Oregon
Kate Brown, Governor

Board of Dentistry
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MEETING NOTICE

DENTAL THERAPY RULES OVERSIGHT COMMITTEE MEETING #2

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

ZOOM MEETING INFORMATION
https://us02web.zoom.us/j/89235653641?pwd=UVFhYnVQazgraDhuTDdlNEJybmFNZz09
Dial-In Phone #: 1-253-215-8782 • Meeting ID: 892 3565 3641 • Passcode: 097701

November 10, 2021
5:00 p.m. – 7:00 p.m.

Committee Members:

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

AGENDA

Call to Order Yadira Martinez, R.D.H., Chair

The work and purpose of this Committee is to make recommendations to the Oregon Board of Dentistry (OBD) on new and amended rules in the Dental Practice Act (DPA). ‘

Welcome from the Chair

Roll Call

Review Agenda

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

1. Review and approve DTRO Committee meeting minutes from October 7, 2021 meeting
    - **Attachment #1**
2. Alaska Information
    - **Attachment #2**
3. PEW Article on expansion of Dental Therapy Programs
    - **Attachment #3**
4. Request from ODAA Rep. Ginny Jorgensen asked to share information for discussion
    - **Attachment #4**
5. ODA comments regarding licensure for foreign trained dentists & current OBD requirements
    - **Attachment #5**
6. Review Minnesota Dental Therapy Rules
    - **Attachment #6**
7. Review Minnesota Dental Therapy Fees
    - **Attachment #7**
8. Review Minnesota information on Collaborative Agreements
    - **Attachment #8**
9. Review Dental Therapy Clinical Exam
    - **Attachment #9**
10. Review OHA definition of Underserved Population
    - **Attachment #10**
11. Review CODA Accreditation Standards
    - **Attachment #11**
12. OBD Staff updated OAR 818-021-0080 to include reference to dental therapists, which was inadvertently left off the draft reviewed at 10/7 meeting
    - **Attachment #12**
13. OBD Staff revised updated language on licensure for dental therapy applicants who graduate or complete an OHA Dental Pilot Project
    - **Attachment #13**
14. OBD Staff updated recommended fees for dental therapy
    - **Attachment #14**
15. Oregon Radiation Protection Service Rule – OAR 333-106-0055
    - **Attachment #15**
16. ODHA, Amy Coplen DT Rule Suggestion
    - **Attachment #16**
17. Dr. Ryan Allred feedback for the Committee
    - **Attachment #17**
18. HB 2528 (2021)
    - **Attachment #18**
19. Dental Therapy Rules for review and discussion ***(Committee to start work on line 544, that is where the committee stopped at the meeting on 10.7.2021)***
    - **Attachment #19**

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

21. Other Public Comment – as time permits since meeting needs to end no later than 7 p.m.

22. Consider date for next DTRO Meeting: December 8th from 5 pm – 7pm

23. General Information - making motions and board meeting dates.
    - **Attachment #20**

24. General Information - Committee created by the OBD on August 20, 2021.
    - **Attachment #21**

Adjourn

DENTAL THERAPY RULES OVERSIGHT COMMITTEE MEETING
Held as a Zoom Meeting

Minutes
October 7, 2021

MEMBERS PRESENT:	Yadira Martinez, R.D.H., Chair – OBD Rep. Sheena Kansal, D.D.S. – OBD Rep. Jennifer Brixey– OBD Rep. Kaz Rafia, D.D.S. – OHA Rep. Brandon Schwindt, D.M.D. - ODA Rep. Amy Coplen, R.D.H. - ODHA Rep. Ginny Jorgensen, CDA - ODAA Rep. Miranda Davis, D.D.S. – Dental Therapy Rep. Kari Douglass – Dental Therapy Rep. Jason Mecum – Dental Therapy Rep.
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Investigator Haley Robinson, Office Manager
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Jennifer Lewis-Goff, ODA, Phil Marucha, D.M.D., Mary Harrison, CDA, EFDA, EFODA, FADAA – ODAA, Laura McKeane, Kelly Hansen, Karen Phillips, Sarah Kowalski, George Okulitch, Hieu Pham, Pam Johnson.

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

Call to Order: The Zoom meeting was called to order by Chair Martinez at 5:02 p.m.

MINUTES

The committee members introduced themselves and stated their involvement with dental therapy.

Chair Martinez laid the groundwork for the meeting, and explained the restrictive language in order to adhere to HB 2528.

Dr. Schwindt reported that putting the specific statute language in the rules would be beneficial.

Mr. Prisby recommended approving all of the rules before moving them to the full Board.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-001-0002 as amended. The motion passed unanimously.

OAR 818-001-0002
Definitions
As used in OAR chapter 818:
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
~~(6)~~ **(4)** "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.
(5) "Dental Therapist" means a person licensed pursuant to ORS 679 to practice dental therapy.
(6) "Dental Therapy" means the provision of preventative care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team. ~~**pursuant to a collaborative agreement including the services described in (new scope section) Section XXX**~~
~~(4)~~ **(7)** "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
~~(5)~~ **(8)** "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
~~(7)~~ **(9)** "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
~~(8)~~ **(10)** "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
~~(9)~~ **(11)** "Licensee" means a dentist**,** ~~**or**~~ hygienist **or dental therapist.**
(a) "Volunteer Licensee" is a dentist **or** hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
~~(10)~~ **(12)** "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene **or dental therapy** treatment in a dental office.
~~(11)~~ **(13)** "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
(c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice

encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
(e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
(g) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
(h) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
(i) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.
(j) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.
~~(12)~~ **(14)**“ 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 **or dental therapy.**
~~(13)~~ **(15)** For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).
~~(14)~~ **(16)**“ Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

~~(15)~~ **(17)**" Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.
~~(16)~~ **(18)**" Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.
~~(17)~~ **(19)**" BLS for Healthcare Providers or its Equivalent" the CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial CPR course must be a hands-on course; online CPR courses will not be approved by the Board for initial CPR certification.
After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A CPR certification card with an expiration date must be received from the CPR provider as documentation of CPR certification. The Board considers the CPR expiration date to be the last day of the month that the CPR instructor indicates that the certification expires.

OAR 818-001-0087
Fees
Committee members discussed OAR 818-001-0087 and what that would entail for dually licensed Registered Dental Hygienists and Dental Therapists. A few members expressed concerns over dually licensed individuals paying too much for both licensure renewals. The DTRO committee directed OBD Staff to look closer at this rule and present more information at the next meeting.

Dr. Schwindt moved and Ms. Coplen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-012-0020 as presented. The motion passed unanimously.

OAR 818-012-0020
Additional Methods of Discipline for Unacceptable Patient Care
In addition to other discipline, the Board may order a licensee who engaged in or permitted unacceptable patient care to:
(1) Make restitution to the patient in an amount to cover actual costs in correcting the unacceptable care.
(2) Refund fees paid by the patient with interest.
(3) Complete a Board-approved course of remedial education.
(4) Discontinue practicing in specific areas of dentistry**, dental therapy,** or hygiene.
(5) Practice under the supervision of another licensee.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-012-0030 as presented. The motion passed unanimously.

OAR 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 ~~or~~ ,dental hygiene **or dental therapy.**
(16) Practice dentistry ~~or~~ ,dental hygiene **or dental therapy** 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 **or dental therapy.**
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration (DEA) registration.

OAR 818-021-00XX
Application for License to Practice Dental Therapy & Application for License to Practice Dental Therapy Without Further Examination
Committee members discussed how these proposed rules would affect those participating in the dental therapy pilot projects and whether that would be a barrier to licensure. The committee directed OBD staff to draft additional language for OARs 818-021-00XX to encompass dental therapists trained in dental pilot projects 100 and 200.

Ms. Coplen moved and Ms. Douglass seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-00XX, Application for License to Practice Dental Therapy & Application for License to Practice Dental Therapy Without Further Examination as amended. Dr. Kansal, Dr. Rafia, Ms. Coplen, Ms. Jorgensen, Dr. Davis, Ms. Douglass and Mr. Mecum voted aye. Dr. Schwindt opposed the motion.

OAR 818-021-00XX
Application for License to Practice Dental Therapy
(1)(a)The Oregon Board of Dentistry may ~~shall~~ require an applicant for a license to practice dental therapy to pass written, laboratory or clinical examinations to test the professional knowledge and skills of the applicant.
(b) The examinations may not be affiliated with or administered by a dental pilot project or a dental therapy education program. ~~described in section 3 of this 2021 Act.~~

(c) The examinations must:
(A) Be elementary and practical in character, and sufficiently thorough to test the fitness of the applicant to practice dental therapy; (B) Be written in English; and
(C) Include questions on subjects pertaining to dental therapy.
(2) If a test or examination was taken within five years of the date of application and the applicant received a passing score on the test or examination, as established by the board by rule, the board:
(a) To satisfy the written examination authorized under this section, may accept the results of national standardized examinations.
(b) To satisfy the laboratory or clinical examination authorized under this section:
A) Shall accept the results of regional and national testing agencies or clinical board examinations administered by other states; and
(B) May accept the results of board-recognized testing agencies.
(3) The board shall accept the results of regional and national testing agencies or of clinical board examinations administered by other states, and may accept results of board recognized testing agencies, in satisfaction of the examinations authorized under this section for applicants who have engaged in the active practice of dental therapy in Oregon, another state, the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a period of at least 3,500 hours in the five years immediately preceding application and who meet all other requirements for licensure.

OAR 818-021-00XX
Application for License to Practice Therapy Without Further Examination
(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679 and submits to the Board satisfactory evidence of:
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or and
(b) Having graduated from a dental therapy program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
(c) Having passed the clinical dental therapy examination conducted by a regional testing agency or by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and
(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and

responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and
(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.
(2) Applicants must pass the Board's Jurisprudence Examination.

Ms. Coplen moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0026 as presented. The motion passed unanimously.

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

(a) A fitness determination approval does not guarantee the granting or renewal of a license.
(b) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason. Incomplete fitness determinations may not be appealed.
(6) The Board may require fingerprints of any licensed Oregon dentist**, dental therapist** or dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting a state or nationwide criminal records background check.
(7) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.
(8) Additional information required. In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee/applicant as necessary, such but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.
(9) Criminal offender information is confidential. Dissemination of information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).
(10) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted, to inspect the individual's own state and national criminal offender records and, if requested by the individual, provide the individual with a copy of the individual's own state and national criminal offender records.
(11) The Board shall determine whether an individual is fit to be granted a license or permit, based on fitness determinations, on any false statements made by the individual regarding criminal history of the individual, or any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as a part of an investigation. If an individual is determined to be unfit, then the individual may not be granted a license or permit. The Board may make fitness determinations conditional upon applicant's acceptance of probation, conditions, or limitations, or other restrictions upon licensure.
(12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy of completeness of criminal history information must be made in accordance with OAR 125-007-0030(7).

The committee discussed the pain management requirement and whether it was appropriate to require Dental Therapists to take the course if they do not prescribe opioids.

Dr. Schwindt moved and Mr. Mecum seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-00XX Continuing Education – Dental Therapists as amended. The motion passed unanimously.

