant specifications after placing implants, and that he encourages weekly biological testing of sterilization devices wherever he is treating patients. The motion passed unanimously.

Ridley, James W., D.D.S.; 2022-0108

Dr. Clark moved and Ms. Riedman seconded to issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, pay a \$2000.00 civil penalty, take 3 hours of continuing education related to record keeping, and make a refund payment in the amount of \$3300.00 to patient JD within two months of the effective date of the Order. The motion passed unanimously.

2023-0006

Dr. Aldrich moved and Mr. Dunn seconded to close the matter with a Letter of Concern reminding Licensee to assure that he documents that he has asked the patient at the start of the appointment if he/she has had any changes in medical history since his/her last appointment, documents a comprehensive dental examination with radiographs and periodontal diagnosis, documents his objective findings, documents a diagnosis, and documents that he PARQed the patient for the proposed treatment. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

Barry, Anne G., D.M.D.; 2012-0158

Keck-Erickson, Nicole,; D.M.D.; 2012-0158

Ms. Brixey moved and Dr. Sharifi seconded to accept Licensees' proposal and remove the reprimand from to record of both Licensees. The motion passed unanimously.

Bayat, Hujatullah, D.D.S.; 2021-0188

Jimenez, Sylvia G., D.D.S. 2021-0188

Dr. Sharifi moved and Ms. Riedman seconded to accept Licensee's proposal. The motion passed unanimously.

Licensee, 2018-0199

Dr. Sharifi moved and Dr. Kansal seconded to approve Licensee's request. The motion passed unanimously.

Licensee, 2019-0069

Dr. Kansal moved and Ms. Riedman seconded to approve Licensee's request. The motion passed unanimously.

Licensee, 2021-0033

Ms. Riedman moved and Dr. Kansal seconded to approve Licensee's request. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

An email from CDCA-WREB-CITA was posted, noting their discontinuation of administration of specialty examinations for Endodontics, Oral and Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontics and Prosthodontics.

Communication was shared regarding the National Commission on Recognition of Dental Specialties and Certifying Boards approved the Specialty Examination for Limited Specialty License offered by the American Board of Orofacial Pain.

Request for Approval of Soft Reline Course – Erin Jones, EFDA

Dr. Clark moved and Ms. Riedman seconded to approve the request from Erin Jones to provide a Soft Reline Course for EFDA dental assistants. The motion passed unanimously.

Request for temporary non-resident Permit – Krishna Patel, D.M.D.

Ms. Brixey moved and Mr. Dunn seconded to ratify the issuance of temporary non-resident permit for Dr. Krishna Patel, D.M.D. The motion passed unanimously.

The final order after remand for the cases in the matter of Thomas L. Haymore, D.M.D. were recapped; OAH Case No. 2016-ABC-00152. Agency Case Nos. 2015-0056, 2015-0200, 2015-0222, 2015-0223

Mr. Dunn moved and Dr. Kansal seconded that the Board accept the Final Order After Remand dated today, in which licensee is disciplined with a reprimand, a civil penalty in the sum of \$28,750 to be paid to the Board within 90 days; a requirement to complete continuing education of 3 hours of board approved CE in record keeping within 60 days of this order, a one year probation from the effective date of this order which Licensee shall, on a quarterly basis, provide the Board with appointment book information identifying any patients under the age of six that were treated under sedation. Licensee will provide complete patient records for review; an assessment of an apportionment of the costs of this proceeding in the sum of \$37,788.52 due and payable to the Board within 180 days of this order. The motion passed unanimously.

Ms. Ludwig moved and Dr. Kansal seconded in reference to Salwan Adjaj, D.M.D., move to allow Board Staff to release all investigative material as allowed under current Laws and Statutes to DOJ to assist in an open investigation. The motion passed unanimously.

RATIFICATION OF LICENSES

Dr. Kansal moved and Dr. Sharifi seconded that the Board ratify the licenses presented in tab 16. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 1:28 p.m. Dr. Javier stated that the next Board Meeting would take place on December 16, 2022.

Jose Javier, D.D.S.
President

ASSOCIATION REPORTS



2023 Dental Workforce Budget Request

Oregon is experiencing a critical shortage of dental assistants and hygienists, vital oral health care providers. Without enough auxiliary staff, dentists are forced to cut back their hours and the number of patients they serve, reducing access to care. This isn't a new problem, but it has been greatly exacerbated by the COVID-19 pandemic.

In 2021, the Oregon Employment Department identified dental assisting as one of the most challenging roles to fill among vacant health care jobs. Of all health care providers, dental offices lost the largest proportion of staff in the early months of the pandemic, according to the Oregon Health Authority's 2021 Health Care Workforce Report. Data released in 2022 found that 9 percent of Oregon's 5,480 dental assistant positions remain vacant.

The Oregon Dental Association is collaborating with education, government, and other partners to address this crisis. Together, we are pursuing short- and long-term solutions that will help to resolve urgent workforce needs, expand access to care for underserved Oregonians and improve diversity of the dental care workforce. We believe it is a critical time for the Oregon Legislature to invest in oral health across the state.

Community College Dental Assisting and Hygiene Programs: *\$5 million investment*

Funds allocated to the Higher Education Coordinating Commission would be administered to the dental assisting and hygiene training programs at Community Colleges across the state to increase enrollment, support recruitment and retention of instructors and provide scholarships for students from diverse populations.

High School Health Professional Programs: *\$5 million investment*

Funding provided to the Oregon Department of Education would support the expansion of K-12 health professional career and technical education in Oregon high schools, increasing the pipeline of future dental assistants and hygienists.

Workforce Development Incentives: *\$7 million investment*

Additional funding allocated to the Oregon Health Authority would enable the expansion of Oregon's Health Care Provider Incentive Programs to include all oral health professionals (dentists, hygienists, assistants, dental therapists, dental community health aides) working in priority communities, increasing access to care for tribal, rural, low-income, and other underserved populations while supporting recruitment and retention of critically needed dental care providers. Funds would be available for providers, FQHCs, and employers serving Medicaid patients.

Tribal Dental Professions Education: *\$1 million investment*

Funds provided to a tribal entity for the creation of a dental professions education program to support the administration of programs for tribal youth to learn about and become interested in dental professions.

Dental Assisting Training Module Development: *\$2 million investment*

Funds allocated to a workforce board for the creation of a chair side dental assisting training module to be made available to all providers across the state.

Partners in support of this package:



**KAISER
PERMANENTE**®

Advantage Dental 
From DentaQuest



CareOregon®



FAMILY DENTAL CARE, INC.



OPCA
Oregon Primary
Care Association



**OREGON
DENTAL ASSISTANTS
ASSOCIATION**

To:
Oregon Board of Dentistry
1500 SW 1st Ave #770
Portland, Oregon 87201

From:
ODAA
13908 NE River Bend Dr
Battle Ground, Washington 98604

To Whom It May Concern,

OBD Mission Statement:

“The Mission of the Oregon Board of Dentistry is to promote oral health care and protect all communities in the State of Oregon by equitably regulating dental professionals. The authority and responsibilities are obtained in the Oregon Statues.”

ODAA Mission Statement:

“The Oregon Dental Assistant’s purpose is to promote the careers of dental professionals which will enable the working individuals to promote safe and quality patient care.”

The Oregon Dental Assistants Association is aware that there is a shortage of qualified Dental Assistants in Oregon. The standards set forth in Division 42 were approved by the Board of Dentistry and have served the field of dentistry well. Providing standards for Dental Assistants, OBD is promoting oral health and protecting all patients in the field of dentistry as well as promoting the ODAA and OBD Mission Statements.

The Oregon Dental Assistants Association wants to thank OBD for recognizing the need for Chapter 818, Division 42, 818-042-0050 Rule 813-042-0050: Taking of X-rays- Exposing of Radiographic Images as a way of promoting safety for all dental patients.

The Oregon Dental Assistants Association would also like to thank the OBD for providing Chapter 818, Division 42, 818-042-0130: Application for Certification by Credential providing a way for dental assistants from other states to be employed in an office in Oregon.

Division 42 provides Dental Assistants and the Dentists or Hygienists they are employed by to provide standards by which to promote safe quality care for all patients.

The ODAA does not think that changing or eliminating any of the rules set forth in Division 42 will solve the shortage concerns. If the rules are eliminated it will likely increase the shortage and will allow unqualified Dental Assistants to perform tasks on patients.

ODAA wants to thank OBD for recognizing ODAA and respects the need for standards for all dental professionals.

ODAA would like to request continuing to work with OBD on the standards for Dental Assisting.

Sincerely,
Bonnie Marshall, RDA, CDA, EFDA, EFODA, MADAA, BS
ODAA President

COMMITTEE REPORTS

Draft
LICENSING, STANDARDS AND COMPETENCY COMMITTEE
Held as a Zoom Meeting

Minutes
November 16, 2022

MEMBERS PRESENT: Jose Javier, D.D.S., Chair
Sheena Kansal, D.D.S.
Sharity Ludwig, R.D.H., E.P.P.
Jennifer Brixey
Olesya Salathe, D.M.D. - ODA Representative
Susan Kramer, R.D.H. - ODHA Representative
Ginny Jorgensen, CDA, EFDA, EFODA, AAS - ODAA Representative
Yadira Martinez, R.D.H., E.P.P., DT Representative

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Director/Chief Investigator
Haley Robinson, Office Manager
Ingrid Nye, Investigator
Samantha Plumlee, Licensing Manager
Teresa Haynes, Project Manager
Kathleen McNeal, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Michelle Aldrich, D.M.D., Lisa Rowley, R.D.H. – ODHA, Jill Lomax, Jen Hawley Price, Katherine Landsberg – DANB, Tony Garcia – DANB, Mary Harrison, Aaron White - DANB, Barbara Sigurdson, Jen Lewis-Goff – ODA, Katy Adishian – ODA, Peggy Lewelling

**Note - Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.*

Call to Order: The meeting was called to order by Dr. Javier at 5:00 p.m.

MINUTES

Ms. Martinez moved and Ms. Kramer seconded that the minutes of the October 7, 2020 Licensing, Standards and Competency meeting be approved as presented. The motion passed unanimously.

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board move OAR 818-001-0002 as presented to the Rules Oversight Committee. 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.
- (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 specialty 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 specialty 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 specialty 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.

Ms. Martinez moved and Ms. Ludwig seconded the Committee recommend that the Board move OAR 818-012-0005 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-012-0005

Scope of Practice

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A ~~and dermal fillers~~ to treat ~~a conditions~~ that ~~is~~ are within the oral and maxillofacial region ~~scope of the practice of dentistry~~ after completing a minimum of ~~10~~ 20 hours in a hands on clinical course(s), ~~which includes both~~ in 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 subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical

course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.

(5) A dentist may place endosseous 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).

(6) 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 ~~July 1, 2022~~ January 1, 2024).

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board move OAR 818-012-0005 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-012-0005

Scope of Practice

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A 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).

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

(5) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period (Effective ~~July 1, 2022~~ January 1, 2024).

Ms. Martinez moved and Ms. Brixey seconded the Committee send OAR 818-012-0005 and OAR 818-021-0060 back to Board staff for further refinement. The motion passed unanimously.

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board move OAR 818-012-0007 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-012-0007

Procedures, Record Keeping and Reporting of Vaccines

(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.

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board move OAR 818-012-0030 as amended to the Rules Oversight Committee. 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.

(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.

(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 DEA registration.

(24) Fail to comply with ORS 413.550-413.558, regarding health care interpreters.

Dr. Kansal moved and Ms. Jorgensen seconded the Committee recommend that the Board move adopt phrasing for OAR 818-012-0030 as amended to the Rules Oversight Committee. 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.
 - (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 [release patient records pursuant to OAR 818-012-0032](#). ~~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.
- (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 DEA registration.

Ms. Martinez moved and Ms. Kramer seconded the Committee recommend that the Board move adopt phrasing for OAR 818-012-0032 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-012-0032

Diagnostic Records

(1) Licensees shall provide duplicates of physical diagnostic records ~~that have been paid for~~ to patient or patient's guardian within 14 calendar days of receipt of written request.