OAR 818-021-00XX
Continuing Education — Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee,

upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.
(d) Continuing education credit can be given for volunteer pro bono dental ~~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 ~~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 two (1) hours of continuing education must be related to pain management

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0080 Renewal of License with additional language added for dental therapy. The motion passed unanimously.

OAR 818-021-0080
Renewal of License
Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every person holding a current license. The licensee must return the completed renewal application along with current renewal fees prior to the 9 - Div. 21 expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry**, dental therapy** or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085 "Reinstatement of Expired Licenses."
(1) Each dentist shall submit the renewal fee and completed and signed renewal application form by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years.
(2) Each hygienist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and hygienists licensed in even numbered years shall apply for renewal in even numbered years.

(3) Each dental therapist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Dental Therapists licensed in odd numbered years shall apply for renewal in odd numbered years and dental therapists licensed in even numbered years shall apply for renewal in even numbered years.
~~(3)~~ **(4)** The renewal application shall contain:
(a) Licensee's full name;
(b) Licensee's mailing address;
(c) Licensees business address including street and number or if the licensee has no business address, licensee's home address including street and number;
(d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number;
(e) Licensee's employer or person with whom the licensee is on contract;
(f) Licensee's assumed business name;
(g) Licensee's type of practice or employment;
(h) A statement that the licensee has met the educational requirements for **their specific license** renewal set forth in OAR 818-021-0060 or **OAR** 818-021-0070 **or OAR 818-021-00XX**;
(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.

Ms. Brixey moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0085 – Renewal or Reinstatement of Expired License as presented. The motion passed unanimously.

OAR 818-021-0085
Renewal or Reinstatement of Expired License
Any person whose license to practice as a dentist ~~**or**~~ **,** dental hygienist **or dental therapist** has expired, may apply for reinstatement under the following circumstances:
(1) If the license has been expired 30 days or less, the applicant shall:
(a) Pay a penalty fee of $50;
(b) Pay the biennial renewal fee; and
(c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.
(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
(a) Pay a penalty fee of $100;
(b) Pay the biennial renewal fee; and
(c) Submit a completed renewal application and certification of having completed the continuing education requirements.
(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
(a) Pay a penalty fee of $150;
(b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
(c) Pay a reinstatement fee of $500; and
(d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:
(a) Pay a penalty fee of $250;
(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
(c) Pay a reinstatement fee of $500;
(d) Pass the Board's Jurisprudence Examination;
(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(5) If a ~~dentist or dental hygienist~~ **Licensee** fails to renew or reinstate ~~her or his~~ **their** license within four years from expiration, the ~~dentist or dental hygienist~~ **Licensee** must apply for licensure under the current statute and rules of the Board.

Dr. Schwindt moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0090 – Retirement of License as presented. The motion passed unanimously.

OAR 818-021-0090
Retirement of License
(1) A ~~dentist or dental hygienist~~ **Licensee** who no longer practices in any jurisdiction may retire ~~her or his~~ **their** license by submitting a request to retire such license on a form provided by the Board.
(2) A license that has been retired may be reinstated if the applicant:
(a) Pays a reinstatement fee of $500;
(b) Passes the Board's Jurisprudence Examination;
(c) Passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
(d) Submits evidence of good standing from all states in which the applicant is currently licensed; and
(e) Submits a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(3) If the ~~dentist or dental hygienis~~t **Licensee** fails to reinstate ~~her or his~~ **their** license within four years from retiring the license, the ~~dentist or dental hygienist~~ **Licensee** must apply for licensure under the current statute and rules of the Board.

Dr. Davis moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0095 – Resignation of License as presented. The motion passed unanimously.

OAR 818-021-0095
Resignation of License
(1) The Board may allow a dentist ~~or~~ , dental hygienist **or dental therapist** who no longer practices in Oregon to resign ~~her or his~~ **their** license, unless the Board determines the license should be revoked.
(2) Licenses that are resigned under this rule may not be reinstated.

Dr. Schwindt moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0110 – Reinstatement Following Revocation as presented. The motion passed unanimously.

818-021-0110
Reinstatement Following Revocation
(1) Any person whose license has been revoked for a reason other than failure to pay the annual fee may petition the Board for reinstatement after five years from the date of revocation.
(2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that reinstatement of the license will not be detrimental to the health or welfare of the public, the Board may allow the petitioner to retake the Board examination.
(3) If the license was revoked for unacceptable patient care, the petitioner shall provide the Board with satisfactory evidence that the petitioner has completed a course of study sufficient to remedy the petitioner's deficiencies in the practice of dentistry**, dental therapy** or dental hygiene.
(4) If the petitioner passes the Board examination, the Board may reinstate the license, place the petitioner on probation for not less than two years, and impose appropriate conditions of probation.

Chair Martinez and the Committee decided that it would be a good stopping point and opened the floor for public comment. The Tribes were welcomed to comment and share feedback, but none was offered. Other public comment was received. It was suggested that others could be on the Committee and other ways to solicit feedback. It was suggested that the Committee could review Minnesota's dental therapy rules to see if they could be useful in these discussions. Mr. Prisby indicated the feedback was welcome and that he would provide Minnesota dental therapy rules to the committee at the next meeting.

Chair Martinez announced that the next DTRO Committee Meeting would be held November 10, 2021 from 5 p.m.-7 p.m.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 7:00 p.m.

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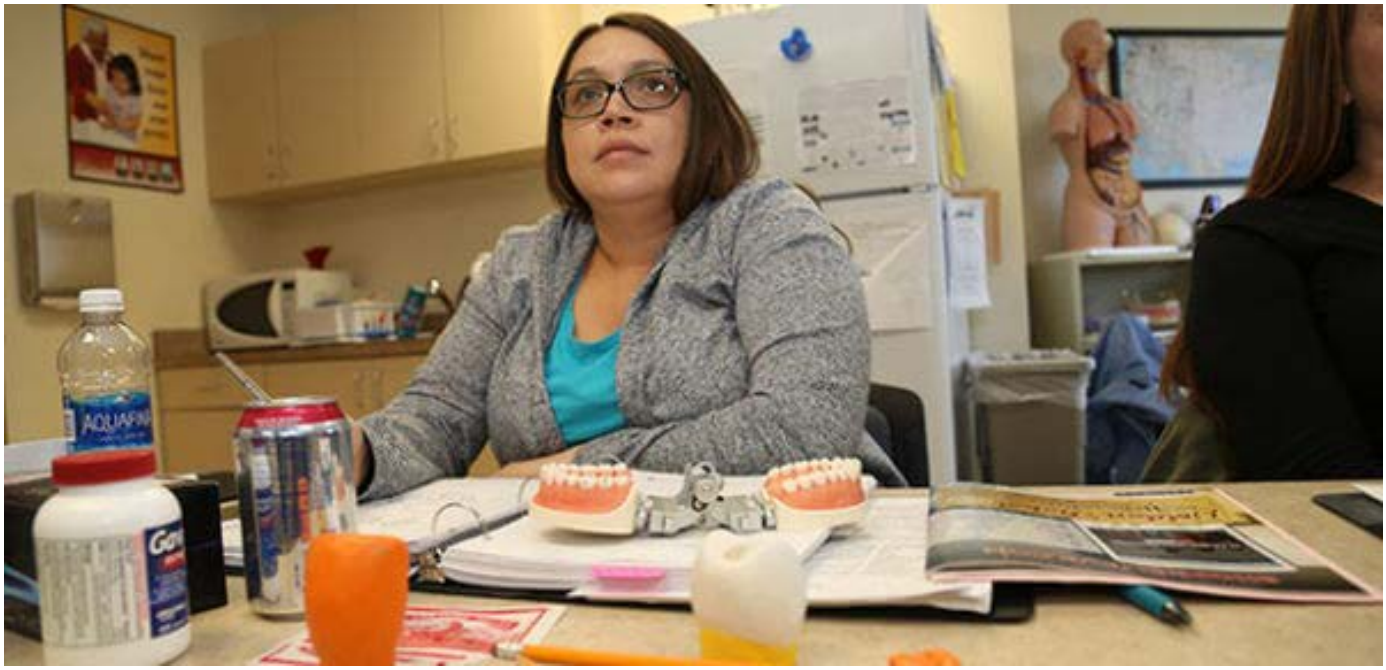
DENTAL THERAPY



Brightening the smiles of your community!

The vision is for Alaska Native people to receive culturally appropriate, excellent, oral healthcare in the communities where they live, with an emphasis on rural communities. The mission is to educate dental therapists to meet the oral health care needs of Alaskan Native people living in rural communities.

The Alaska Dental Therapy Educational Program is operated in partnership with the Alaska Native Tribal Health Consortium (ANTHC). This program supports health providers in the dental profession by offering academic credentials in addition to the certification. Those credentials facilitate the transition into higher level career pathways, such as a baccalaureate degree, or degrees in dental hygiene and dentistry.

Dental therapy students will complete the didactic (classroom) and preclinical phase in Anchorage. The clinical phase is completed in Anchorage/Bethel and includes travel to remote villages to provide oral health care. The course of study is equivalent to three academic years.

Upon graduation, Dental Health Aide Therapists are typically employed with a Tribal Health Organization and will provide clinical and educational services in rural communities throughout the state.

DEGREE OUTCOMES

- Competently and ethically provide the public with evidence-based dental therapy care using effective decision making within the scope of practice outlined in the CHAP CB Standards and Procedures document.
- Integrate Alaska Native/American Indian knowledge, values and culture into business practice.
- Communicate effectively with patients, peers, the public and other health professionals using verbal, non-verbal and written language.

- Competently assess, plan, implement and evaluate individual and community oral disease prevention and therapy programs.
- Apply critical thinking skills to investigate, interpret, and communicate issues involving the profession, the practice, the community, and the patient.

ADMISSION REQUIREMENTS & PREREQUISITES

Those interested in learning more about this training program are encouraged to contact the Program Chair, Dr. Mary Williard, at mary.williard@ilisagvik.edu.

PROGRAMS OFFERED

CERTIFICATE, DENTAL HEALTH AIDE

ASSOCIATE OF APPLIED SCIENCE, DENTAL HEALTH THERAPY

POTENTIAL CAREERS

Just a few of the potential career paths: Dental Assistant, Primary Dental Health Aide, Expanded Function Dental Health Aide, and Dental Health Aide Therapist. Begin Today!

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DENTAL HEALTH THERAPY

Vision
Alaska Native people receive culturally appropriate, excellent oral health care in the communities where they live.

Mission
Educate dental therapists to meet the oral health care needs of Alaskan Native people living in rural communities.

Overview
The Alaska Dental Therapy Educational Program is operated in partnership with the Alaska Native Tribal Health Consortium (ANTHC). This program supports health providers in the dental profession by offering academic credentials in addition to the certification. Those credentials facilitate the transition into higher level career pathways, such as a baccalaureate degree, or degrees in dental hygiene and dentistry.

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Admissions
Those interested in learning more about this training program are encouraged to contact the Program Chair, Dr. Mary Williard, at mary.williard@ilisagvik.edu.