~~(A)~~ (a) Physical records include:

(A) Legible copies of paper charting and chart notes, and;

(B) Duplicates of silver emulsion radiographs of the same quality as the originals, duplicates of physical study models, ~~paper charting and chart notes,~~ and photographs if they have been paid for.

~~(B)~~ (b) Licensees may require the patient or patient's guardian to pay in advance the fee reasonably calculated to cover costs of making the copies or duplicates.

~~(+)~~ (2) 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 11-50 and no more than \$0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual

costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.

~~(2)~~ **(3)** Licensees shall provide duplicates of digital patient records within 14 calendar days of receipt of written request by the patient or patient's guardian.

~~(A)~~ **(a)** Digital records include any patient diagnostic image, study model, test result or chart record in digital form.

~~(B)~~ **(b)** Licensees may require the patient or patient's guardian to pay for the typical retail cost of the digital storage device, such as a CD, thumb drive, or DVD as well as associated postage.

~~(C)~~ **(c)** Licensees shall not charge any patient or patient's guardian to transmit requested digital records over email if total records do not exceed 25 Mb.

~~(D) A clinical day is defined as a day during which the dental clinic treated scheduled patients.~~

~~(E)~~ **(d)** Licensees may charge up to \$5 for duplication of digital records up to 25Mb and up to \$30 for more than 25Mb.

~~(F)~~ **(e)** Any transmission of patient records shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA Act) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).

~~(G)~~ **(f)** Duplicated digital records shall be of the same quality as the original digital file.

~~(3)~~ **(4)** If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.

(5) Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (1)(a)(B) of this rule.

Dr. Kansal moved and Ms. Ludwig seconded that the Committee defer changing any rules involving the HPSP until there is more information regarding the future of the program. The motion passed unanimously.

Ms. Martinez moved and Dr. Kansal seconded the Committee recommend that the Board repeal OAR 818-015-0007 in its entirety as presented to the Rules Oversight Committee. 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;~~

~~(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."~~

Ms. Martinez moved and Ms. Kramer seconded the Committee recommend that the Board move OAR 818-021-0012 as presented to the Rules Oversight Committee. The motion passed unanimously.

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 orthopedics, 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.~~

The Board recognizes the following specialties:

(a) Dental Anesthesiology;

(b) Dental Public Health;

(c) Endodontics;

(d) Oral and Maxillofacial Pathology;

(e) Oral and Maxillofacial Radiology;

(f) Oral and Maxillofacial Surgery;

(g) Oral Medicine;

(h) Orofacial Pain;

(i) Orthodontics and Dentofacial Orthopedics;

(j) Pediatric Dentistry;

(k) Periodontics;

(l) Prosthodontics.

Ms. Martinez moved and Ms. Kramer seconded the Committee recommend that the Board move OAR 818-021-0015 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-021-0015

Certification as a Specialist

The Board may certify a dentist as a specialist if the dentist:

(1) Holds a current Oregon dental license;

(2) Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or

(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association; or

~~(4) Was qualified to advertise as a specialist under former OAR 818-010-0061.~~

Ms. Martinez moved and Ms. Kramer seconded the Committee recommend that the Board move OAR 818-015-0005 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-015-0005

General Provisions

(1) "To advertise" means to publicly communicate information about a licensee's professional services or qualifications for the purpose of soliciting business.

(2) Advertising shall not be false, deceptive, misleading or not readily subject to verification and shall not make claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof.

(3) Advertising shall not make a representation that is misleading as to the credentials, education, or the licensing status of a licensee. Licensee may not claim a degree, credential, or distinction granted by a professional organization or institution of higher learning that has not been earned.

(4) A licensee who authorizes another to disseminate information about the licensee's professional services to the public is responsible for the content of that information unless the licensee can prove by clear and convincing evidence that the content of the advertisement is contrary to the licensee's specific directions.

(5) A dentist shall adhere to the Doctors' Title Act, ORS 676.110 (Use of title "doctor")

Dr. Kansal moved and Ms. Martinez seconded the Committee recommend that the Board move OAR 818-021-0017 presented to the Rules Oversight Committee. 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.

(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

(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 (Effective July 1, 2022).

(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.

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board repeal OAR 818-021-0030 and 818-021-0040 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-021-0030

~~Dismissal from Examination~~

~~(1) The Board may dismiss any applicant from an examination whose conduct interferes with the examination and fail the applicant on the examination.~~

~~(2) Prohibited conduct includes but is not limited to:~~

~~(a) Giving or receiving aid, either directly or indirectly, during the examination process;~~

~~(b) Failing to follow directions relative to the conduct of the examination, including termination of~~

procedures;

~~(c) Endangering the life or health of a patient;~~

~~(d) Exhibiting behavior which impedes the normal progress of the examination; or~~

~~(e) Consuming alcohol or controlled substances during the examination.~~

818-021-0040

Examination Review Procedures

~~(1) An applicant may review the applicant's scores on each section of the examination.~~

~~(2) Examination material including test questions, scoring keys, and examiner's personal notes shall not be disclosed to any person.~~

~~(3) Any applicant who fails the examination may request the Chief Examiner to review the examination. The request must be in writing and must be postmarked within 45 days of the postmark on the notification of the examination results. The request must state the reason or reasons why the applicant feels the results of the examination should be changed.~~

~~(4) If the Chief Examiner finds an error in the examination results, the Chief Examiner may recommend to the Board that it modify the results.~~

Dr. Kansal moved and Ms. Martinez seconded the Committee recommend that the Board move OAR 818-021-0060 (8) as presented to the Rules Oversight Committee. 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) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).
- (6) At least two (2) hours of continuing education must be related to infection control.
- (7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).
- (8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective ~~July 1, 2022~~ **January 1, 2024**).

Dr. Kansal moved and Ms. Martinez seconded the Committee recommend that the Board move OAR 818-021-0060, 818-021-0070 and 818-021-0076 as amended to the Rules Oversight Committee. 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.~~ **provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.**
 - (d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.
- (4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
- (5) 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).

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 dentist passes the examination.~~ provides a certificate of completion to the dental hygienist. The certificate of completion should list the dental hygienist's name, course title, course completion date, course provider name, and continuing education hours completed.

(d) Continuing education credit can be given for volunteer pro bono dental 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(11) for renewal of the Nitrous Oxide Permit.

(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).

818-021-0076

Continuing Education - Dental Therapists

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

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

(3) Continuing education includes:

- (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
- (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 dentist passes the examination.~~ provides a certificate of completion to the dental therapist. The certificate of completion should list the dental therapist's name, course title, course completion date, course provider name, and continuing education hours completed.
- (d) Continuing education credit can be given for volunteer pro bono dental therapy 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 Therapy Examination, taken after initial licensure; or test development for clinical dental therapy 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) At least two (2) hours of continuing education must be related to infection control.
- (6) At least two (2) hours of continuing education must be related to cultural competency.
- (7) At least one (1) hour of continuing education must be related to pain management.

Dr. Kansal moved and Ms. Jorgensen seconded the Committee recommend that the Board adopt a rule offering licensees a Temporary Volunteer Status per ORS 679.025 (j)(B) and ORS 679.020 (k) as presented to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-021-XXXX Temporary Practice Approval

(1) A dentist, dental therapist or dental hygienist may practice, without compensation and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for a maximum of 30 days each calendar year without licensure requirement.

Compensation is defined as something given or received as payment including but not limited to bartering, tips, monies, donations, or services.

(2) A dentist, dental therapist or dental hygienist is not required to apply for licensure or other authorization from the Board in order to practice under this rule.

(3) To practice under this rule, a dentist, dental therapist or dental hygienist shall submit, at least 10 days prior to commencing practice in this state, to the Board:

(a) Out-of State volunteer application;

(b) Proof that the practitioner is in good standing and is not the subject of an active disciplinary action;

(c) An acknowledgement that the practitioner may provide services only within the scope of practice of the health care profession that the practitioner is authorized to practice and will provide services pursuant to the scope of practice of Oregon or the health care practitioner's licensing agency, whichever is more restrictive;

(d) An attestation from the dentist, dental therapist, or dental hygienist that the practitioner will not receive compensation for practice in this state;

(e) The name and contact information of the dental director of the coordinating

organization or other entity through which the practitioner will practice; and
(f) The dates on which the practitioner will practice in this state.
Failure to submit (a)-(e) above will result in non-approval.
(4) Misrepresentation as to information provided in the application for the temporary practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.
(5) Practitioner acknowledges they are subject to the laws and rules governing the health care profession in Oregon and that the practitioner is authorized to practice and are subject to disciplinary action by the Board.
(6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

The committee discussed the ODA and ODAA meeting to discuss the proposal further before moving rule to the full Board for consideration. The committee ultimately decided to send the rule as presented. Discussions between the ODA and ODAA would occur alongside the rulemaking process, in order to prevent any delay.

Dr. Kansal moved and Ms. Jorgensen seconded the Committee recommend that the Board adopt the proposed rule allowing dental assistants to administer local anesthesia as presented to the Rules Oversight Committee. The motion passed with Dr. Kansal, Ms, Jorgensen, Ms. Brixie, Ms. Martinez, Ms. Kramer voting aye. Dr. Salathe and Dr. Javier voted no. The motion passed.

818-042-00XX

Local Anesthesia Functions of Dental Assistants

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed 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.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect 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.

Ms. Martinez moved and Dr. Kansal seconded the Committee recommend that the Board move OAR 818-042-0040 as presented to the Rules Oversight Committee. 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 as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) 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 when using topical teeth whitening agents, or 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.

Ms. Jorgensen moved and Ms. Kramer seconded the Committee recommend that the Board keep 818-042-0060 as presented to the Rules Oversight Committee and keep the Radiologic Proficiency Certification requirements the same. The motion passed unanimously.

818-042-0060

Certification — Radiologic Proficiency

- (1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:
- (2) Submits an application on a form approved by the Board, pays the application fee and:

- (a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;
- (b) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

Chair Javier thanked everyone for their attendance and contributions.

The meeting adjourned at 7:00 p.m.

DRAFT

**Oregon Board of Dentistry Committee and
Liaison Assignments
May 2022 - April 2023**

STANDING COMMITTEES

Dental Therapy Rules Oversight

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

Committee:

Sheena Kansal, D.D.S., Chair
Alicia Riedman, R.D.H., E.P.P.
Jennifer Brixey
Sarah Kowalski, R.D.H.,- OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.

Amy Coplen, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, ODA Rep.
Jason Mecum, DT Rep.
Kari Kuntzleman, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications

Purpose: To enhance communications to all constituencies

Committee:

Jose Javier, D.D.S., Chair
Michelle Aldrich, D.M.D.
Jennifer Brixey
Subcommittees:

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

Alayna Schoblaske, D.M.D., ODA Rep.
Lesley Harbison, R.D.H., ODHA Rep.
Linda Kihs, CDA, EFDA, OMSA, MADAA, ODA Rep.
Kari Kuntzleman, DT Rep.

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Alicia Riedman, R.D.H., E.P.P., Chair
Terrence Clark, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey

David J. Dowsett, D.M.D., ODA Rep.
Lisa Rowley, R.D.H., ODHA Rep.
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODA Rep.
Mark Kobylinsky, R.D.H., E.P.P., DT Rep.

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Reza Sharifi, D.M.D., Chair
Alicia Riedman, R.D.H., E.P.P.,
Terrence Clark, D.M.D.
Chip Dunn
Subcommittees:

Evaluators

- Reza Sharifi, D.M.D., Senior Evaluator
- Aarati Kalluri, D.D.S., Evaluator

Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODA Rep.
Kristen Thomas, R.D.H., E.P.P., DT Rep.

Licensing, Standards and Competency

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

Committee:

Jose Javier, D.D.S., Chair
Sheena Kansal, D.D.S.
Sharity Ludwig, R.D.H., E.P.P.
Jennifer Brixey

Olesya Salathe, D.M.D., ODA Rep.
Susan Kramer, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, EFODA, AAS, ODA Rep.
Yadira Martinez, R.D.H., E.P.P., DT Rep.

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Chip Dunn, Chair
Michelle Aldrich, D.M.D.
Alicia Riedman, R.D.H., E.P.P.
Sheena Kansal, D.D.S.