Degree Outcomes:

- Competently and ethically provide the public with evidence-based dental therapy care using effective decision making within the scope of practice outlined in the CHAP CB Standards and Procedures document (see www.akchap.org/html.chapcb.html).
- Integrate Alaska Native/American Indian knowledge, values and culture into business practice.
- Communicate effectively with patients, peers, the public and other health professionals using verbal, non-verbal and written language
- Competently assess, plan, implement and evaluate individual and community oral disease prevention and therapy programs.
- Apply critical thinking skills to investigate, interpret, and communicate issues involving the profession, the practice, the community, and the patient.

CERTIFICATE, DENTAL HEALTH AIDE		
General Education Requirements		***Credits***
Communication		***(4)***
DHAT 130	Community Oral Hlth Ed I	1
*Complete **ONE** of the following:*		
BUS 109	Business English	3
ENGL 111	Intro to Academic Writing	3
Math, Science, Technology		***(7)***
BIOL 100	Human Biology	4
MATH 116	Mathematics in Healthcare	3
Humanities/Social Sciences		***(1)***
DHAT 140	Behav. Sc: Oral Hlth Ed I	1
Major Coursework		***Credits***
Certificate Core		***(22)***
DHAT 101	Intro to Dental Therapy I	3
DHAT 102	Intro to Dental Therapy II	1.5
DHAT 111	Dental Therapy Lab I	2
DHAT 112	Dental Therapy Lab II	2
DHAT 125A	Op. Dent.Therap.Tech. Mod A	1.5
DHAT 125B	Op. Dent.Therap.Tech. Mod B	1.5
DHAT 135	Adv. Diag. & Treatmt Plan. I	2
DHAT 151	Behav. Sc: Tobacco Addiction	1
DHAT 152	Anat, Phys, Path, Head&Neck	2
DHAT 153	Basic Restorative Functions	2
DHAT 154	Cariology/Min Invasive Dent.	1
DHAT 155	Local Anesthesia	1
DHAT 160	Infection Control	0.5
DHAT 161	Infection Control Lab I	1
	Total Credits:	**34**

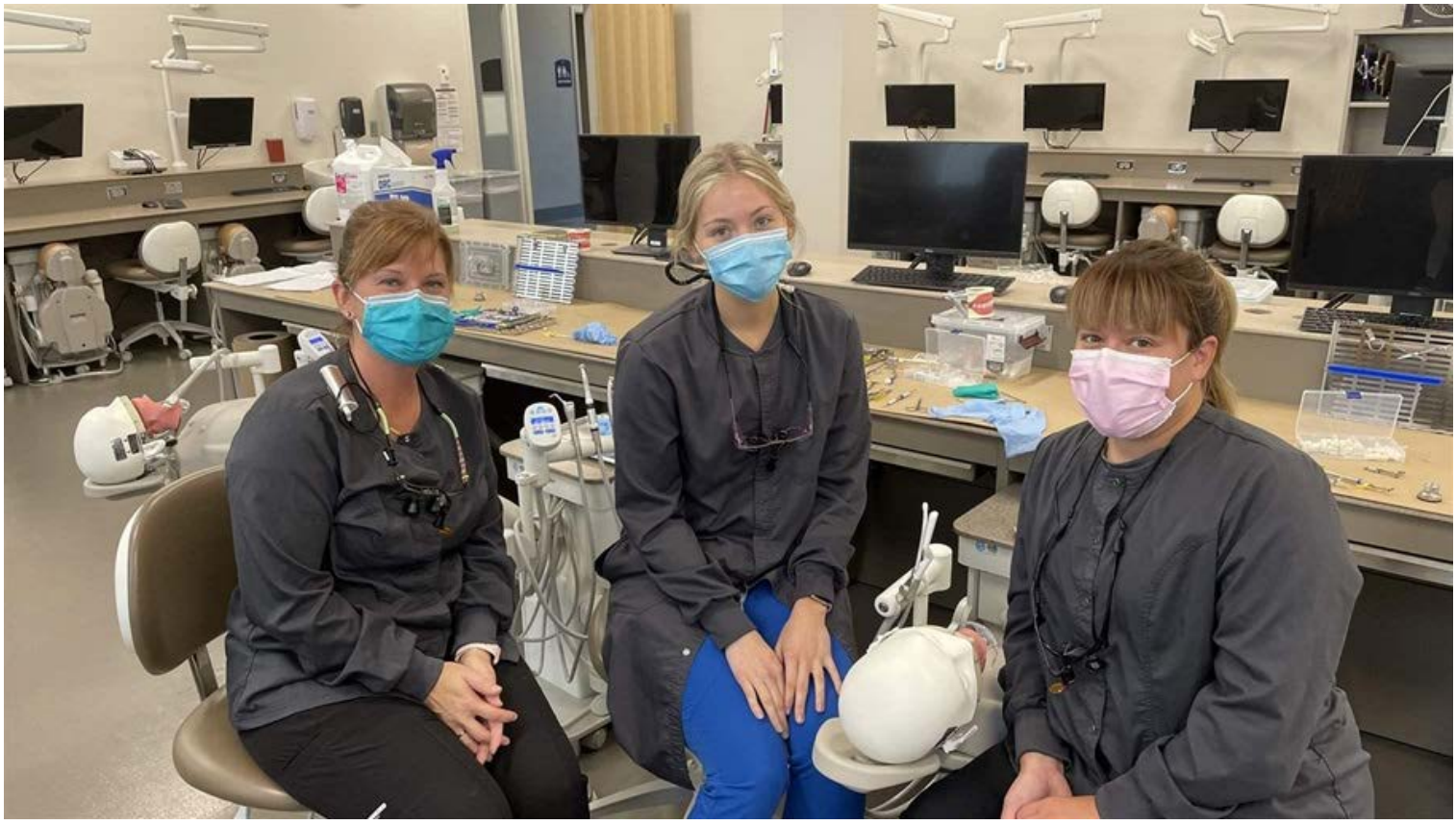
ASSOCIATE OF APPLIED SCIENCE, DENTAL HEALTH THERAPY		
General Education Coursework		***Credits***
Communication		***(9.5)***
Complete the following:		
COMM 131	Fund. of Oral Communication	3
DHAT 130	Community Oral Hlth Ed I	1
DHAT 231	Community Oral Hlth Ed II	2
DHAT 232	Community Oral Hlth Ed III	0.5
*Complete **ONE** of the following:*		
ENGL 111	Intro to Academic Writing	3
BUS 109	Business English	3
Math, Science, Technology		***(7-8)***
BIOL 100	Human Biology	4
*Complete **ONE** of the following:*		
MATH 105	Basic College Algebra	3
MATH 107	Functions for Calculus	4
MATH 116	Mathematics in Healthcare	3
Humanities/Social Sciences		***(3.5)***
DHAT 140	Behav. Sc: Oral Hlth Ed I	1
DHAT 151	Behav. Sc: Tobacco Addiction	1
DHAT 221	Prof. DHAT Practice I	0.5
DHAT 222	Prof. DHAT Practice II	0.5
DHAT 241	Behav. Sc: Oral Hlth Ed II	0.5
Major Coursework		***Credits***
	DEGREE CORE	***(50)***
DHAT 101	Intro to Dental Therapy I	3
DHAT 102	Intro to Dental Therapy II	1.5
DHAT 111	Dental Therapy Lab I	2
DHAT 112	Dental Therapy Lab II	2
DHAT 125A	Op. Dent.Therap.Tech. Mod A	1.5
DHAT 125B	Op. Dent.Therap.Tech. Mod B	1.5
DHAT 135	Adv. Diag. & Treatmt Plan. I	2
DHAT 152	Anat, Phys, Path, Head&Neck	2
DHAT 153	Basic Restorative Functions	2
DHAT 154	Cariology/Min Invasive Dent.	1
DHAT 155	Local Anesthesia	1
DHAT 156	Hygiene & Periodontology	1
DHAT 160	Infection Control	0.5
DHAT 161	Infection Control Lab I	1
DHAT 201A	Adv. Dent. Therapy, Mod A	1
DHAT 201B	Adv. Dent. Therapy, Mod B	1.5
DHAT 201C	Adv. Dent. Therapy, Mod C	2
DHAT 201D	Adv. Dent. Therapy, Mod D	1
DHAT 211A	Adv. Dent. Ther. Clinic, Mod A	2
DHAT 211B	Adv. Dent. Ther. Clinic, Mod B	4.5
DHAT 211C	Adv. Dent. Ther. Clinic, Mod C	4
DHAT 211D	Adv. Dent. Ther. Clinic, Mod D	4
DHAT 235	Adv.Diag. & Treatmt Plan. II	1
DHAT 242	Community Clinic. Rotations I	3
DHAT 243	Community Clinic. Rotations II	3
DHAT 251	Pharmacology	0.5
DHAT 262	Infection Control Lab II	0.5
DHAT 263	Infection Control Lab III	1
	Total Credits:	**70-71**

NOTES

Nation’s Fourth School to Train Dental Therapists Opens in Minnesota

More states developing higher education programs as demand for these providers grows

ARTICLE October 15, 2021
By: Kathy Talkington & Allison Corr Topics: Health Care & Higher Education Projects: Dental Campaign Tags: Children's health Read time:



Dental therapy students Amanda Weyek, Rachel Wangen, and Cindy Degner, left to right, in the Minnesota State

University-Mankato Dental Simulation Lab. This fall, the university launched the nation's fourth program to train dental therapists.

Minnesota State University-Mankato

Since entering the U.S. workforce in 2005, dental therapists have helped expand access to high-quality oral health care for tens of thousands of people, primarily those with lower incomes, without insurance, or in underserved communities. And in recent years, demand for their services has outpaced supply.
That's why expanding the availability of training programs for these providers is so critical. Until recently, there were only three—two in Minnesota and one in Alaska—nationwide. This August, Minnesota State University-Mankato enrolled its first class of dental therapy students, launching the nation's fourth program.

With a scope of practice between that of dental hygienists and dentists, dental therapists perform preventive and routine restorative services, such as filling cavities, placing temporary crowns, and extracting badly diseased teeth. They help practices and clinics serve more people, reduce wait times for appointments, increase patient satisfaction, lower the cost of delivering care, and boost productivity and revenue. And by providing the most commonly needed procedures, they free up dentists to focus on more complex procedures and patients with more complicated dental needs.

Dental therapists are authorized to practice in 13 states, whether through legislation or approval by tribal authorities, but enacting statewide laws is just the first step.

"Once legislation has passed, the real work begins," said Dr. Colleen Brickle, dean of health sciences at Normandale Community College in Bloomington, Minnesota. "Higher education's role is critical."

Brickle would know: She led the development of two of Minnesota's dental therapy programs, including most recently at MSU-Mankato. For years, Brickle has pushed to ensure that underserved and other vulnerable populations in her state get access to the oral health services they need. She was instrumental in the passage of the 2009 legislation to authorize dental therapists in Minnesota as a key strategy for expanding access.

Dental therapy training programs therefore benefit from innovative policies and structures that meet the needs of their students—and prepare them to treat diverse patient populations after graduation. MSU-Mankato, for example, developed more flexible schedules so students could continue working while in school. The program also awards "advanced standing" to dental hygienists—giving them credit for relevant dental education—so they can train to become dental therapists on an expedited track. MSU-Mankato

ensures that all students receive comprehensive clinical training with vulnerable and high-risk patients, including those in rural areas and other underserved communities.