Philip Marucha, D.D.S., ODA Rep.
Laura Vanderwerf, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODA Rep.
Sandra Galloway, D.M.D., DT Rep.

Anesthesia

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

Committee:

Reza Sharifi, D.M.D., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D., M.C.R.
Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.

Normund Auzins, D.M.D.
Ryan Allred, D.M.D.
Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S.

LIAISONS

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

American Assoc. of Dental Boards (AADB)

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

American Board of Dental Examiners (ADEX)

- House of Representatives – Aarati Kalluri, D.D.S.
- Dental Exam Committee – Aarati Kalluri, D.D.S.

Oregon Dental Association – Jose Javier, D.D.S.

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

Oregon Dental Assistants Association – Sharity Ludwig, R.D.H., E.P.P.

Western Regional Exam Board (WREB)

- Dental Exam Review Committee - Aarati Kalluri, D.D.S.
- Dental Hygiene Exam Review Committee - Alicia Riedman, R.D.H., E.P.P.

Administrative Workgroup

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

Committee:

- Jose Javier, D.D.S., Chair
- Alicia Riedman, R.D.H., E.P.P.
- Chip Dunn

Subcommittee:

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

- Jose Javier, D.D.S. – President
- Chip Dunn – Vice President
- Alicia Riedman, R.D.H., E.P.P. – Past President

**EXECUTIVE
DIRECTOR'S
REPORT**

EXECUTIVE DIRECTOR'S REPORT

December 16, 2022

Board Member & Staff Updates

The OBD will be closed for the holidays on Monday, Dec. 26 and Monday, Jan. 2. Most OBD Staff will be taking off time throughout December, but emails and calls will still be responded to promptly during regular business hours.

OBD Budget Status Report

Attached is the latest budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through, October 31, 2022 shows revenue of \$2,493,826.72 and expenditures of \$2,345,463.15. **Attachment #1**

FY 2021 Gold Star Certificate

The State Controller's Office has once again issued the OBD a Gold Star Certificate signifying that the OBD has provided accurate and complete fiscal year end information for FY 2021 in a timely manner. **Attachment #2**

Customer Service Survey

The customer service surveys received from July 1, 2021 – November 30, 2022 are attached and a majority rate their experience with us positively. **Attachment #3**

Board and Staff Speaking Engagements

Dr. Angela Smorra and Dr. Bernie Carter gave a Board Updates and Regulatory Review to the Washington County Dental Society in Beaverton on Thursday, October 27, 2022.

Dental Hygiene License Renewal Data

The renewal period started on July 26th and ended September 30th. 2141 renewal notifications were mailed out.

Renewed: 1884

Retired: 36

Expired: 202

Resigned: 0

Deceased: 0

For comparison, last year's data - 2021 Dental Hygienists: 2163 renewal notices sent

Renewed: 1888

Retired: 50

Expired: 223

Resigned: 0

Deceased: 2

Dental Therapist Licenses Issued

The inaugural dental therapy rules were effective on July 1, 2022. It was a surprise that the first dental therapy application was not received until September 20, 2022. The first Dental Therapist license was approved and issued on November 1, 2022. The OBD, committee members and interested parties convened five dental therapy rules oversight committee meetings, a special March 2022 Board Meeting and the OBD's regular public rulemaking hearings to craft the initial

rules and policies. The OBD filed the rules with the Secretary of State leading up to issuing the first dental therapist licenses.

Database Update

Teresa Haynes has been leading the InLumon Database project which replaced our legacy system. Online Applications are planned to go live in December 2022. This has been a time consuming endeavor as OBD staff have been testing it and working with our vendor to ensure it is functioning properly. Online applications are now available for Dental, Specialty, Faculty, Dental Hygiene and Dental Therapy.

Two full license renewal cycles have been completed when the dental hygiene license renewal wrapped up this fall. The January 2023 dental license renewal is positioned to be ready with enhancements and updates learned through the previous renewals. The investigative functions of the system are partially in place as we fully implement all the changes and ensure it is functioning as well. Additional updates will allow dental assistant certifications and all other permits.

News for employers from the Oregon Department of Revenue

Starting Jan. 1, 2023, employers will be required to start withholding contributions for Paid Leave Oregon. Starting with the first quarter of 2023, employers will report Paid Leave Oregon subject employee wages, employee contributions based on those wages. There will be 1% of employee pay diverted to this plan. Employees' paychecks are deducted money in January 2023 to fund this, but employees cannot utilize benefits of the program until September 2023.

Attachment #4

2023 Calendars

The OBD 2023 regular Board Meeting dates, holidays and office closure dates are noted on the attached calendar. Also the Legislative session calendar is provided as well. **Attachment #5**

Agency 834

Appn Year		2023			
Fund	Budget Obj	Budget Obj Title	Monthly Activity	Biennium to Date	Budget
3400	1000	REVENUES	29,883.45	2,493,826.72	3,452,000.00
	2500	TRANSFER OUT	2,241.00	100,750.00	226,800.00
	3000	PERSONAL SERVICES	105,510.25	1,471,994.00	2,187,917.00
	4000	SERVICES AND SUPPLIES	61,553.57	873,469.15	1,671,337.00
3400 Total			199,188.27	4,940,039.87	7,538,054.00
Grand Total			199,188.27	4,940,039.87	7,538,054.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	04
Rpt Fiscal Mm Name	OCTOBER 2022
Load Date Gl	11/18/2022
	Monthly Activity
	Biennium to Date
	Budget

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget		
3400	BOARD OF DENTISTRY	1000	REVENUES	0205	OTHER BUSINESS LICENSES	29,665.00	2,173,205.50	3,100,001.00		
				0210	OTHER NONBUSINESS LICENSES AND FEES	1,580.00	15,020.00	10,000.00		
				0410	CHARGES FOR SERVICES	136.50	19,147.00	18,000.00		
				0505	FINES AND FORFEITS	(4,500.00)	262,826.70	250,000.00		
				0605	INTEREST AND INVESTMENTS	2,731.95	17,678.14	60,000.00		
				0975	OTHER REVENUE	270.00	5,949.38	13,999.00		
				REVENUES Total		29,883.45	2,493,826.72	3,452,000.00		
		2500	TRANSFER OUT	2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	2,241.00	100,750.00	226,800.00		
				TRANSFER OUT Total		2,241.00	100,750.00	226,800.00		
		3000	PERSONAL SERVICES	3110	CLASS/UNCLASS SALARY & PER DIEM	3110	CLASS/UNCLASS SALARY & PER DIEM	71,329.48	998,460.65	1,397,859.00
						3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,400.00
						3170	OVERTIME PAYMENTS	0.00	292.89	6,400.00
						3190	ALL OTHER DIFFERENTIAL	563.35	11,536.45	39,836.00
						3210	ERB ASSESSMENT	19.20	278.40	464.00
						3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	12,668.39	161,263.54	236,896.00
						3221	PENSION BOND CONTRIBUTION	3,841.38	50,899.67	75,620.00
						3230	SOCIAL SECURITY TAX	5,458.94	76,709.74	111,384.00

Agency 834
 Agency Title BOARD OF DENTISTRY
 Appn Year 2023
 Rpt Fiscal Mm 04
 Rpt Fiscal Mm Name OCTOBER 2022
 Load Date GI 11/18/2022

Monthly Activity	Biennium to Date	Budget
------------------	------------------	--------

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget		
3400	BOARD OF DENTISTRY	3000	PERSONAL SERVICES	3250	WORKERS' COMPENSATION ASSESSMENT	16.38	227.22	368.00		
				3260	MASS TRANSIT	411.56	5,837.08	8,834.00		
				3270	FLEXIBLE BENEFITS	11,201.57	166,488.36	305,856.00		
			PERSONAL SERVICES Total					105,510.25	1,471,994.00	2,187,917.00
			4000	SERVICES AND SUPPLIES	4100	INSTATE TRAVEL	2,022.68	15,579.93	52,968.00	
					4125	OUT-OF-STATE TRAVEL	0.00	0.00	7,888.00	
					4150	EMPLOYEE TRAINING	3,709.75	15,569.67	56,553.00	
					4175	OFFICE EXPENSES	1,716.79	32,767.06	95,153.00	
					4200	TELECOMM/TECH SVC AND SUPPLIES	923.72	19,367.66	25,997.00	
		4225			STATE GOVERNMENT SERVICE CHARGES	1,801.38	70,783.03	73,273.00		
		4250			DATA PROCESSING	2,104.35	73,637.41	186,234.00		
		4275			PUBLICITY & PUBLICATIONS	0.00	2,466.31	15,494.00		
		4300			PROFESSIONAL SERVICES	9,390.00	206,992.11	270,498.00		
		4315			IT PROFESSIONAL SERVICES	0.00	0.00	148,013.00		
		4325			ATTORNEY GENERAL LEGAL FEES	9,968.20	186,772.85	306,725.00		
		4375			EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	735.00		
		4400			DUES AND SUBSCRIPTIONS	384.00	9,267.88	10,874.00		
		4425			LEASE PAYMENTS & TAXES	7,952.81	104,274.95	186,798.00		
		4475	FACILITIES MAINTENANCE	0.00	0.00	608.00				
		4575	AGENCY PROGRAM RELATED SVCS & SUPP	1,720.25	30,853.90	107,494.00				
		4650	OTHER SERVICES AND SUPPLIES	19,859.64	70,772.44	95,453.00				
		4700	EXPENDABLE	0.00	0.00	6,087.00				

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	04
Rpt Fiscal Mm Name	OCTOBER 2022
Load Date GI	11/18/2022

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES		PROPERTY \$250-\$5000			
				4715	IT EXPENDABLE PROPERTY	0.00	34,363.95	24,492.00
			SERVICES AND SUPPLIES Total		61,553.57	873,469.15	1,671,337.00	

DAFR9210 Agency 834 - month end



Oregon

Kate Brown, Governor

Department of Administrative Services

Chief Financial Office
155 Cottage Street NE
Salem, OR 97301
PHONE: 503-378-3106
FAX: 503-373-7643

Date: Oct. 24, 2022

RECEIVED

NOV 22 2022

Oregon Board
of Dentistry

To: Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: **FY 2021 GOLD STAR CERTIFICATE**

It is a great pleasure to inform you that your agency has earned the Chief Financial Office's Gold Star Certificate for fiscal year 2021.

The Chief Financial Office's Gold Star Certificate is awarded to state agencies that provide accurate and complete fiscal year end information in a timely manner. Clearly, the Gold Star is a challenge to earn, and its achievement is due primarily to your agency's diligent efforts to maintain accurate and complete accounting records throughout the year.

Your agency's participation in the Gold Star Certificate program is important in meeting statewide fiscal performance goals and key to the timely preparation of Oregon's Annual Comprehensive Financial Report (ACFR) and the statewide Schedule of Expenditures of Federal Awards. Your agency's success in accounting and financial reporting is also critical to Oregon's success in receiving a favorable audit opinion on both statewide documents.

The Chief Financial Office's Gold Star Certificate is Oregon's equivalent to the nationally recognized GFOA Certificate of Achievement for Excellence in Financial Reporting. Through the collaborative team effort of state agencies and the Chief Financial Office, Oregon has earned the GFOA Certificate every year since 1992. Gold Star agencies are key to making this possible.

The Gold Star Certificate was delivered to your agency's lead ACFR accountant, **Olga Fokina**. Congratulations to your agency and your fiscal team for this outstanding work!