The national Commission on Dental Accreditation (CODA) marked its stamp of approval for dental therapy in 2015 when it released national accreditation standards for higher education training programs, reflecting the growing demand for these providers.

In 2020, the dental therapy program at Iḷisaġvik College in Utqiaġvik, Alaska, became the first to receive CODA accreditation. Minnesota's schools operate under approval from the Minnesota Board of Dentistry and are in the process of applying for the certification.

As more states pass laws, dental therapists and communities will benefit if these providers have professional mobility. "States should add statutory language that allows graduates from Minnesota or Alaska to be granted licensure reciprocity if they graduated from programs prior to CODA accreditation," Brickle said.

Momentum for more training and boosting the ranks of dental therapists is building from coast to coast. Two new dental therapy schools serving New England and the Pacific Northwest are planning to admit their first students within two years. Vermont Technical College and Washington State's Skagit Valley College, in partnership with the Swinomish Indian Tribal Community, are both currently applying for CODA accreditation.

About a dozen states are considering authorizing dental therapy and policymakers should make training a critical component of those discussions. "Representatives from higher education should be part of any legislative strategic planning and advocacy efforts from the beginning," Brickle said. "By being part of a coalition that advocates for dental therapy, they will learn the benefits of the profession and understand challenges that may be encountered along the way. Then they can effectively advocate for their institution to house a high-quality education and training program."

And that early focus will help facilitate the implementation of successful programs. "It is the committed and passionate administrators and faculty who create a successful and sustainable dental therapy program," Brickle said. "It takes grit, determination, and passion."

Kathy Talkington is director of The Pew Charitable Trusts' health programs and Allison Corr is an officer with Pew's dental campaign.

RELATED EXPERTS

DTRO Meeting

Ginny Jorgensen <ginjorge53@gmail.com>

Tue 10/26/2021 2:57 PM

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

Hello Stephen,

I do not have the same background knowlege or experience as the other members of the DTRO Committee but was able to find the following information regarding Dental Therapist education:

ADA CODA developed Dental Therapy standards in 2015. It appears that the programs developed prior to 2015 have not been CODA approved although the Alaska Ilisagvik Tribal College was accredited in 2020. Because of this I would think accessing their educational programs and dentistry board rules would be helpful.

CODA requires 3 years of education but does not specify prerequisites or degree requirements. Each state is allowed to determine the requirements. I believe many of the dental therapist proposed duties are those which an expanded function dental assistant and restorative dental assistant are already trained to do. It makes sense to have the prerequisite to be that of an RDH or EFDA that already has the restorative functions permit. Although a dental hygienist has experience and knowledge in the world of periodontology, an EFDA has been assisting and providing support for dental procedures that a dental therapist performs. I realize that a Restorative/EFDA would need education regarding scaling and local anesthetic injections. Currently there is a proposal for dental assistants to provide local anesthetic injections which the ODAA endorses. This would further support the goal which is to have more "access to care" for patients.

With the extreme shortage of dental assistants, creating a diverse ladder of training from a DA to an EFDA to a Restorative DA to a DT could be an incentive and encourage more to become interested in dentistry. Of course ODAA supports quality education, training and testing to determine if a candidate is qualified to perform the duties of a DT.

I believe the Ethics and Jurisprudence exam should be the same for all who have a license.

DANB created a scale for those who carry more than one certificate that may be helpful.

Again, thank you for the opportunity for ODAA to be on this committee. I look forward to our next meeting.

Ginny Jorgensen

(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, except intra osseous and intrapulpal delivery.

(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;

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

(a) Placement of temporary restorations;

(b) Fabrication of soft occlusal guards;

(c) Tissue reconditioning and soft reline;

(d) Tooth reimplantation and stabilization;

(e) Recementing of permanent crowns;

(f) Pulpotomies on primary teeth;

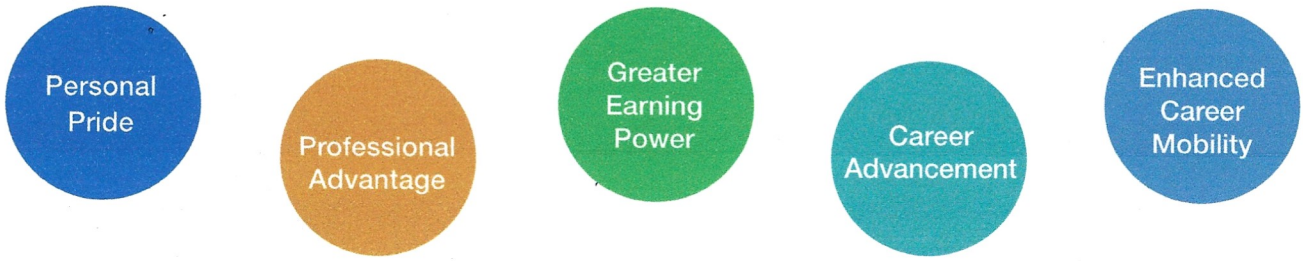
(g) Simple extractions of:

(A) Erupted posterior primary teeth; and

(B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;

Attachment #3

Attachment #4



Steps to Recertify

DANB certification is valid for one year. Renewing your certification annually protects your DANB credential and shows your commitment to the dental assisting profession.

Recertification Credits and Fees

# of Certifications	CDE Credits	Annual Fee*
1	12	$75
2	18	$90
3	24	$110
4	30	$130
5	36	$150
6	42	$170

*$20 late fee added after expiration date

STEP 1: MAINTAIN CPR

Maintain DANB-accepted, hands-on CPR, BLS or ACLS. See list of DANB-accepted providers below. CPR, BLS or ACLS does not count toward the required number of Continuing Dental Education (CDE) credits.

STEP 2: EARN CDE

Earn the required number of CDE credits based on the number of certifications held. Certificants are required to earn at least three credits in infection control annually. See page 4 to learn more about the CDE categories. Use the *Recertification Recording Form* on p. 8 to track your credits and CPR, BLS or ACLS.

STEP 3: SUBMIT APPLICATION AND FEE

Submit your completed renewal application and fee. DANB will send your renewal notice by email nine weeks and by mail five weeks before your certification expiration date. Go to www.danb.org up to nine weeks prior to your expiration date to renew online. You must renew annually with or without a notice from DANB. You will receive your new certificate and wallet card after you renew (if not selected for audit).

If you do not complete Steps 1 – 3 within three months after your expiration date:

- You are no longer DANB certified
- You may not use DANB trademarks or registered certification marks or present yourself to the public as being a DANB certificant, in any manner
- You will no longer benefit from the greater earning power, career mobility, peer recognition and overall enhanced employment opportunities that more than 38,000 DANB certificants enjoy

Dental Therapy Rules Oversight Committee
Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

October 19, 2021

Members of the Dental Therapy Rules Oversight Committee:

HB 2528 was a carefully negotiated bill throughout the legislative process. The final version of the bill is very different than the original. Those differences are important to understand as you embark upon rulemaking to ensure that rules appropriately match legislative intent and agreed upon policy areas between parties. We believe that the approved language (below) on foreign trained dental therapist licensure pathways does not align with our view of final negotiations.

Application for License to Practice Dental Therapy without Further Examination
(b) Having graduated from a dental therapy program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

Our perspective of negotiations during the legislative session, was an agreement that created two education pathways for dental therapists to be licensed in Oregon, and two alone:

1.) Completion of a CODA accredited dental therapy education program
2.) Until 2025, individuals who completed education/training within a dental therapy pilot project in Oregon (Pilot Projects #100 and 300) would be grandfathered into licensure

Additional pathways for individuals licensed in other states or out of country were specifically excluded, and the statutory language was narrowed from the introduced version of HB 2528. The language adopted by the committee at the first meeting is directly in conflict with our understanding of the education pathways agreed upon throughout the legislative process. While we understand the statutory language does not explicitly *prohibit* a foreign trained dental therapy pathway, we firmly believe that such language was not intended or agreed upon.

What's more, we believe that even if such language is adopted into rules, allowing a pathway for foreign trained dental therapists outside of the pathways listed above, that this committee should have a clear understanding of the pathways available for dentists and hygienists currently. For example, a foreign trained dentist who completes a CODA specialty education program, is *limited* to practicing in that specialty. If this committee wants to create a pathway for foreign trained dental therapists, despite legislative agreements, we urge greater discussion and understanding of existing pathways and ask Board staff to walk this committee through those requirements.

We urge this committee to reconsider the language related to foreign trained dental therapists approved at the first committee meeting.

Sincerely,
Barry Taylor, DMD
Executive Director

From: PRISBY Stephen *OBD
To: ROBINSON Haley * OBD
Subject: Fw: Foreign trained dentist pathways
Date: Wednesday, October 13, 2021 3:29:34 PM
Attachments: image001.png

Can you email pdf below and the document that is referenced. Add both to the DTRO Meeting #2 folder.

Thanks!

From: Jennifer Lewis-Goff <jlewis-goff@oregondental.org>
Sent: Monday, October 11, 2021 8:42 AM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Subject: Foreign trained dentist pathways

Good morning Stephen,

Is this document still accurate in describing the training pathways for foreign trained dentists to be licensed in Oregon? Are there any additional pathways not described here? https://www.oregon.gov/dentistry/Documents/Form_General_Information_International_Dentists.pdf
It's my understanding that a foreign trained dentist still must complete a CODA program and then is limited to practicing in that specialty. I want to be sure I am not missing anything here.

Thanks,
Jen
Jennifer Lewis-Goff, MPA
Director of Government Affairs
800-452-5628; 503-826-4165 (cell)
View our COVID-19 Resource page.

OREGON BOARD OF DENTISTRY

GENERAL INFORMATION AND INSTRUCTION SHEET

LIMITED SPECIALTY LICENSURE: INTERNATIONALLY TRAINED DENTISTS

Introduction: To obtain a limited specialty license in the State of Oregon, the Oregon Board of Dentistry (OBD) requires that internationally trained applicants meet the requirements for one of two different pathways: Dental Specialty Licensure by Examination, or Dental Specialty Licensure Without Further Examination (LWOFE). Limited specialty licenses are an option for individuals who do not meet the requirements for a general dental license, but who have completed advanced training and examination in an OBD-recognized dental specialty.

Specialties recognized by the OBD: Dental Anesthesiology, Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, and Prosthodontics.

Dental Limited Specialty Licensure by Examination

The complete rules regarding Dental Specialty Licensure by Examination are found in OAR 818-021-0017. In order to meet the requirements for Specialty Licensure by Examination, an internationally trained dentist must have:

1. Graduated from a dental school located outside the United States or Canada.
2. Completed a post-graduate specialty program of at least two years at a CODA-accredited dental school.
3. Proficiency in the English language.
4. Either:
   a. 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, national testing agency or other Board-recognized testing agency.
   b. Passed any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency **within the five (5) years immediately preceding application**.
5. Passed Part I & Part II of the dental examination administered by the Joint Commission on National Dental Examinations (JCNDE) or Canadian National Dental Examining Board Examination.
6. Passed, **in the five (5) years immediately prior to application**, a specialty examination approved by the OBD. Please note: Dentists who passed an OBD-approved specialty examination more than five (5) years immediately prior to application do not meet the requirements for Dental Specialty Licensure by Examination; these individuals must meet the requirements and apply for Dental Specialty Licensure Without Further Examination (LWOFE).

Dental Limited Specialty Licensure Without Further Examination (LWOFE)

The complete rules regarding Dental Specialty LWOFE are found in OAR 818-021-0017. In order to meet the requirements for Specialty LWOFE, an internationally trained dentist must have:

1. Graduated from a dental school located outside the United States or Canada.
2. Completed a post-graduate specialty program of at least two years at a CODA-accredited dental school.
3. Proficiency in the English language.
4. Either:
   a. 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, national testing agency or other Board-recognized testing agency.
   b. Passed any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency **within the five (5) years immediately preceding application**.
5. Passed Part I & Part II of the dental examination administered by the Joint Commission on National Dental Examinations (JCNDE) or Canadian National Dental Examining Board Examination.
6. Passed a specialty examination approved by the Board greater than five years prior to application.
7. Conducted, **in the five (5) years immediately prior to application**, at least 3,500 hours of licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states, or in the Armed Forces of the US, US Public Health Service, or US Department of Veterans Affairs. Licensed clinical practice hours could include devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school.
8. Completed, **in the two (2) years immediately prior to application**, at least 40 hours of continuing education in accordance with the OBD's continuing education requirements.

Please Note: Applicants are solely responsible for ensuring that they meet all of the requirements for their chosen application pathway. Per ORS 679.120(8), *fees paid are not refundable or transferrable*. Failure to meet the requirements will result in the application being rejected, and the applicant will be required to submit (at minimum) a new application and fee. Please carefully review the rules and instructions prior to application. If you have questions or you are uncertain if you meet the requirements, please contact the OBD at 971-673-3200 or at information@oregondentistry.org prior to submitting your application.

3100.1170 LICENSE TO PRACTICE AS A RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1.

Licensure.

A.

In order to practice dental therapy or dental hygiene as directly related to a respective graduate or advanced educational clinical experience, an enrolled graduate student or a student of an advanced education program must be licensed by the board.

B.

The board must license a person to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist if:

(1)

the person completes and submits to the board an application furnished by the board;

(2)

the person provides evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board; and

(3)

the person has not engaged in behavior for which licensure may be suspended, revoked, limited, modified, or denied on any of the grounds specified in Minnesota Statutes, section 150A.08.

§

Subp. 2.

Termination of licensure.

A.

A person's license to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist is terminated when the person is no longer an enrolled graduate student or a student of an advanced dental education program approved by the board.

B.

A person licensed to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist must inform the board when the licensee is no longer an enrolled graduate student or a student of an advanced dental education program approved by the board.

§

C.

A person who fails to inform the board as required in item B within 30 days of no longer being enrolled as a student or graduate student in a program approved by the board, is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150A.08, subdivision 1, clause (1).

3100.3350 EXAMINATION OF DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS.

Subpart 1.

Scope.

This part provides that the examination of applicants for a license to practice dental therapy and become certified to practice advanced dental therapy in this state shall be sufficiently thorough to test the fitness of the applicant to practice dental therapy or advanced dental therapy.

§

Subp. 2.

Clinical examination.

An applicant must pass a board-approved clinical examination designed to determine the applicant's clinical competency.

Subp. 3.

Additional examination content.

All applicants shall be examined for general knowledge of the act and the rules of the board. Additional written theoretical examinations may be administered by the board.

Subp. 4.

Additional education for two failed clinical examinations.

If an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 1d, for dental therapists, or Minnesota Statutes, section 150A.106, subdivision 1, for advanced dental therapists, the applicant may not retake the examination until the applicant successfully completes additional education provided by an institution approved by the board. The education must cover all of the subject areas failed by the applicant in the clinical examination. The applicant may retake the examination only after the institution provides information to the board

specifying the areas failed in the previous examinations and the instruction provided to address the areas failed, and certifies that the applicant has successfully completed the instruction. The applicant must take the additional instruction provided above each time the applicant fails the clinical examination twice.

Subp. 5.

Examination for continued licensure.

The board may administer any other examination it deems necessary to determine qualifications for continued licensure.

Statutory Authority:

MS s 150A.04

History:

36 SR 738

Published Electronically:

January 5, 2012

3100.8200 UNLAWFUL PRACTICE BY ALLIED DENTAL PERSONNEL.

An assistant, hygienist, dental therapist, or dental technician who assists a dentist in practicing dentistry in any capacity other than as an employee or independent contractor, who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor, or director of a dental office as a guise or subterfuge to enable the assistant, hygienist, dental therapist, or dental technician to engage directly in acts defined by the act as the "practice of dentistry," or who performs dental services within the meaning of Minnesota Statutes, section 150A.11, subdivision 1, for members of the public, other than as an employee or independent contractor for an employing dentist, shall be deemed to be practicing dentistry without a license.

Legislation primarily limited dental therapists to individuals practicing in settings that serve low-income, uninsured, and underserved patients or areas with shortages of dental health professionals, and educational requirements were aligned with their scope of practice. The statutes defined two levels of dental therapy practice: a bachelor prepared licensed dental therapist (DT) and a certified advanced dental therapist (ADT), which requires a master's-level education. A DT/ADT is required to work under the supervision of a licensed Minnesota dentist through a collaborative management agreement, a contract outlining protocols and standing orders.[5] Scopes of practice and varying levels of supervision for DTs/ADTs are noted in Table 1.[6]

According to Minnesota 2009 Session Laws, Chapter 95, Article 3, Subd. 4, the scope of practice for a Dental Therapist includes the following:

- (a) A licensed dental therapist may perform dental services as authorized under this section within the parameters of the collaborative management agreement.
- (b) The services authorized to be performed by a licensed dental therapist include the oral health services, as specified in paragraphs (c) and (d), and within the parameters of the collaborative management agreement.
- (c) A licensed dental therapist may perform the following services under general supervision, unless restricted or prohibited in the collaborative management agreement:
    - oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
    - preliminary charting of the oral cavity
    - making radiographs
    - mechanical polishing
    - application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants
    - pulp vitality testing
    - application of desensitizing medication or resin
    - fabrication of athletic mouthguards
    - placement of temporary restorations
    - fabrication of soft occlusal guards
    - tissue conditioning and soft reline
    - atraumatic restorative therapy
    - dressing changes
    - tooth reimplantation
    - administration of local anesthetic
    - administration of nitrous oxide

- (d) A licensed dental therapist may perform the following services under indirect supervision:
    - emergency palliative treatment of dental pain;
    - the placement and removal of space maintainers;
    - cavity preparation
    - restoration of primary and permanent teeth
    - placement of temporary crowns
    - preparation and placement of preformed crowns
    - pulpotomies on primary teeth
    - indirect and direct pulp capping on primary and permanent teeth
    - stabilization of reimplanted teeth
    - extractions of primary teeth
    - suture removal
    - brush biopsies
    - repair of defective prosthetic devices
    - recommending of permanent crowns
- (e) For purposes of this section and section 150A.106, "general supervision" and "indirect supervision" have the meanings given in Minnesota Rules, part 3100.0100, subpart 21.
- Subd. 5. Dispensing authority. (a) A licensed dental therapist may dispense and administer the following drugs within the parameters of the collaborative management agreement and within the scope of practice of the dental therapist: analgesics, anti-inflammatories, and antibiotics. (b) The authority to dispense and administer shall extend only to the categories of drugs identified in this subdivision, and may be further limited by the collaborative management agreement. (c) The authority to dispense includes the authority to dispense sample drugs within the categories identified in this subdivision if dispensing is permitted by the collaborative management agreement. (d) A licensed dental therapist is prohibited from dispensing or

administering a narcotic drug as defined in section 152.01, subdivision 10.

- Subd. 6. Application of other laws. A licensed dental therapist authorized to practice under this chapter is not in violation of section 150A.05 as it relates to the unauthorized practice of dentistry if the practice is authorized under this chapter and is within the parameters of the collaborative management agreement.
- Subd. 7. Use of dental assistants. (a) A licensed dental therapist may supervise dental assistants to the extent permitted in the collaborative management agreement and according to section 150A.10, subdivision 2. (b) Notwithstanding paragraph (a), a licensed dental therapist is limited to supervising no more than four registered dental assistants or nonregistered dental assistants at any one practice setting.

According to Minnesota 2009 Session Laws, Chapter 95, Article 3, Section 25, the scope of practice for an Advanced Dental Therapist includes the following:

Subd. 2. Scope of practice.

- (a) An advanced dental therapist certified by the board under this section may perform the following services and procedures pursuant to the written collaborative management agreement:
    - (1) an oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the collaborating dentist;
    - (2) the services and procedures described under [the Dental Therapist scope of practice] section 150A.105, subdivision 4, paragraphs (c) and (d); and
    - (3) nonsurgical extractions of permanent teeth as limited in subdivision 3, paragraph (b).
- (b) The services and procedures described under this subdivision may be performed under general supervision.

150A.091 FEES.

Subdivision 1. **Fee refunds.** No fee may be refunded for any reason.

Subd. 2. **Application fees.** Each applicant shall submit with a license, advanced dental therapist certificate, or permit application a nonrefundable fee in the following amounts in order to administratively process an application:

(1) dentist, $140;

(2) full faculty dentist, $140;

(3) limited faculty dentist, $140;

(4) resident dentist or dental provider, $55;

(5) advanced dental therapist, $100;

(6) dental therapist, $100;

(7) dental hygienist, $55;

(8) licensed dental assistant, $55; and

(9) dental assistant with a permit as described in Minnesota Rules, part 3100.8500, subpart 3, $15.

Subd. 3. **Initial license or permit fees.** Along with the application fee, each of the following applicants shall submit a separate initial license or permit fee. The initial fee shall be established by the board not to exceed the following nonrefundable fee amounts:

(1) dentist or full faculty dentist, $168;

(2) dental therapist, $120;

(3) dental hygienist, $60;

(4) licensed dental assistant, $36; and

(5) dental assistant with a permit as described in Minnesota Rules, part 3100.8500, subpart 3, $12.

Subd. 4. **Annual license fees.** Each limited faculty or resident dentist shall submit with an annual license renewal application a fee established by the board not to exceed the following amounts:

(1) limited faculty dentist, $168; and

(2) resident dentist or dental provider, $85.

Subd. 5. **Biennial license or permit fees.** Each of the following applicants shall submit with a biennial license or permit renewal application a fee as established by the board, not to exceed the following amounts:

(1) dentist or full faculty dentist, $475;

(2) dental therapist, $300;

(3) dental hygienist, $200;

(4) licensed dental assistant, $150; and

(5) dental assistant with a permit as described in Minnesota Rules, part 3100.8500, subpart 3, $24.

Subd. 6. **Annual license late fee.** Applications for renewal of any license received after the time specified in Minnesota Rules, part 3100.1750, must be assessed a late fee equal to 50 percent of the annual renewal fee.

Subd. 7. **Biennial license or permit late fee.** Applications for renewal of any license or permit received after the time specified in Minnesota Rules, part 3100.1700, must be assessed a late fee equal to 25 percent of the biennial renewal fee.

Subd. 8. **Duplicate license or certificate fee.** Each applicant shall submit, with a request for issuance of a duplicate of the original license, or of an annual or biennial renewal certificate for a license or permit, a fee in the following amounts:

(1) original dentist, full faculty dentist, dental therapist, dental hygiene, or dental assistant license, $35;

(2) annual or biennial renewal certificates, $10; and

(3) wallet-sized license and renewal certificate, $15.