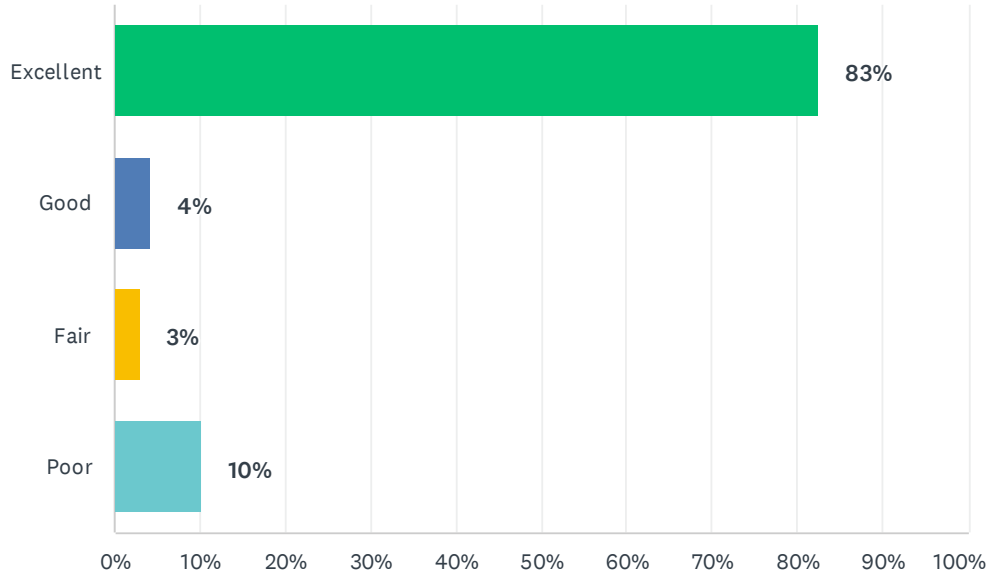
Sincerely,

George Naughton, Chief Financial Officer
Chief Financial Office

Robert W. Hamilton, Manager
Statewide Accounting and Reporting Services

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

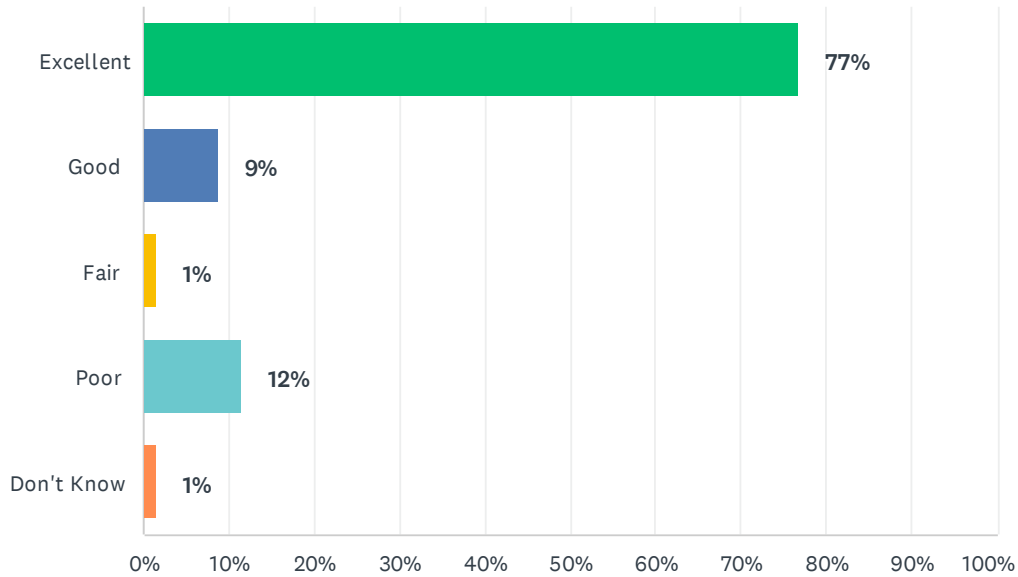
Answered: 69 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	83%	57
Good	4%	3
Fair	3%	2
Poor	10%	7
TOTAL		69

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

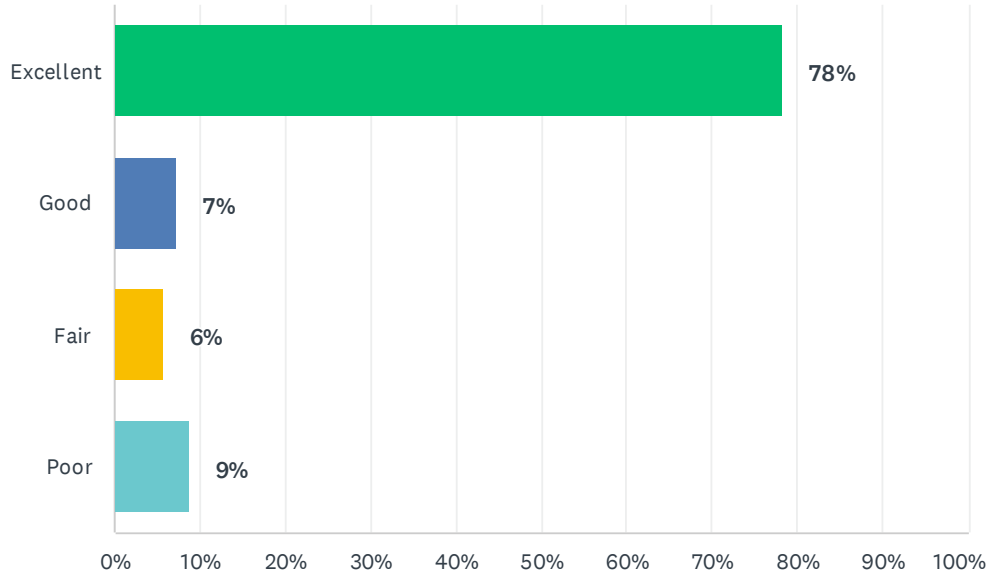
Answered: 69 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	77%	53
Good	9%	6
Fair	1%	1
Poor	12%	8
Don't Know	1%	1
TOTAL		69

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

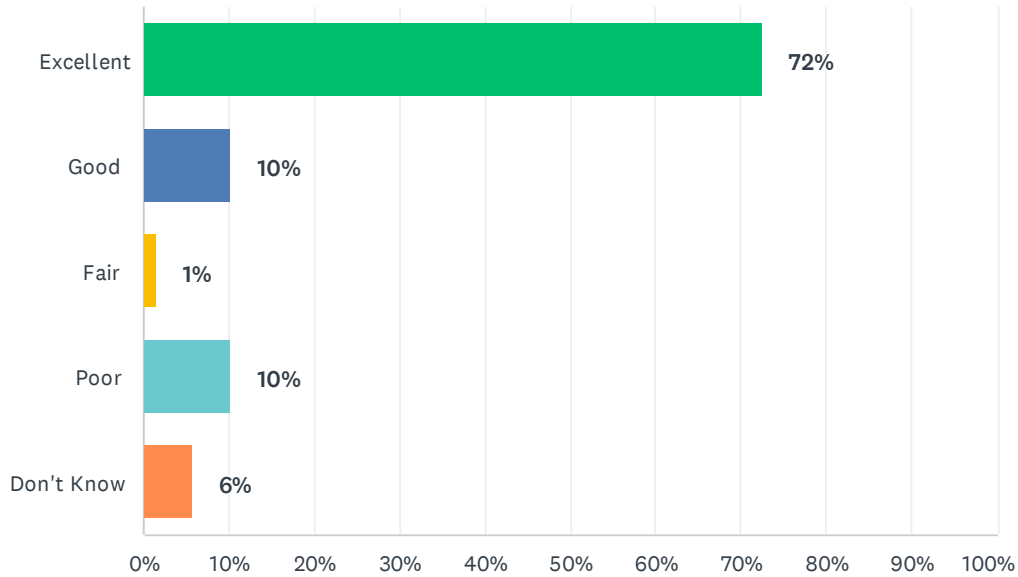
Answered: 69 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	78%	54
Good	7%	5
Fair	6%	4
Poor	9%	6
TOTAL		69

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

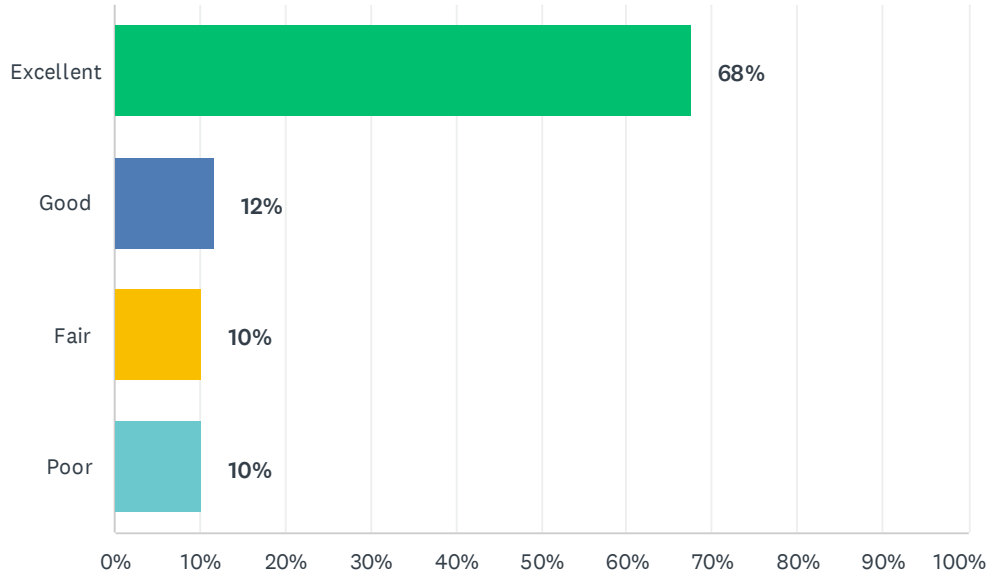
Answered: 69 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	72%	50
Good	10%	7
Fair	1%	1
Poor	10%	7
Don't Know	6%	4
TOTAL		69

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

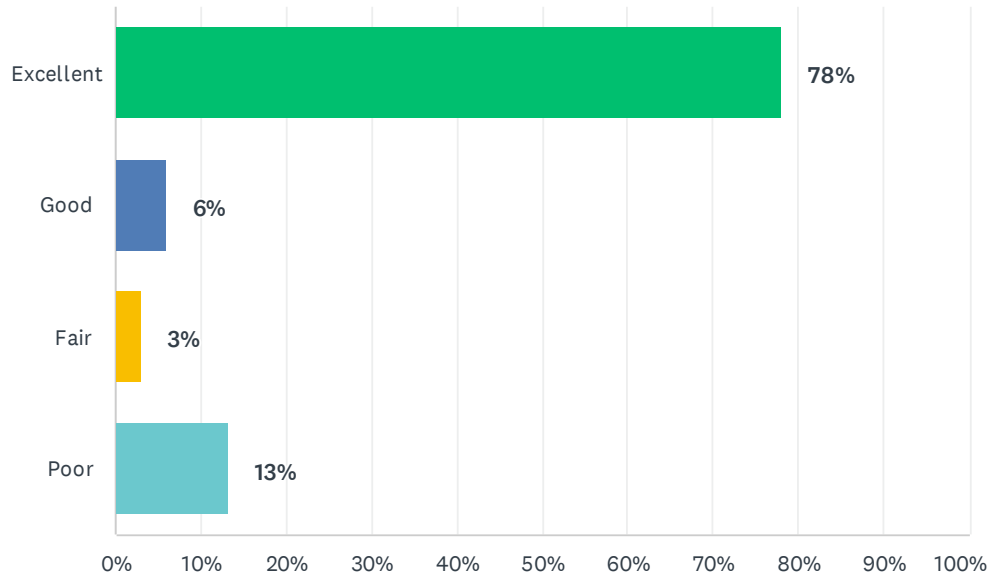
Answered: 68 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	68%	46
Good	12%	8
Fair	10%	7
Poor	10%	7
TOTAL		68

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

Answered: 68 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	78%	53
Good	6%	4
Fair	3%	2
Poor	13%	9
TOTAL		68

Employer Guidebook



Contents

About this guide	1
About Paid Leave Oregon	1
When does Paid Leave Oregon start?.....	1
Which employers and employees are covered?	1
How is Paid Leave Oregon funded?	1
Can employers opt out of Paid Leave Oregon?	2
What is the difference between Paid Leave Oregon and OFLA/FMLA?.....	2
Can employees access short-term or long-term disability while receiving paid leave benefits?	4
Employer responsibilities	4
Are employers required to register for Paid Leave Oregon?	4
What is different for small employers?.....	5
How is employer size determined?	5
Employer size for 2023 and 2024	5
What are employers required to tell their employees about Paid Leave?.....	5
Contributions	6
What are wages?	7
Wages for Paid Leave Oregon do not include:*	8
What if my employee works or lives in another state?	8
How do employers calculate contributions?	9
Can employers cover the costs of their employees' contributions?.....	9
What are the payroll reporting requirements?	10
Combined payroll reporting.....	10
Payroll report deadlines	10
Annual filers.....	10

What are the penalties for not reporting or paying contributions?	10
What are the recordkeeping requirements?	11
What are the requirements for contributions when a business is closed or sold?	11
Benefits	11
What benefits does Paid Leave Oregon provide?	11
Eligibility	12
Leave types.....	12
Leave time	12
Verification of qualifying purpose.....	13
Benefit amounts	13
Are employees required to inform their employers about leave?.....	14
How does an employee apply for benefits?	15
What information do employers receive about benefit applications?	15
Appealing decisions	15
Are employers required to maintain an employee’s health benefits when they take leave?	15
Can employers provide additional pay to employees taking paid leave?	15
Are employers required to hold an employee’s job while they take leave?	16
Assistance grants.....	16
Which employers can receive assistance grants?	16
What are the types of assistance grants and amounts?	16
What are the maximum number of assistance grants an employer can apply for each year?	17
What are the requirements to apply for a grant?	17
Will employers have to pay assistance grants back?	17
How does an employer apply for an assistance grant?	17

About this guide

This guide provides information for employers about the Paid Leave Oregon program. Find more information on Paid Leave Oregon [online](#).