Subd. 9. **Licensure by credentials.** Each applicant for licensure as a dentist, dental hygienist, or dental assistant by credentials pursuant to section 150A.06, subdivisions 4 and 8, and Minnesota Rules, part 3100.1400, shall submit with the license application a fee in the following amounts:

(1) dentist, $725;

(2) dental hygienist, $175; and

(3) dental assistant, $35.

Subd. 9a. **Credential review; nonaccredited dental institution.** Applicants who have graduated from a nonaccredited dental college desiring licensure as a dentist pursuant to section 150A.06, subdivision 1, shall submit an application for credential review and an application fee not to exceed the amount of $200.

Subd. 9b. **Limited general license.** Each applicant for licensure as a limited general dentist pursuant to section 150A.06, subdivision 9, shall submit the applicable fees established by the board not to exceed the following amounts:

(1) initial limited general license application, $140;

(2) annual limited general license renewal application, $155; and

(3) late fee assessment for renewal application equal to 50 percent of the annual limited general license renewal fee.

Subd. 9c. **Temporary permit.** Applications for a temporary military permit in accordance with section 197.4552 shall submit a fee not to exceed the amount of $250.

Subd. 10. **Reinstatement fee.** No dentist, dental therapist, dental hygienist, or dental assistant whose license has been suspended or revoked may have the license reinstated or a new license issued until a fee has been submitted to the board in the following amounts:

(1) dentist, $140;

(2) dental therapist, $85;

(3) dental hygienist, $55; and

(4) dental assistant, $35.

Subd. 11. **Certificate application fee for anesthesia/sedation.** Each dentist shall submit with a general anesthesia or moderate sedation application, a contracted sedation provider application, or biennial renewal, a fee as established by the board not to exceed the following amounts:

(1) for both a general anesthesia and moderate sedation application, $400;

(2) for a general anesthesia application only, $400;

(3) for a moderate sedation application only, $400; and

(4) for a contracted sedation provider application, $400.

Subd. 11a. **Certificate for anesthesia/sedation late fee.** Applications for renewal of a general anesthesia or moderate sedation certificate or a contracted sedation provider certificate received after the time specified in Minnesota Rules, part 3100.3600, subparts 9 and 9b, must be assessed a late fee equal to 50 percent of the biennial renewal fee for an anesthesia/sedation certificate.

Subd. 11b. **Recertification fee for anesthesia/sedation.** No dentist whose general anesthesia or moderate sedation certificate has been terminated by the board or voluntarily terminated by the dentist may become recertified until a fee has been submitted to the board not to exceed the amount of $500.

Subd. 12. **Duplicate certificate fee for anesthesia/sedation.** Each dentist shall submit with a request for issuance of a duplicate of the original general anesthesia or moderate sedation certificate or contracted sedation provider certificate a fee in the amount of $10.

Subd. 13. **On-site inspection fee.** An on-site inspection fee must be paid to the individual, organization, or agency conducting the inspection and be limited to a maximum fee as determined by the board. Travel, lodging, and other expenses are not part of the on-site inspection fee.

Subd. 14. **Affidavit of licensure.** Each licensee shall submit with a request for an affidavit of licensure a fee in the amount of $10.

Subd. 15. **Verification of licensure.** Each institution or corporation shall submit with a request for verification of a license a fee in the amount of $5 for each license to be verified.

Subd. 16. **Failure of professional development portfolio audit.** (a) If a licensee fails a professional development portfolio audit under Minnesota Rules, part 3100.5300, the board is authorized to take the following actions:

(1) for the first failure, the board may issue a warning to the licensee;

(2) for the second failure within ten years, the board may assess a penalty of not more than $250; and

(3) for any additional failures within the ten-year period, the board may assess a penalty of not more than $1,000.

(b) In addition to the penalty fee, the board may initiate the complaint process to address multiple failed audits.

Subd. 17. **Advanced dental therapy examination fee.** Any dental therapist eligible to sit for the advanced dental therapy certification examination must submit with the application a fee as established by the board, not to exceed $250.

Subd. 18. **Corporation or professional firm late fee.** Any corporation or professional firm whose annual fee is not postmarked or otherwise received by the board by the due date of December 31 shall, in addition to the fee, submit a late fee as established by the board, not to exceed $15.

Subd. 19. **Emeritus inactive license.** An individual applying for emeritus inactive licensure under section 150A.06, subdivision 10, must pay a onetime fee of $50. There is no renewal fee for an emeritus inactive license.

Subd. 20. **Emeritus active license.** An individual applying for emeritus active licensure under section 150A.06, subdivision 11, must pay a fee upon application and upon renewal every two years. The fees for emeritus active license application and renewal are as follows: dentist, $212; dental therapist, $100; dental hygienist, $75; and dental assistant, $55.

History: *2005 c 147 art 4 s 3; 2009 c 95 art 3 s 15-19; 2009 c 159 s 60-74; 1Sp2011 c 9 art 5 s 11-16; 2014 c 291 art 4 s 37-39; 2014 c 312 art 4 s 14; 2015 c 71 art 10 s 20-24; 1Sp2019 c 9 art 10 s 22,23*

MINNESOTA
BOARD OF DENTISTRY

Minnesota Board of Dentistry
2829 University Avenue SE, Suite 450
Minneapolis, MN 55414
Office: (612) 617-2250
MN Relay Service: (800) 627-3529
www.mn.gov/boards/dentistry

Advanced Dental Therapy

Collaborative Management Agreement

Prior to performing any of the services authorized under this chapter, an advanced dental therapist must enter into a written Collaborative Management Agreement with a Minnesota licensed dentist. A collaborating dentist is limited to entering into a collaborative agreement with no more than five dental therapists or advanced dental therapists at any one time. The agreement must include the following information. Each item listed below should be at least one paragraph in length. The advanced dental therapy Collaborative Management Agreement must include:

(1) Practice settings where services may be provided and the populations to be served – practice settings and populations include those described in Section 150A.105, Subdivision 8;

1. List the practice settings by zip code and county for data collection;

2. List the populations in the generally defined categories according to Section 150A.105, Subdivision 8;

3. Subdivision 8, (6, i through iv), states that in any other clinic or practice setting, at least 50 percent of the total patient base of the advanced dental therapist consists of specific patient populations described in the Statute;

(2) Any limitations on the services that may be provided by the advanced dental therapist, including the level of supervision required by the collaborating dentist;

1. List the limitations on the services that may be provided by the advanced dental therapist;

2. List the services that are within the Scope of Practice of the advanced dental therapist and that are restricted or prohibited by the Collaborative Management Agreement;

(3) Age and procedure specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

1. Provide a description of age specific protocols;

2. Provide a description of procedure specific protocols;

3. Provide a description of case selection criteria;

4. Provide a description of assessment guidelines;

5. Provide a description of imaging frequency guidelines;

(4) A procedure for creating and maintaining dental records for the patients who are treated by the advanced dental therapist;

(5) A plan to manage medical emergencies in each practice setting where the advanced dental therapist provides care;

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

1. Provide a description of the patient care review;

2. Provide a description of the plan for referral follow-up;

3. Provide a description of the quality assurance chart review;

(7) Protocols for providing, dispensing and administering medications authorized under Section 150A.106, Subdivision 4, including the specific conditions and circumstances under which these medications are to be dispensed and administered;

1. The advanced dental therapist may provide, dispense and administer

analgesic, anti-inflammatory and antibiotic medications within the

parameters of the Collaborative Management Agreement, within the

Scope of Practice, and with the authorization of the collaborating dentist;

2. The Collaborative Agreement must reflect the process in which the

dentist authorizes the prescription, and the advanced dental therapist provides, dispenses and administers these medications;

3. A certified advanced dental therapist is prohibited from providing, dispensing or administering narcotic medications as defined in Section 152.01, Subdivision 10;

(8) Criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to initiation of care;

(9) Supervision criteria for dental assistants to the extent permitted in the Collaborative Management Agreement and according to 150A.10, Subdivision 2;

1. An advanced dental therapist is limited to supervising no more than four licensed dental assistants or non-registered dental assistants at any one practice setting;

(10) A plan for the provision of clinical resources and referrals in situations which are beyond the capabilities of the advanced dental therapist.

(11) A plan to refer patients to another qualified dental or health professional to receive any needed services that exceed the Scope of Practice of the advanced dental therapist;

(12) Specific written protocols to govern situations in which the advanced dental therapist encounters a patient who requires treatment that exceeds the authorized Scope of Practice;

1. The collaborating dentist must ensure that a dentist is available to the advanced dental therapist for timely consultation during treatment if needed;

2. The collaborating dentist must provide or arrange with another dentist or specialist(s) to provide the necessary treatment to any patient who requires more treatment than the advanced dental therapist is authorized to provide;

3. The collaborating dentist is responsible for directly providing or arranging for another dentist or specialist(s) to provide any necessary advanced services needed by the patient;

(13) Protocol for the oral evaluation and assessment of dental disease, and for the formulation of an individualized treatment plan by the advanced dental therapist and authorized by the collaborating dentist;

1. The advanced dental therapist shall complete an oral evaluation and assessment of dental disease for the patient, according to Statutes 150A.106 Subdivision 2a. (1) and 150A.05 Subdivision 1b. (3);

2. The advanced dental therapist shall collaborate with the dentist in the formulation and authorization of the individualized treatment plan, as per the definition of General Supervision;

3. The authorization process may include indirect methods such as standing orders, written prescriptive orders, emergency palliative protocols, tele-dentistry, additional electronic methods for consultation, and other definitive, non-emergency protocols, all contained within the Collaborative Management Agreement;

4. In addition, the authorization process may occur simultaneously with providing dental care by the advanced dental therapist, and within the parameters of the Collaborative Management Agreement and the defined limited Scope of Practice of the Advanced Dental Therapist;

5. The advanced dental therapist and the collaborating dentist shall maintain the patient record through procedures determined by the Collaborative Management Agreement (Minnesota Rule 3100.9600). The record must contain a written and dated treatment plan agreed upon by the patient and authorized by the dentist. The patient record must include all of the elements of informed consent, including that the treatment has been discussed with the patient by the

dentist or advanced dental therapist, and consented to by the patient as per Minnesota Rule 3100.9600, Subparts 8 and 9, and that the patient acknowledges a referral for a comprehensive exam by a dentist was made and received.

(14) Protocol for the comprehensive oral evaluation by the collaborating dentist;

1. The collaborating dentist shall perform the comprehensive oral evaluation, determine the diagnosis(es), and formulate the individualized treatment plan upon referral of the patient by the advanced dental therapist as per (6), (10), (11), and (12), and according to Statute 150A.05, Subdivision 1.(1);

2. The dentist shall collaborate with the advanced dental therapist for the provision of dental care as limited by the advanced dental therapist Scope of Practice, under General Supervision, and if authorized in advance by the collaborating dentist;

3. The dentist, in collaboration with the advanced dental therapist and through procedures determined by the Collaborative Management Agreement, shall maintain the patient record according to Minnesota Rule 3100.9600;

(15) A plan for the nonsurgical extraction of permanent teeth as limited by the Scope of Practice, under General Supervision, and if authorized in advance by the collaborating dentist. A certified advanced dental therapist may perform services under General Supervision as defined by the Scope of Practice unless restricted or prohibited in the Collaborative Management Agreement.

General Supervision is defined in Minnesota Rule 3100.0100 as the supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed, but requires that the tasks be performed with the prior knowledge and consent of dentist.

A collaborating dentist must be licensed and practicing in Minnesota. The collaborating dentist shall accept responsibility for all services authorized and performed by the advanced dental therapist pursuant to the management agreement. Any licensed dentist who permits an advanced dental therapist to perform a dental service other than those authorized under this section violates sections 150A.01 to 150A.12.

Collaborative Management Agreements must be signed and maintained by the collaborating dentist and the advanced dental therapist. Agreements must be reviewed, updated and submitted to the Board of Dentistry on an annual basis.

The Board of Dentistry may request additional information or clarification for information provided in the Collaborative Management Agreement.

Minnesota Board of Dentistry
2829 University Avenue SE, Suite 450
Minneapolis, MN 55414
Office: (612) 617-2250
MN Relay Service: (800) 627-3529
www.mn.gov/boards/dentistry

Collaborative Management Agreement

Advanced Dental Therapist Data Collection

1. Dentist's Name: _____

Primary Dental Practice Address:_____

Secondary Dental Practice Address: _____

Work Phone: _____Work Fax: _____

E-Mail Address: _____

Minnesota Dental License Number: _____

Dentist Signature: _____Date: _____

Dental Therapy/ADT Collaborative agreements licenses:

1._____ 2._____ 3._____ 4. _____ 5._____

1. Dental Therapist Name: _____

Primary Dental Practice Address: _____

Secondary Dental Practice Address: _____

Work Phone: _____Fax:_____

E-Mail Address: _____

Minnesota Dental Therapist License Number: _____

Dental Therapist Signature: _____Date: _____

Dental Therapy Exams

The CDCA currently administers two examinations for Dental Therapists.

Clinical Examinations

Dental Therapy OSCE

Dental Therapy Initial Licensure Exam

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The Dental Therapy Exam is designed to test clinical competencies consistent with the Dental Therapist's Scope of Practice. The exam is divided into 2 parts: a manikin-based exam and a patient-based restorative exam. The manikin and restorative exams are specific to the skill sets of Dental Therapists.

Manikin Procedures: 6 HOURS

ENDODONTICS:
- Pulpotomy Tooth #A

RESTORATION:
- Class II MOD Amalgam Restoration Tooth #T

STAINLESS STEEL CROWNS:
- Stainless Steel Crown Preparation Tooth #L
- Stainless Steel Crown Placement and Cementation Tooth #J

Restorative Procedures: 7 HOURS

CLASS II COMPOSITE PREPARATION AND RESTORATION

– AND –

CLASS III COMPOSITE PREPARATION AND RESTORATION

The candidate must successfully challenge all procedures to pass the Dental Therapy Examination. Those procedures in which the candidate was unsuccessful may be challenged again on a separate date. The CDCA will provide typodonts for candidates at each testing site. CDCA uses Acadental MODU-PRO Pedo MP_420 typodont.

Dental Therapy OSCE

Overview

The Dental Therapy OSCE (DT OSCE) is a component of the initial dental therapy licensure process or the Advanced Dental Therapy Certification process, determined by the Minnesota Board of Dentistry and based on the date you were licensed with the Board. The DT OSCE is a 100-question multiple-choice computerized examination delivered at Prometric Test Centers. The test is approximately 2.5 hours in length, including an introduction, tutorial, and final survey. The actual examination time is 1 hour and 55 minutes. Candidates may skip or mark items to be considered later. Once the examination is completed, however, the candidate will not be able to return to those questions. The time indicated on the computer screen is the amount of time for that subsection. There is no specific time limitation for each item.

Content/Scoring

DENTAL THERAPY OSCE CONTENT	
1. Medical/Dental Assessment and Medical Emergencies	**10%**
Evaluate a patient's health history and record vital signs Analyze and adjust treatment as necessary based on the patient's health history Evaluate a patient's oral health history Recognize and manage common medical emergencies occurring in the dental healthcare setting	
2. Intra and Extraoral Examination	**8%**
Recognize and identify normal, abnormal, and common conditions	
3. Soft Tissue, Bone and Tooth Anomalies	**10%**
Identify conditions related to soft tissue, bone and tooth abnormalities using clinical exam, radiographs, and patient history Evaluate and identify growth & developmental abnormalities Evaluate functional abnormalities	
4. Radiography/Imaging	**6%**
Identify oral structures Evaluate and interpret radiographs	
5. Dental Treatment	**55%**
Preventive Care Restorative Treatment Periodontics Oral Surgery Endodontics Pediatric Dentistry	
6. Local Anesthesia and Nitrous Oxide	**4%**
Technique, Pharmacology and Administration of agents Concepts and Management of Pain and Anxiety Pre and Post-Op Management of the Patient Prevention, recognition and management of complications	
8. Infection Control	**3%**
Understand and apply the CDC recommendations and OSHA standards relevant to dental healthcare setting through all phases of treatment	
9. Applied Pharmacology	**4%**
Assess the potential impact, oral implications, and side effects of medications Assess the need for and application of preventive and therapeutic agents Understand analgesics, anti-inflammatories, and antibiotics usage and indications	

OHA definition of Underserved Population-

In regard to accessing and utilizing oral health services, refers to populations which are less healthy because of ability to pay, lack of access to culturally responsive, linguistically appropriate, and comprehensive care, or other inequities for reasons of race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, socioeconomic class, intersections among these communities or identities, or other socially determined circumstances. These populations include, but are not limited to:

- Latino/a/x populations
- Black populations
- American Indian/Alaska Native populations
- Asian populations
- Middle Eastern and North African populations
- Native Hawaiian and Pacific Islander populations
- Slavic and Eastern European populations
- Immigrants and Refugees
- Individuals with limited English proficiency (LEP)
- Persons with disabilities
- LGBTQ+ populations
- New mothers and women with children
- Individuals transitioning out of incarceration
- Religious minorities
- People experiencing houselessness/homelessness
- Rural and frontier communities residing within a Health Professional Shortage Area (HPSA)
- Young adults and postsecondary graduating students who do not have coverage options through a parent's plan, a student plan, or an employer plan
- Medicaid-eligible consumers who are not enrolled in coverage despite being eligible for Medicaid
- Uninsured individuals, including those eligible for coverage but are not covered
- Other populations not listed above experiencing inequities

Commission on Dental Accreditation

Accreditation Standards for Dental Therapy Education Programs

Accreditation Standards for Dental Therapy Education Programs

Commission on Dental Accreditation
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Effective: February 6, 2015

Document Revision History

Date	Item	Action
February 6, 2015	Accreditation Standards for Dental Therapy Education Programs	Adopted
August 7, 2015	Accreditation Standards for Dental Therapy Education Programs	Implemented
February 5, 2016	Revised Accreditation Status Definitions	Approved, Implemented
August 5, 2016	Revised Mission Statement	Adopted
January 1, 2017	Revised Mission Statement	Implemented
January 1, 2018	Areas of Oversight at Sites Where Educational Activity Occurs (new Standard 2-5, revisions to Standards 3-4, 3-5, and 3-7)	Adopted Implemented
February 8, 2019	Definition of Terms (Health Literacy) and Intent Statements for Standards 2-14, 2-15, 2-19 and 2-21	Adopted, Implemented

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016

Accreditation Status Definitions

Programs Which Are Fully Operational

Approval *(without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Programs Which Are Not Fully Operational

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is "initial accreditation." When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program's accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s).

Introduction

Accreditation
Accreditation is a non-governmental, voluntary peer review process by which educational institutions or programs may be granted public recognition for compliance with accepted standards of quality and performance. Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest.

The Commission on Dental Accreditation
The Commission on Dental accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs that provide basic preparation for licensure or certification in dentistry and the related disciplines.

Dental Therapy Accreditation
The first dental therapy accreditation standards were developed by the Commission on Dental Accreditation in 2013. In an effort to provide the communities of interest with appropriate input into the latest revision of the standards, the Commission on Dental Accreditation used the following procedures: conducting surveys of communities of interest, holding open hearings and distributing widely a draft of the proposed revision of the standards for review and comment. Prior to approving the standards in February 2015, the Commission carefully considered comments received from all sources. The accreditation standards were implemented in August 2015.

Standards
Dental therapy education programs must meet the standards delineated in this document to achieve and maintain accreditation.

Standards 1 through 5 constitute *The Accreditation Standards for Dental Therapy Education Programs* by which the Commission on Dental Accreditation and its consultants evaluate Dental Therapy Education Programs for accreditation purposes. This entire document also serves as a program development guide for institutions that wish to establish new programs or improve existing programs. Many of the goals related to the educational environment and the corresponding standards were influenced by best practices in accreditation from other health professions.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions that offer dental therapy education programs, the Commission recognizes that methods of achieving standards may vary according to the mission, size, type and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required education and training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission recognizes the importance of academic freedom, and an institution is allowed considerable flexibility in structuring its educational program so that it can meet the *Standards*. No curriculum has enduring value, and a program will not be judged by conformity to a given type. The Commission also recognizes that schools organize their faculties in a variety of ways. Instruction necessary to achieve the prescribed levels of knowledge and skill may be provided by the educational unit(s) deemed most appropriate by each institution.

The Commission has an obligation to the public, the profession and prospective students to assure that accredited Dental Therapy Education Programs provide an identifiable and characteristic core of required education, training and experience.

Format of the Standards

Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Statement of General Policy

Maintaining and improving the quality of dental therapy education is a primary aim of the Commission on Dental Accreditation. In meeting its responsibilities as a specialized accrediting agency recognized by the dental profession and by the United States Department of Education, the Commission on Dental Accreditation:

1. Evaluates dental therapy education programs on the basis of the extent to which program goals, institutional objectives and approved accreditation standards are met;

2. Supports continuing evaluation of and improvements in dental therapy education programs through institutional self-evaluation;

3. Encourages innovations in program design based on sound educational principles;

4. Provides consultation in initial and ongoing program development.

As a specialized accrediting agency, the Commission relies on an authorized institutional accrediting agency's evaluation of the institution's objectives, policies, administration, financial and educational resources and its total educational effort. The Commission's evaluation will be confined to those factors which are directly related to the quality of the dental therapy program. In evaluating the curriculum in institutions that are accredited by a U.S. Department of Education-recognized regional or national accrediting agency, the Commission will concentrate on those courses which have been developed specifically for the dental therapy program and core courses developed for related disciplines. When an institution has been granted "candidate for accreditation" status by a regional or national accrediting agency, the Commission will accept that status as evidence that the general education and biomedical science courses included in the dental therapy curriculum meet accepted standards, provided such courses are of appropriate level and content for the discipline.

The importance of institutional academic freedom is recognized by the Commission, and the Accreditation Standards allow institutions considerable flexibility in structuring their educational programs. The Commission encourages the achievement of excellence through curricular innovation and development of institutional individuality. Dependent upon its objectives, resources, and state practice act provisions, the institution may elect to extend the scope of the curriculum to include content and instruction in additional areas.