Some program details are still under development. This guide will be periodically updated to reflect the most current information available.

About Paid Leave Oregon

Paid Leave Oregon is a new program that allows employees in Oregon to take paid time off for some of life's most important moments that impact our families, health, and safety. Paid Leave Oregon is a division of the Oregon Employment Department.

When does Paid Leave Oregon start?

- Contributions start Jan. 1, 2023
- Benefits start Sept. 3, 2023
- Assistance grants start Sept. 3, 2023

Which employers and employees are covered?

Paid Leave Oregon covers almost every Oregon employer, and almost all employees in Oregon are eligible for benefits. This includes small and large employers, non-profits, charities, and faith-based organizations.

Exceptions are:

- Federal employers and their employees
- [Tribal governments](#) and their employees (may choose coverage)
- Self-employed individuals or independent contractors (may choose coverage)

How is Paid Leave Oregon funded?

Employers and employees pay contributions to Paid Leave Oregon. Those contributions pay for benefits, assistance grants for small employers, and program administration. Employers are not responsible for payment of benefits through Paid Leave Oregon.

Can employers opt out of Paid Leave Oregon?

All Oregon employers must allow employees to take paid leave benefits starting in September 2023. If your business or organization has 25 or more employees, you are required to contribute to Paid Leave Oregon. If you have fewer than 25 employees, you are not required to make payments, but your employees still pay their portion and you still need to collect and submit their payments. Employers who prefer to provide paid leave benefits themselves can apply for approval of an [equivalent plan](#), which must offer benefits equal to or greater than the state program.

What is the difference between Paid Leave Oregon and OFLA/FMLA?

Paid Leave Oregon is different from other programs, including Family and Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA), because it will provide paid leave to individuals who need it. Even though there are some similarities, Paid Leave Oregon does not replace FMLA or OFLA. Each program has many rules, and they can be complex. Employees must take leave under Paid Leave Oregon and OFLA/FMLA at the same time only if the leave purpose is the same. Otherwise, employees do not have to take paid leave at the same time as OFLA/FMLA.

The table below shows some important differences between the three programs. For detailed information on different types of leave programs in Oregon, visit the [Paid Leave website resources page](#).

	Paid Leave Oregon	OFLA	FMLA
State vs. federal program	State program only available to eligible employees in Oregon	State program only available to eligible employees in Oregon	Federal program available to employees across the United States
Paid vs. unpaid leave	Paid	Unpaid	Unpaid
Program administration	Employees apply for benefits with Paid Leave Oregon	Employees apply for leave with their individual employer(s)	Employees apply for leave with their individual employer(s)

	Paid Leave Oregon	OFLA	FMLA
Program funding	Funded through contributions paid by employers and employees	No contribution payments	No contribution payments
Covered employers	All employers with one or more employees working in Oregon	Employers with 25 or more employees working in Oregon	Employers with 50 or more employees
Eligible employees	Employees who earned at least \$1,000 in wages in the base year and paid program contributions during the base year	Employees who have been employed by the covered employer for at least 180 days and for an average of 25 hours per week during that timeframe	Employees who have been employed by the employer they are taking leave from for at least 12 months and have worked for at least 1,250 hours during the previous 12-month period Employees also need to be located at a worksite where their employer employs 50 or more employees within 75 miles of that worksite
Purposes qualifying for leave	Family, Medical, and Safe Leave	Parental, Serious Health Condition, Pregnancy, Disability, Military Family Leave, and Bereavement Leave	Parental, Serious Health Condition, Pregnancy, Disability and Military Family Leave

Can employees access short-term or long-term disability while receiving paid leave benefits?

Short-term and long-term disability are separate from Paid Leave Oregon. If a worker has some coverage through short-term disability, long-term disability, or a similar program, it will not affect their ability to access paid leave benefits. Employers and employees are encouraged to consult their short and long-term disability plans as they may have restrictions on accessing benefits if the worker is receiving paid leave benefits.

Employer responsibilities

All employers with employees working in Oregon are required to:

- ✓ Report employee wages for those working in Oregon and employee counts for both Oregon employees and those that work in other state(s).
- ✓ Withhold and submit the employee portion of contributions (or cover some or all those contributions for their employees as an employer-offered benefit).
- ✓ Pay the employer portion of contributions (unless exempt from paying employer contributions as a small employer).
- ✓ Inform employees about Paid Leave Oregon.
- ✓ Restore employees to their position after taking paid leave if the employee has worked 90 days or more for the employer.

Are employers required to register for Paid Leave Oregon?

All Oregon employers are required to complete a combined employer's registration process through the Secretary of State or Oregon Employment Department. Registration for Paid Leave Oregon will be included in this process automatically.

If an employer has already registered and has an active Business Identification Number (BIN), they are already included in Paid Leave Oregon and will be able to start reporting wages and paying contributions when the program starts.

If an employer is a new business, they will be included in Paid Leave Oregon when they complete their business registration and receive their BIN. New businesses can register online through the Oregon Secretary of State Business Registry at <https://sos.oregon.gov/business/pages/register.aspx> or by completing a Combined Employer's Registration form and submitting to the Oregon Employment Department.

What is different for small employers?

Paid Leave Oregon covers most Oregon employers. There are some specific considerations for employers with fewer than 25 employees.

- ✓ Small employers are not required to pay the employer portion of contributions.
- ✓ Small employers may receive assistance grants when employees take paid leave if the employer commits to pay employer contributions for two years.
- ✓ Small employers have more flexibility regarding job protections.

How is employer size determined?

Paid Leave Oregon determines employer size each year on Sept. 30. The program counts employer size as the average employee headcount over the previous four quarters using payroll reports. The number of employees for each quarter includes Oregon and out-of-state employees – the count excludes any replacement workers hired to cover for employees taking paid leave. Paid Leave Oregon provides a size determination notice to employers by Nov. 15 for the next calendar year.

Employer size for 2023 and 2024

For the first two years, employer size determinations are based on available payroll reports after the start of contributions on Jan. 1, 2023.

For 2023, the number of employees reported for the first quarter report (January-March 2023) determines employer size for the calendar year. The program decides employer size after the employer submits the quarterly report. Employers can calculate their employer size by adding the number of Oregon employees to the number of out-state employees and pay employer contributions if they have 25 or more employees in the quarter.

For 2024, employer size will be determined on Sept. 30, 2023, based on the average employee count for the first and second quarter reports (January to March 2023 and April to June 2023).

What are employers required to tell their employees about Paid Leave?

Employers must provide notice to employees about Paid Leave Oregon at the time of hire and each time the policy or procedure changes. The notice must be in the language that the employer typically uses to communicate with employees.

Employers must display the paid leave notice in each building or worksite in an area that is accessible to and regularly frequented by employees. Employers must provide notice to remote-work employees by hand delivery, electronic delivery, or regular mail upon the employee's hire or assignment to remote work.

Paid Leave Oregon will provide a model notice for employers. The notice will include information on:

- ✓ The right of employees to claim and receive Paid Leave benefits.
- ✓ How to file a claim to receive benefits.
- ✓ The requirement for employees to notify an employer at least 30 days before starting leave (if the leave is foreseeable) and a description of the penalties for not fulfilling this requirement.
- ✓ In cases of emergency, employees must tell their employer within 24 hours and give them written notice within three days of starting leave.
- ✓ The process to appeal benefits decisions.
- ✓ Job protection and continuation of health benefits during paid leave.
- ✓ Prohibition of discrimination and retaliation related to paid leave.
- ✓ The confidentiality of health information provided.
- ✓ How to file a civil action or file a complaint for a violation of rights.

Contributions

The contribution rate for 2023 is 1% of each employee's wages, up to a maximum of \$132,900 for the year. Employees pay 60% of the contribution rate and employers pay 40% of the contribution rate. For example, if an employee made \$1,000 in wages, the employee would pay \$6 and the employer would pay \$4 for this paycheck. Employers with fewer than 25 employees are not required to pay the employer portion of contributions.

The contribution rate is set annually and will not be more than 1% of each employee's gross wages. The maximum amount of wages is also adjusted annually based on inflation. The department will announce the contribution rate and maximum wage amount by Nov. 15 of each year, and the new rate and maximum wage amount will take effect Jan. 1 of the following year.

Employers must begin withholding employee contributions for Paid Leave Oregon starting on Jan. 1, 2023. Employee contributions must be held in trust until paid to

the department. Paid Leave contributions are made to the department through the combined payroll reporting process.

What are wages?

Wages for Paid Leave Oregon are in general the same as wages for Unemployment Insurance. This is set in statute in [ORS 657B.010\(26\)](#) and Paid Leave Oregon administrative rules on wages.

Paid Leave Oregon covers more employees and employment than Unemployment Insurance - employers may be required to report wages for more employees for Paid Leave Oregon, but what is included in wages is the same for both programs.

Wages are payments made to an individual for personal services and the cash value of all non-cash payments, except when excluded in statute or rule. Wages for Paid Leave Oregon are in general gross wages, meaning it is the total amount before the deduction of taxes, benefits, or other payroll deductions, unless those deductions are excluded.

Wages for Paid Leave Oregon include:*

- Salaries and hourly pay
- Piece rate and by the job pay
- Vacation, sick, and holiday pay, and paid time off (PTO)
- Bonuses, fees, and prizes from an employer
- Compensatory time and stand by pay
- Commission or guaranteed wage payments
- Sickness and accident disability payments
- Dividends and distributions for services
- Tips and gratuities
- Dismissal and separation allowance
- Compensation other than cash, such as room and board (except for agricultural and domestic employees)
- Fringe benefits, such as company vehicles, company paid parking, sick pay by third parties (e.g. insurance companies), and dependent care assistance

Wages for Paid Leave Oregon do not include:*

- Payments to flexible spending accounts and health saving accounts that meet the requirements of the Internal Revenue Code (IRC) section 125 plan paid by the employer or employee
- Health, dental, and other insurance paid by the employer
- Health, dental, and other insurance paid by the employee under the IRC Section 125 plan
- Meal and travel expenses and per diems paid by the employer under an accountable plan
- Retirement or pension income
- Sickness or accident disability under worker's compensation

*This list does not cover all wages. See [Oregon Revised Statute 657B](#) and applicable administrative rules for additional information.

What if my employee works or lives in another state?

Paid Leave covers all employees that work in Oregon, even if they live in another state.

Employers should withhold and pay contributions on wages that are earned for services performed entirely in Oregon and for work that is performed both within and outside of Oregon when the work outside of Oregon is incidental to work inside of Oregon.

This includes wages for the following employees:

- Oregon residents whose work is entirely in Oregon
- Residents of other states who work entirely in Oregon
- Employees that work remotely in Oregon for employers in other states
- Employees that work in Oregon and out of state when the work in other states is temporary or transitory
- Employees that work in Oregon and out of state and when the base of operations or location that directs the work is in Oregon
- Employees that complete some work in Oregon when there is no base of operations or location that directs the work

This does not include:

- Oregon residents that work in other states
- Employees that work remotely in other states for Oregon employers
- Employees that complete some work in Oregon, including remote work, if the base of operations or location that directs the work is out of state and some work is done in that state

How do employers calculate contributions?

The contribution rate for 2023 is 1% of employee wages. The employee portion is 0.6% of wages and the employer portion is 0.4% of wages.

Calculate total quarterly contributions as follows:

Employee portion:	Gross Wages x 0.006
Employer portion:	Gross Wages x 0.004
Total:	Employer + Employee Portion

Large employer example: Employers gross quarterly wages are \$500,000.

Employees portion:	$\$500,000 \times 0.006 = \$3,000$
Employer portion:	$\$500,000 \times 0.004 = \$2,000$
Total:	Employer + Employee Portion = \$5,000

Small employer example: Employers gross quarterly wages are \$200,000.

Employees Portion:	$\$200,000 \times 0.006 = \$1,200$
Employer Portion:	\$0
Total:	Employer + Employee Portion = \$1,200

Can employers cover the costs of their employees' contributions?

As an employer, you may choose to cover all or part of the employee contribution. You may not withhold more than 0.6% of the total rate (1%) from your employee's gross wages.

What are the payroll reporting requirements?

Combined payroll reporting

The Oregon Combined Payroll Reporting process has added Paid Leave Oregon and will be included in the payroll reporting forms. More details on payroll reporting for Paid Leave Oregon will be included in the 2023 Oregon Combined Payroll Tax Report - Instructions for Oregon Employers. For the 2022 version of the instructions, visit the Department of Revenue website at: [2022 Oregon Combined Payroll Tax Report, 150-211-155](#)

Payroll report deadlines

Quarterly reports are due on or before the last day of the month following the close of the quarter. More information will be included in the upcoming 2023 Combined Reporting guide.

Quarter	Period Ending	Report Due Date
1 January-February-March	March 31	April 30
2 April-May-June	June 30	July 31
3 July-August-September	Sept. 30	Oct. 31
4 October-November-December	Dec. 31	Jan. 31 of the following calendar year

Annual filers

Domestic employers may file an Oregon Annual Report detailing Paid Leave subject wages and employee contributions if they have, on average, less than 25 employees as calculated under [Oregon Administrative Rules 471-070-3160](#). Annual contributions are due on or before Jan. 31 of the following calendar year.

What are the penalties for not reporting or paying contributions?

If an employer fails to file or complete all required reports or pay all required contributions prior to Sept. 1 of each year, the department will assess a penalty equal to 1 percent of the employee wages in the previous calendar year.

The department will notify the employer using their preferred method, mail or electronically as indicated in the department's records, on or before Oct. 20 of the year. The penalty will become final on Nov. 10 immediately following the assessment.

If an employer makes a timely request for waiver of the penalty, the department will issue a decision, either granting or denying the waiver, and notify the employer either by mail or electronically if permitted. If, prior to November 10th immediately following the assessment, the department determines that the employer had good cause for failing to file all reports or pay all contributions due, the department will grant the request for waiver and remove the penalty from the employer's account. If the employer fails to establish good cause prior to November 10th immediately following the assessment, the department will deny the request for waiver. If the request for waiver is denied, the department will notify the employer that a request for a contested case hearing may be filed within 20 days after the date that the penalty waiver decision is sent to the employer.

What are the recordkeeping requirements?

All employers must maintain payroll records, including records documenting employee contributions and expenses. Employment records must reflect the total hours worked by all employees and the amount of leave taken by employees under Paid Leave Oregon for the current calendar year including the last three calendar years.

What are the requirements for contributions when a business is closed or sold?

If an employer closes or sells the business, any contributions payable to Paid Leave Oregon are immediately due and must be paid within 10 calendar days.

Benefits

What benefits does Paid Leave Oregon provide?

Paid Leave allows eligible employees in Oregon to take up to 12 weeks of paid family, medical, or safe leave per benefit year. In some pregnancy-related situations, employees may be able to take up to two more weeks, for a total of 14 weeks.

Eligibility

Employees may be eligible to receive paid leave benefits if they have earned \$1,000 in wages in the previous year. Benefits are based on wages from all employment in Oregon, not just from the current employer, including full-time, part-time, temporary, and seasonal work.

Leave types

Oregon employees can take leave for any of these reasons:

- **Family Leave:** to bond with a new child after birth, adoption, or foster placement; can be taken within the first 12 months after the birth, adoption, or placement. Additional leave (limited to two weeks) related to pregnancy issues for a birthing parent in addition to the 12 weeks provided for family, medical, and safe leave.
- **Family Leave:** to care for a family member experiencing a serious health condition. Family members include: spouses and domestic partners, children, parents, siblings or stepsiblings, grandparents, grandchildren, and any individual related by blood or affinity, whose relationship is equivalent to family.
- **Medical Leave:** for an employee's own serious health condition.
- **Safe Leave:** for survivors of sexual assault, domestic violence, harassment, or stalking to obtain legal or law enforcement assistance, seek medical treatment or recover from injuries, obtain counseling or support services, or relocate or take other steps to secure the health and safety of themselves or their dependent child.

Leave time

Employees are entitled to 12 weeks of paid leave per benefit year in any combination of family, medical, and safe leave. The benefit year begins the Sunday before the period of leave and lasts for 52 weeks. An employee may also qualify for an additional two weeks of paid leave if they have limitations related to pregnancy.

Employees can take paid leave in increments equal to one workday or one workweek. Employees can take leave all at once (consecutive) or in separate blocks of time (non-consecutive). Consecutive leave is taken in one block of time due to a single qualifying event (such as five weeks of leave for a knee surgery). Nonconsecutive leave is taken in separate blocks of time due to a single qualifying reason (such as one day every week for 12 weeks for chemotherapy).

Employers cannot require employees to take sick leave, vacation leave, or other accrued leave prior to accessing paid leave benefits.

Verification of qualifying purpose

When an employee applies for paid leave, they must provide verification of the qualifying purpose to Paid Leave Oregon. An employee must provide the following documentation to OED when applying for leave:

- **For Family Leave**, documentation to show:
 - » The birth, adoption, or placement of child
 - » That a family member is experiencing a serious health condition and a description of the family relationship.
- **For Medical Leave**, documentation to show the employee has a serious health condition.
- **For Safe Leave**, documentation to show the employee had a safe leave event. Self-attestation may be accepted if the employee is not able to provide documentation of the event.
- For limitations related to pregnancy, documentation is required to show the employee is currently or was recently pregnant.

Benefit amounts

Paid Leave Oregon bases benefit amounts on the employee's previous wages and the state average weekly wage. Here is how benefits are calculated:

Each year, OED sets the state average weekly wage. OED uses the state average weekly wage to set a minimum weekly benefit amount and maximum weekly benefit amount. The minimum is 5% of the state average weekly wage, and the maximum is 120% of the state average weekly wage.

When an employee applies for Paid Leave benefits, a base year is created. The base year is a one-year period made up of the first four of the last five completed calendar quarters.

That time period is used to determine if the employee earned enough money to be eligible for Paid Leave, and how much they are eligible to receive each week. An employee must have at least \$1,000 in wages earned during those quarters. If an employee does not qualify for a claim using a regular base year, the claim will be automatically reviewed to see if they qualify for an alternate base year claim.

OED calculates benefit amounts as follows:

- If the employee's average weekly wage is equal to or less than 65% of the state average weekly wage, the employee's weekly benefit amount is 100% of the employee's average weekly wage.
- If the employee's average weekly wage is greater than 65% of the state average weekly wage, the employee's weekly benefit amount is the sum of:
 - A. 65% of the state average weekly wage, and
 - B. 50% of the employee's average weekly wage that is greater than 65% of the state average weekly wage.

Are employees required to inform their employers about leave?

Employers may require employees to give notice when they will be taking leave, and to provide an explanation. Employers must outline the notice requirements in their written policy and procedures and provide a copy to employees. The timeline for giving notice may differ depending on whether the leave is for a planned or for an unexpected event:

- **30-day notice:** If employees take paid leave for a planned reason (such as an upcoming surgery or adopting a baby), they need to let the employer know **30 days** before taking leave.
- **24-hour emergency notice:** In an emergency, employees must tell their employer within **24 hours** and give them **written notice within three days** of starting leave.
- Unexpected events include, but are not limited to:
 - A. An unexpected serious health condition of the employee or a family member of the employee.
 - B. A premature birth, unexpected adoption, or unexpected foster placement by or with the employee.
 - C. Safe leave.

If an employee does not provide the correct notice to their employer, the department may reduce the employee's first weekly benefit amount by up to 25%.

How does an employee apply for benefits?

Employees must submit an application for benefits to Paid Leave Oregon. Employees covered under the state plan **do not** apply directly with the employer. Employees can submit the application as early as 30 days before the start of leave and up to 30 days after the start of leave. Employees will access the application online or they may request a paper form.

What information do employers receive about benefit applications?

After an employee has filed an application for paid leave benefits, Paid Leave Oregon will notify the employer and provide basic information about the employee's claim. Employers may respond to the notice from the department within 10 calendar days to report any errors in the information or other information relevant to the employee's claim.

Paid Leave Oregon will notify the employer whether the employee's application for benefits was approved or denied. If Paid Leave Oregon approves the application, the employer will also receive notice of the approved dates and period of leave.

Appealing decisions

Employees have the right to appeal a decision on their claim. After Paid Leave Oregon has issued a decision on a claim, the employee can request a hearing to review the department's decision on their claim and/or the decision of their weekly benefit amount. Employers are not able to appeal benefit decisions.

Are employers required to maintain an employee's health benefits when they take leave?

Employers are required to maintain existing health benefits for an employee receiving paid leave benefits until the employee's paid leave ends or the employee returns to work after taking their leave. The employer can require that the employee pays their share of health premiums while on leave.

Can employers provide additional pay to employees taking paid leave?

Employers can choose to provide additional pay to their employees while on paid leave to supplement the benefit amount they receive.

Are employers required to hold an employee's job while they take leave?

Employers must provide job protections to employees taking paid leave if they have been employed for at least 90 calendar days. When an employee returns to work from paid leave, they are entitled to return to the position they held before the start of leave, if that position still exists.

If the position no longer exists, then job protections depend on the size of the employer:

- For large employers (25 or more employees), the employee is entitled to a position equal to their previous position before they took leave, with equal employment benefits, pay and other terms and conditions of employment.
- For small employers (fewer than 25 employees), the employer may, at the employer's discretion based on business necessity, restore the employee to a different position with similar job duties and the same employment benefits and pay.

Failure to provide job protections is an unlawful employment practice. An employee that believes there was a violation of job protections may bring a civil action against the employer or [file a complaint](#) with the Commissioner of the Bureau of Labor and Industries.

Assistance grants

Which employers can receive assistance grants?

Small employers (fewer than 25 employees) who commit to pay employer contributions for eight calendar quarters and do not have any delinquent reports, contributions, or unpaid penalties may be eligible to receive assistance grants.

What are the types of assistance grants and amounts?

If a small employer hires a worker to replace an employee on qualifying paid leave, they may apply for and receive a grant of \$3,000.

If a small employer has significant additional wage-related costs, like paying additional wages to an existing employee or additional training costs, then the employer may receive a grant up to \$1,000.

In addition, a small employer may receive a grant in the amount of the difference between the grant awarded and \$3,000 if the employee taking Paid Leave extended the period of leave beyond the initial expected leave period and the employer hires a replacement worker.

What are the maximum number of assistance grants an employer can apply for each year?

A small employer may apply for up to 10 grants each year, once per employee.

What are the requirements to apply for a grant?

When an employer applies for a grant, they must provide the following information:

- Their Business Identification Number (BIN) and contact information.
- Information about the employee taking leave.
- The type of grant the employer is requesting and the amount requested.
- An explanation of how costs are related to the employee who is taking leave and documentation supporting the employer's request.
 - » When adding a new temporary employee to the payroll, documentation showing the new employee's name, start date, and Social Security number (SSN) or Individual Taxpayer Identification number (ITIN). The documentation should also clearly show the business name.
 - » For wage-related costs, employers need to provide receipts, personnel or payroll records, or sworn statements to show their costs. Each document must show the date the cost was incurred.

Will employers have to pay assistance grants back?

Employers will not repay assistance grants, unless OED later finds that the employer is ineligible.

How does an employer apply for an assistance grant?

A small employer may apply for an employer assistance grant only after an eligible employee is approved for qualifying paid leave. The employer has up to four months after the end of the employee's leave to apply for a grant. Assistance grant applications will be available starting September 2023.

January						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Office Closed

Holiday

Evaluator Meeting

Board Meeting

2023 Holidays for United States

Jan 1 New Year's Day
 Jan 2 New Year's Day (substitute)
 Jan 16 Martin Luther King Jr. Day
 Feb 14 Valentine's Day
 Feb 20 Washington's Birthday
 Apr 18 Tax Day

May 14 Mother's Day
 May 29 Memorial Day
 Jun 18 Father's Day
 Jun 19 Juneteenth Holiday
 Jul 4 Independence Day
 Sep 4 Labor Day
 Oct 31 Halloween

Nov 10 Veterans Day (substitute)
 Nov 11 Veterans Day
 Nov 23 Thanksgiving Day
 Nov 24 Day after Thanksgiving Day
 Dec 24 Christmas Eve
 Dec 25 Christmas Day
 Dec 31 New Year's Eve

2023 Session Calendar

JANUARY						
S	M	T	W	T	F	S
1	2 New Years Day Obs.	3	4	5	6	7
8	9 Org. Days - Swearing In	10 Trainings	11 Trainings	12 Trainings	13 LC Draft Request Deadline	14
15	16 MLK Day	17 Session Begins	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17 LC returns drafts	18
19	20 President's Day	21 Measure Intro Deadline	22 Revenue Forecast	23	24	25
26	27	28				

MARCH						
S	M	T	W	T	F	S
			1	2	3	4
5	6 Begin Daily Floor	7	8	9	10	11
12	13	14	15	16	17 Post Work Session	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
S	M	T	W	T	F	S
						1
2	3	4 1st Chamber WS Deadline	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

MAY						
S	M	T	W	T	F	S
	1	2	3	4	5 Post work session	6
7	8	9	10	11	12	13
14	15	16	17 Revenue Forecast	18	19 2nd Chamber WS	20
21	22	23	24	25	26	27
28	29 Mem. Day	30	31			

JUNE						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Target Sine Die	16	17
18	19 Juneteenth Holiday	20	21	22	23	24
25 Constitutional Sine Die	26	27	28	29	30	

Dates subject to the adoption of CR (2023 Regular Session)

Organizational Day	Member swearing in; organization; and first reading of pre-session filed bills
Training Days	Member and staff trainings
Leg. Counsel Deadlines	Deadlines for bills to be requested, returned by LC, and introduced (after these deadlines, subsequent drafts and intros count against per legislator limits. See SR 13.15(2); HR 12.35
State Holiday	Holiday
Important Session Dates	Deadlines do not apply to Rules, Revenue, or Joint Committees. Joint Transportation and Joint Gambling Regulation adhere to the second chamber deadline only.
Floor Sessions	Senate and House floor sessions will be announced by the Senate President or House Speaker. Daily floor sessions begin on Monday, March 6th, 2023.

UNFINISHED
BUSINESS
&
RULES

Nothing to report under this tab

CORRESPONDENCE

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.



Richael Cobler, Executive Director

Dr. Mark Edwards, DDS, Director of Dental Examinations

Cindy Gaskill, RDH, MAE, Director of Dental Hygiene Examinations

December 2, 2022



Oregon Board of Dentistry

The Mission of the Oregon Board of Dentistry is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

CRDTS MISSION

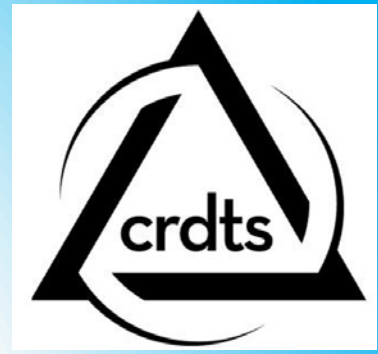
To serve and assist licensing boards with their mission to protect the health, safety and welfare of the public by providing measurable criteria of clinical competency. To develop and construct examinations and technology that provides standardized, validated and transparent mechanisms of evaluating clinical skills. To provide representation and a voice for member states to have input to assess procedures and examinations to determine clinical competency.



MEMBERSHIP WITH CRDTS

- **MEMBER DENTAL BOARDS HAVE AN ACTIVE ROLE IN THE DEVELOPMENT OF EXAMINATIONS (no third-party exam developer)**
- **SEAT ON THE STEERING COMMITTEE (governing board)**
- **SEAT ON THE DENTAL EXAM REVIEW COMMITTEE**
- **SEAT ON THE DENTAL HYGIENE EXAM REVIEW COMMITTEE**
- **NO MEMBERSHIP FEES**
- **ATTENDANCE AT ANNUAL MEETING FOR EXECUTIVE DIRECTOR AND BOARD MEMBERS**





CRDTS CARE PROGRAM OVERVIEW:

CALIBRATION, ADMINISTRATION, REMEDIATION, EDUCATION

- Menu of Subject Matter to Choose from
- Customized Case-by-Case for each Respective State Board
- Focused on Targeted Area of Remediation



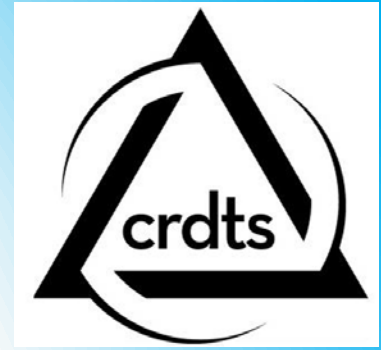
HOW DOES CRDTS CARE PROGRAM WORK:

- Define Goals and Objectives
- Develop a Realistic Time Frame
- Determine Location
- Deliver Structure
- Provide Supportive Feedback and Evaluation
- Provide Documentation



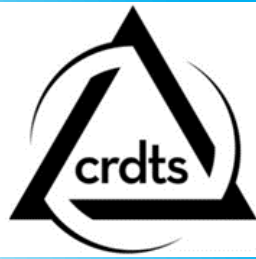
CONTENT OF CRDTS CARE PROGRAM:

- Pre-Assessment Evaluation
- Professional Ethics (Outsourced to a Third Party)
 - *Ethics will a part of every remediation case that CRDTS administers unless otherwise specified by State Board*
- Three to Six Hours CE Per Section
- Structured in Person and/or Remote Hand Skill Practice
- Post-Assessment Evaluation



ADVANCED TECHNOLOGY

- MANIKIN/SIMULATED PATIENT
- VIRTUAL HAPTIC (SIMtoCARE DENTE')
- TEO VR (VIRTUAL DENTAL TRAINER)



Teo

CARRY THE CLASSROOM WITH YOU



STATE-OF-THE ART FACILITIES

The **CRDTS hand skill exercises and pre- and post-assessment evaluations** would be given at one of **CRDTS independent test facilities**.

- **Central Office in Topeka, KS**
- **Calhoun Community College in Decatur, AL.**
- **Central Community College in Hastings, NE**

CALHOUN FACILITY IN DECATUR, AL



TOPEKA, KS EDUCATION FACILITY





SUMMARY

- **OVERVIEW OF MEMBERSHIP WITH CRDTS**
- **OVERVIEW OF CRDTS Calibration, Administration, Remediation, Education Program**
 - DENTAL AND DENTAL HYGIENE
 - PLANS DEVELOPED IN COLLABORATION WITH STATE BOARD
 - SEVERAL LOCATIONS
 - STATE-OF-THE-ART CENTRAL OFFICE FACILITY
 - ADVANCED TECHNOLOGY AVAILABLE

Contact US



RICHAEAL COBLER
Executive Director
richael@crdts.org



MARK EDWARDS, DDS
Director of Dental Examinations
mark@crdts.org



CINDY GASKILL, RDH, MAE
Director of Dental Hygiene Examinations
cindy@crdts.org

QUESTIONS



Thank You

Memorandum

DATE: December 6, 2022

TO: Board Members

FROM: Angela M. Smorra, D.M.D., Dental Director, Oregon Board of Dentistry

SUBJECT: Request for clarification of DT scope of practice- “Prophylaxis, including subgingival scaling and polishing procedures.”

Enclosures: (1) General question from RDH/ DT applicant
(2) ORS 679.621
(3) OAR 818-038-0020
(4) Portion of Enrolled House Bill 2528

Dear Board Members,

Board Staff would like you to provide clarification on the Scope of Practice for Oregon licensed DT’s. The question has come up asking if “818-038-0020 Scope of Practice (e) Dental prophylaxis, including subgingival scaling and polishing procedures” would include scaling and root planing procedures.

A dental prophylaxis is a preventative measure to control local irritational factors by removal of plaque, calculus and stains from tooth structure.

Periodontal scaling and root planing procedures are therapeutic, not prophylactic, in nature and are considered non-surgical periodontal services. Root planing procedures are intended to remove cementum and dentin that is rough, or permeated by calculus, or contaminated with toxins and microorganisms. Some soft tissue removal will occur.

The Board should review House Bill 2528 for legislative intent, and the Dental Practice Act to ensure the distinction between the intended scope of practice of a Dental Therapist versus a Registered Dental Hygienist or Dentist. A dental prophylaxis (with subgingival scaling and **polishing** procedures) falls within the scope of practice of a DT. Based on review and interpretation of HB 2528, ORS 679.621, and OAR 818-038-0020, non-surgical periodontal services requiring **root planing** and curettage are not currently included within the scope of practice of a Dental Therapist.

Enclosure (1) General question from RDH/ DT applicant

I have a question regarding a DT's scope of practice, does it include SRP (D4341, D4342)? The rule says:

818-038-0020

Scope of Practice

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

So does that mean that a DT can only do subgingival scaling as part of a prophy (adult, child, PM, scaling associated with moderate/severe inflammation)? I myself would not consider SRP a type of prophy but the subgingival scaling language might imply to some that SRP is included in a DT's scope of practice.

Can you please elaborate on what the board's interpretation of this rule is?

Enclosure (2) ORS 679.621

679.621 Dental therapist scope of practice; duties of dentist; authority of dental therapist to supervise. (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:

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

(b) Comprehensive charting of the oral cavity;

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

(d) Exposing and evaluation of radiographic images;

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

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

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

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

(m) Emergency palliative treatment of dental pain;

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

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

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

(q) Indirect pulp capping on permanent teeth;

(r) Indirect pulp capping on primary teeth;

(s) Suture removal;

(t) Minor adjustments and repairs of removable prosthetic devices;

(u) Atraumatic restorative therapy and interim restorative therapy;

(v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;

(w) Removal of space maintainers;

(x) The dispensation and oral or topical administration of:

(A) Nonnarcotic analgesics;

(B) Anti-inflammatories; and

(C) Antibiotics; and

(y) Other services as specified by the Oregon Board of Dentistry by rule.

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

(a) Placement of temporary restorations;

- (b) Fabrication of soft occlusal guards;
 - (c) Tissue reconditioning and soft relines;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.
- (3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.
- (4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.
- (b) A dental therapist may supervise up to two individuals under this subsection. [2021 c.530 §9]

Enclosure (3) OAR 818-038-0020

818-038-0020

Scope of Practice

- (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:
- (a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;
 - (b) Comprehensive charting of the oral cavity;
 - (c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
 - (d) Exposing and evaluation of radiographic images;
 - (e) Dental prophylaxis, including subgingival scaling and polishing procedures;**
 - (f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
 - (g) Administering local anesthetic;
 - (h) Pulp vitality testing;
 - (i) Application of desensitizing medication or resin;
 - (j) Fabrication of athletic mouth guards;
 - (k) Changing of periodontal dressings;
 - (L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;
 - (m) Emergency palliative treatment of dental pain;
 - (n) Preparation and placement of direct restoration in primary and permanent teeth;
 - (o) Fabrication and placement of single-tooth temporary crowns;
 - (p) Preparation and placement of preformed crowns on primary teeth;
 - (q) Indirect pulp capping on permanent teeth;
 - (r) Indirect pulp capping on primary teeth;
 - (s) Suture removal;
 - (t) Minor adjustments and repairs of removable prosthetic devices;
 - (u) Atraumatic restorative therapy and interim restorative therapy;
 - (v) Oral examination, evaluation and diagnosis of conditions within the scope of practice of the dental therapist and with the supervising dentist's authorization;
 - (w) Removal of space maintainers;
 - (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
 - (y) Other services as specified by the Oregon Board of Dentistry by rule.
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
- (a) Placement of temporary restorations;
 - (b) Fabrication of soft occlusal guards;

- (c) Tissue reconditioning and soft relines;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.
- (3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.
- (4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.
- (b) A dental therapist may supervise up to two individuals under this subsection.
- Statutory/Other Authority:** ORS 679 & ORS 679.600
Statutes/Other Implemented: ORS 679.600, ORS 679.603 & ORS 679.618
History:
 OBD 1-2022, adopt filed 06/21/2022, effective 07/01/2022

Enclosure (4) Portions of Enrolled House Bill 2528

"81st OREGON LEGISLATIVE ASSEMBLY--2021 Regular Session

Enrolled

House Bill 2528

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

CHAPTER

AN ACT

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

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

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

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

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

....

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

- (a) The level of supervision required for each procedure performed by the dental therapist;
- (b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;
- (c) The practice settings in which the dental therapist may provide care;
- (d) Any limitation on the care the dental therapist may provide;
- (e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
- (f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;
- (g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;
- (h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;
- (i) Protocols for the dispensation and administration of drugs, as described in section 9

of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

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

Enrolled House Bill 2528 (HB 2528-B) Page 4

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

to 678.390 or other licensed health care provider.

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult

with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

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

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

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

(4) A dental therapist may perform and provide only those procedures and services authorized

by the dentist and set out in the collaborative agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

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

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

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

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

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual

submissions, a signed copy of the revised collaborative agreement must be submitted to the board as soon as practicable after the revision is made.

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

(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375

to 678.390 or other licensed health care provider;

(b) Comprehensive charting of the oral cavity;

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

and dietary analysis;

(d) Exposing and evaluation of radiographic images;

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

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

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

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

(m) Emergency palliative treatment of dental pain;

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

- (o) Fabrication and placement of single-tooth temporary crowns;
 - (p) Preparation and placement of preformed crowns on primary teeth;
- Enrolled House Bill 2528 (HB 2528-B) Page 5
- (q) Indirect pulp capping on permanent teeth;
 - (r) Indirect pulp capping on primary teeth;
 - (s) Suture removal;
 - (t) Minor adjustments and repairs of removable prosthetic devices;
 - (u) Atraumatic restorative therapy and interim restorative therapy;
 - (v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;
 - (w) Removal of space maintainers;
 - (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
 - (y) Other services as specified by the Oregon Board of Dentistry by rule.
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
- (a) Placement of temporary restorations;
 - (b) Fabrication of soft occlusal guards;
 - (c) Tissue reconditioning and soft relines;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.
- (3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.
- (4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.
- (b) A dental therapist may supervise up to two individuals under this subsection.
- SECTION 10.** (1) A dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3 (1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry.
- (2) A dental therapist shall purchase and maintain liability insurance as determined sufficient by the board.
- (3) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.
- SECTION 11.** A person licensed under section 3 of this 2021 Act is subject to the provisions of ORS 679.140.
- SECTION 12.** The Oregon Board of Dentistry shall adopt rules necessary to administer sections 2 to 12 of this 2021 Act. In adopting rules under this section, the board shall consult with dental therapists and organizations that represent dental therapists in this state.
- SECTION 13.** ORS 679.010 is amended to read:
679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:
- Enrolled House Bill 2528 (HB 2528-B) Page 6
- (1) "Dental assistant" means a person who, under the supervision of a dentist or dental therapist,

renders assistance to a dentist, **dental therapist**, dental hygienist, dental technician or another dental assistant or who, under the supervision of a dental hygienist, renders assistance to a dental hygienist providing dental hygiene.

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

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

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

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

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

(4) "Dental technician" means a person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices that are returned

to a dentist and inserted into the human oral cavity or that come in contact with its adjacent structures and tissues.

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

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

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

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

[(7)(a)] (9)(a) "Dentistry" means the healing art concerned with:

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

and structures; and

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

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

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

OTHER ISSUES

Nothing to report under this tab

**NEWSLETTERS
&
ARTICLES OF
INTEREST**

Pacific Alumni Lead First Wave of Dental Therapists in Oregon. Rosalie Goode '15 is the First.

By
Mike Francis



In a southern Oregon office of Willamette Dental Group, the state's first

dental therapist is fixing cracked fillings, extracting teeth, and performing other oral procedures.

Rosalie Goode '15 became a dental hygienist through [Pacific University's School of Dental Hygiene](#). Now, thanks to a statewide pilot program at Pacific, followed by new rules adopted by the Oregon Legislature, she has become the first licensed member of a new cohort of mid-level dental provider in Oregon.

Dental therapists might be thought of as the equivalent of nurse practitioners — nurses with advanced training who are licensed to provide enhanced medical care, though under the supervision of a licensed medical doctor. Dental therapists can provide a wide range of dental services, including fillings and some extractions, under the supervision of a dentist.

Goode spends a lot of time one-on-one with patients, although licensed dentists in her office oversee her work and often check in. Her patients understand that she is a new kind of mid-level dental care provider, and that she can provide a high standard of care at a lower-than-prevailing cost because her salary is lower than a dentist's.



"It's a pretty crazy feeling," Goode said in a Zoom interview from Medford. She explained that she's the first and — as of the day of her interview in early November 2022 — only licensed dental therapist at the moment simply because she filed her application first. Many others are right behind, and many hands helped along the way. That said, "I just really am so proud to be a part of this."

[Pacific has been in the forefront of the initiative](#) to have Oregon join 11 other states, including Washington, Nevada and Idaho, that have licensed dental

therapists. The movement is part of a larger effort to provide dental care to underserved populations, such as those who live in small, remote towns. Pacific has worked closely with Willamette Dental, Advantage Dental, Virginia Garcia Memorial Health Center, Oregon legislators and others in pilot programs to put dental therapists into dental practices in Oregon.

The Oregon Board of Dentistry had processed and approved seven of the first 11 applications — beginning with Goode's — as of Nov. 15. Of the first two cohorts of dental therapist applicants, seven are Pacific University alumni, said [Amy Coplen](#), director of Pacific's School of Dental Hygiene Studies.

"We are incredibly proud to have seven alumni on the path to becoming some of the very first licensed dental therapists in Oregon," Coplen said. "It shows we are meeting our mission to develop leaders in the profession and bring access to care to underserved populations."

Coplen said Pacific is developing a formal proposal to launch an accredited dental therapy program within the School of Dental Hygiene.

Goode, who came to Pacific from Idaho, just over the eastern Oregon border, believes dental therapy is a practice whose time has come. She is familiar with small towns where dentists are scarce and thinks dental therapists will play a crucial role in preserving the health of people who live far from traditional dental practices.

Dental decay is a leading, treatable form of disease that reaches people in every corner of the state, she said.

"Being a mid-level provider as a dental therapist is such a link to bridge that gap from the underserved communities that can't really access, moneywise or location-wise, the care they really need."

LICENSE RATIFICATION

RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H8525	10/11/2022	RODRIGUEZ	VANESSA	R.D.H.
H8526	10/11/2022	RAMIREZ	JENISSA	R.D.H.
H8527	10/11/2022	MELTON	HOLLY	R.D.H.
H8528	10/11/2022	KRUEGER	TIFFANY	R.D.H.
H8529	10/21/2022	KIM	JI EUN	R.D.H.
H8530	10/21/2022	GOTTSCH	BRITTANY JAE	R.D.H.
H8531	10/21/2022	ANDERSON	MAKENNA	R.D.H.
H8532	10/26/2022	MITTS	MAKAYLA	R.D.H.
H8533	10/26/2022	STOUT	LAUREN ELISE	R.D.H.
H8534	10/26/2022	NGUYEN	PHUONG TAN MY	R.D.H.
H8535	10/26/2022	BENNETT	EVE I	R.D.H.
H8536	10/26/2022	MAZZULO	SCOTT	R.D.H.
H8537	11/1/2022	GEE	CATHERINE	R.D.H.
H8538	11/1/2022	THOMPSON	JENNA ABNE	R.D.H.
H8539	11/1/2022	VANG	LA	R.D.H.
H8540	11/1/2022	KREINHEDER	BETH	R.D.H.
H8541	11/1/2022	NAVARAT NA AYUTTAYA	UNTIMA	R.D.H.
H8542	11/1/2022	MOUL	GRACE	R.D.H.
H8543	11/10/2022	NGUYEN	MINH	R.D.H.
H8544	11/10/2022	AHMAD	BUSHRA	R.D.H.
H8545	11/10/2022	GEORGE	STEPHANIE HELENE	R.D.H.
H8546	11/10/2022	MIKUTINA	LYUDMILA	R.D.H.
H8547	11/16/2022	SCHEIBNER	SIERRA	R.D.H.
H8548	11/16/2022	AGASA	JORGINE	R.D.H.
H8549	11/16/2022	WALTERS-KREMERS	DANIELLE	R.D.H.
H8550	11/16/2022	AUGUST	JESSICA	R.D.H.
H8551	11/16/2022	GAITER	GIDEON	R.D.H.
H8552	11/16/2022	PENUMATCHA	SRITEJA	R.D.H.
H8553	11/16/2022	IBRAHEEM	RAND	R.D.H.
H8554	11/16/2022	HOANG	NHU	R.D.H.
H8555	11/22/2022	FLORES	KAREN	R.D.H.
H8556	11/22/2022	GARLAND	KANDIS	R.D.H.
H8557	11/22/2022	JOSAN	RUPAM	R.D.H.
H8558	11/30/2022	BLYTHE	EMILY	R.D.H.
H8559	11/30/2022	DICKEY	JESSICA	R.D.H.
H8560	11/30/2022	SHARIFAIE-ARABI	SHARVEEN	R.D.H.

DENTISTS

D11712	10/4/2022	WANG	YU-WEN AMY	D.D.S.
D11713	10/21/2022	BAK	GOUN	D.M.D.
D11714	10/21/2022	GUPTA	SHIVI JINDAL	D.M.D.
D11715	10/21/2022	YAKO	ADED	D.D.S.
D11716	10/25/2022	RYAN	ROBERT	D.D.S.
D11717	10/25/2022	NAGEL	KATHRYN	D.D.S.
D11718	11/2/2022	WALLE	JORDAN	D.M.D.
D11719	11/10/2022	ZHANG	YIFAN	
D11720	11/10/2022	KIM	HAK KYUN	D.D.S.
D11721	11/16/2022	SECHLER	RACHEL	D.D.S.
D11722	11/16/2022	ALTER	JASON	D.M.D.
D11723	11/22/2022	HARPER	MATTHEW	D.D.S.
D11724	11/22/2022	MIN	KRISTA	D.D.S.
D11725	11/22/2022	HART	MANERVA J	D.D.S.
D11726	11/22/2022	LE	JOHN	D.M.D.
D11727	11/30/2022	BENSON	K'LA J	D.D.S.
D11728	11/30/2022	LE	NIA	D.M.D.
DF0054	10/11/2022	MUKHERJEE	ESHA	
DF0055	11/2/2022	ALKHAZALEH	AHMAD	

DENTAL THERAPISTS

DT0001	11/1/2022	GOODE	ROSALIE	RDH
DT0002	11/10/2022	SIMS	MIA	RDH
DT0003	11/10/2022	COPHER	JAYCEE	RDH
DT0004	11/10/2022	PETRIE	NAOMI	
DT0005	11/10/2022	GARDNER	MARISSA	
DT0006	11/10/2022	GALLAWAY	KRISTEN	RDH
DT0007	11/16/2022	REICH	SHARON	RDH
DT0008	11/30/2022	KOBYLINSKY	MARK	RDH

**LICENSE, PERMIT
&
CERTIFICATION**

Nothing to report under this tab