Programs and their sponsoring institutions are encouraged to provide for the educational mobility of students through articulation arrangements and career laddering (e.g., between dental therapy education programs and dental hygiene or dental assisting education programs).

Institutions and programs are also strongly encouraged to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by the Commission on Dental Accreditation or by use of appropriate qualifying or proficiency examinations.

This entire document constitutes the Accreditation Standards for Dental Therapy Education Programs. Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. Expanded guidance in the form of examples to assist programs in better understanding and interpreting the "must" statements within the standards follow. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Goals

The assessment of quality in educational programs is the foundation for the *Standards*. In addition to the emphasis on quality education, the *Accreditation Standards for Dental Therapy Education Programs* are designed to meet the following goals:

1. to protect the public welfare;
2. to promote an educational environment that fosters innovation and continuous improvement;
3. to guide institutions in developing their academic programs;
4. to guide site visit teams in making judgments regarding the quality of the program and;
5. to provide students with reasonable assurance that the program is meeting its stated objectives.

Specific objectives of the current version of the Standards include:

- streamlining the accreditation process by including only standards critical to the evaluation of the quality of the educational program;
- increasing the focus on competency statements in curriculum-related standards; and
- emphasizing an educational environment and goals that foster critical thinking and prepare graduates to be life-long learners.

To sharpen its focus on the quality of dental therapy education, the Commission on Dental Accreditation includes standards related to institutional effectiveness. Standard 1, "Institutional Effectiveness," guides the self-study and preparation for the site visit away from a periodic approach by encouraging establishment of internal planning and assessment that is ongoing and continuous. Dental therapy education programs are expected to demonstrate that planning and assessment are implemented at all levels of the academic and administrative enterprise. The *Standards* focus, where necessary, on institutional resources and processes, but primarily on the results of those processes and the use of those results for institutional improvement.

The following steps comprise a recommended approach to an assessment process designed to measure the quality and effectiveness of programs and units with educational, patient care, research and service missions. The assessment process should include:

1. establishing a clearly defined purpose/mission appropriate to dental therapy education, patient care, research and service;
2. formulating goals consistent with the purpose/mission;
3. designing and implementing outcomes measures to determine the degree of achievement or progress toward stated goals;
4. acquiring feedback from internal and external groups to interpret the results and develop recommendations for improvement (viz., using a broad-based effort for program/unit assessment);
5. using the recommendations to improve the programs and units; and
6. re-evaluating the program or unit purpose and goals in light of the outcomes of this assessment process.

Implementation of this process will also enhance the credibility and accountability of educational programs.

It is anticipated that the *Accreditation Standards for Dental Therapy Education Programs* will strengthen the teaching, patient care, research and service missions of schools. These *Standards* are national in scope and represent the minimum requirements expected for a dental therapy education program. However, the Commission encourages institutions to extend the scope of the curriculum to include content and instruction beyond the scope of the minimum requirements, consistent with the institution's own goals and objectives.

The foundation of these *Standards* is a competency-based model of education through which students acquire the level of competence needed to begin the practice of dental therapy. Competency is a complex set of capacities including knowledge, experience, critical thinking, problem-solving, professionalism, personal integrity and procedural skills that are necessary to begin the practice of dental therapy. These components of competency become an integrated whole during the delivery of patient care. Professional competence is the habitual and judicious use of communication, knowledge, critical appraisal, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individuals and communities served. Accordingly, learning experiences help students blend the various dimensions of competency into an integrated performance for the benefit of the patient. The assessment process focuses on measuring the student's overall capacity to function as an entry-level, beginning dental therapist rather than measuring individual skills in isolation.

In these *Standards* the competencies for dental therapy are described broadly. The Commission expects each school to develop specific competency definitions and assessment methods in the context of the broad scope of dental therapy practice. These competencies must be reflective of an evidence-based definition of dental therapy. To assist schools in defining and implementing their competencies, the Commission strongly encourages the development of a formal liaison mechanism between the school and the practicing dental community.

The objectives of the Commission are based on the premise that an institution providing a dental therapy educational program will strive continually to enhance the standards and quality of both scholarship and teaching. The Commission expects an educational institution offering such a program to conduct that program at a level consistent with the purposes and methods of higher education and to have academic excellence as its primary goal.

Definition of Terms Used in Accreditation Standards for Dental Therapy Education Programs

The terms used in this document indicate the relative weight that the Commission attaches to each statement. Definitions of these terms are provided.

Standard: Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern.

Must: Indicates an imperative need or a duty; an essential or indispensable item; mandatory.

Should: Indicates an expectation.

Intent: Intent statements are presented to provide clarification to dental therapy education programs in the application of, and in connection with, compliance with the *Accreditation Standards for Dental Therapy Education Programs*. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Understanding: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

In-depth: Characterized by a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

Competent: The levels of knowledge, skills and values required by the new graduates to begin dental therapy practice.

Competencies: Written statements describing the levels of knowledge, skills and values expected of graduates.

Instruction: Describes any teaching, lesson, rule or precept; details of procedure; directives.

Dental Therapy: Denotes education and training leading to dental therapy practice.

Community-based experience: Refers to educational opportunities for dental therapy students to provide patient care in community-based clinics or private practices under the supervision of faculty licensed to perform the treatment in accordance with the state dental practice act. Community-based experiences are not intended to be synonymous with community service

activities where dental therapy students might go to schools to teach preventive techniques or where dental therapy students help build homes for needy families.

Evidence-based dentistry (EBD): An approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the clinician's expertise and the patient's treatment needs and preferences.

Patients with special needs: Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

Quality assurance: A cycle of PLAN, DO, CHECK, ACT that involves setting goals, determining outcomes, and collecting data in an ongoing and systematic manner to measure attainment of goals and outcomes. The final step in quality assurance involves identification and implementation of corrective measures designed to strengthen the program.

Service learning: A structured experience with specific learning objectives that combines community service with academic preparation. Students engaged in service learning learn about their roles as dental therapists through provision of patient care and related services in response to community-based problems.

Advanced Standing: Programs and their sponsoring institutions are encouraged to provide for educational mobility of students through articulation arrangements and career laddering (e.g. between dental therapy education programs and dental hygiene or dental assisting education programs). Institutions and programs are also strongly encouraged to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by the Commission on Dental Accreditation or by use of appropriate qualifying or proficiency examinations.

Advanced standing means the program has the authority to grant full or partial course credit for a specific course toward the completion of the dental therapy program. This may apply to one or more courses in the dental therapy program curriculum.

Humanistic Environment: Dental therapy programs are societies of learners, where graduates are prepared to join a learned and a scholarly society of oral health professionals. A humanistic pedagogy inculcates respect, tolerance, understanding, and concern for others and is fostered by mentoring, advising and small group interaction. A dental therapy program environment characterized by respectful professional relationships between and among faculty and students establishes a context for the development of interpersonal skills necessary for learning, for patient care, and for making meaningful contributions to the profession.

Health literacy: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

(Institute of Medicine. 2004. *Health Literacy: A Prescription to End Confusion*. Washington, DC: The National Academies Press. https://doi.org/10.17226.10883.)

STANDARD 1-INSTITUTIONAL EFFECTIVENESS

1-1 The program **must** develop a clearly stated purpose/mission statement appropriate to dental therapy education, addressing teaching, patient care, research and service.

Intent*: A clearly defined purpose and a mission statement that is concise and communicated to faculty, staff, students, patients and other communities of interest is helpful in clarifying the purpose of the program.*

1-2 Ongoing planning for, assessment of and improvement of educational quality and program effectiveness **must** be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.

Intent*: Assessment, planning, implementation and evaluation of the educational quality of a dental therapy education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of dental therapy.*

Examples of evidence to demonstrate compliance may include:

- program completion rates
- employment rates
- success of graduates on licensing examinations
- surveys of alumni, students, employers, and clinical sites
- other benchmarks or measures of learning used to demonstrate effectiveness
- examples of program effectiveness in meeting its goals
- examples of how the program has been improved as a result of assessment
- ongoing documentation of change implementation
- mission, goals and strategic plan document
- assessment plan and timeline

1-3 The dental therapy education program **must** have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

Intent: *The dental therapy education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.*

Examples of evidence to demonstrate compliance may include:

- Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available
- Student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities
- Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment

1-4 The program **must** have policies and practices to:

a. achieve appropriate levels of diversity among its students, faculty and staff;
b. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and
c. systematically evaluate comprehensive strategies to improve the institutional climate for diversity.

Intent: *The program should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The program should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Programs could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Programs should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.*

1-5 The financial resources **must** be sufficient to support the program's stated purpose/mission, goals and objectives.

Intent: *The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment; procure supplies, reference material and teaching aids as reflected in an annual operating budget. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.*

Examples of evidence to demonstrate compliance may include:

- program's mission, goals, objectives and strategic plan
- institutional strategic plan
- revenue and expense statements for the program for the past three years
- revenue and expense projections for the program for the next three years

1-6 The program **must** be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

Intent: *The position of the program in the institution's administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.*

Examples of evidence to demonstrate compliance may include:

- institutional organizational flow chart
- short and long-range strategic planning documents
- examples of program and institution interaction to meet program goals
- dental therapy representation on key college or university committees

1-7 Programs **must** be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

1-8 All arrangements with co-sponsoring or affiliated institutions **must** be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

Examples of evidence to demonstrate compliance may include:

- affiliation agreement(s)

1-9 The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

Examples of evidence to demonstrate compliance may include:

- Written agreement(s)
- Contracts between the institution/ program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)

1-10 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

1-11 The program **must** show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.

Community Resources

1-12 There **must** be an active liaison mechanism between the program and the dental and allied dental professions in the community.

Intent: *The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non-voting members to receive advice and assistance.*

Examples of evidence to demonstrate compliance may include:

- policies and procedures regarding the liaison mechanism outlining responsibilities, appointments, terms and meetings
- membership list with equitable representation if the group represents more than one discipline
- criteria for the selection of advisory committee members
- an ongoing record of committee or group minutes, deliberations and activities

STANDARD 2-EDUCATIONAL PROGRAM

The dental therapist is a member of the oral healthcare team. The curriculum for dental therapy programs will support the overall education, training and assessment to a level of competency within the scope of dental therapy practice.

2-1 The curriculum **must** include at least three academic years of full-time instruction or its equivalent at the postsecondary college-level.

Intent: *The scope and depth of the curriculum should reflect the objectives and philosophy of higher education. The time necessary for psychomotor skill development and the number of required content areas require three academic years of study and is considered the minimum preparation for a dental therapist. This could include documentation of advanced standing. However, the curriculum may be structured to provide opportunity for students who require more time to extend the length of their instructional program.*

Examples of evidence to demonstrate compliance may include:

- copies of articulation agreements
- curriculum documents
- course evaluation forms and summaries
- records of competency examinations
- college catalog outlining course titles and descriptions
- documentation of advanced standing requirements

2-2 The stated goals of the program **must** be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental therapy.

2-3 The program **must** have a curriculum management plan that ensures:

a. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
b. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
c. elimination of unwarranted repetition, outdated material, and unnecessary material;
d. incorporation of emerging information and achievement of appropriate sequencing.

2-4 The dental therapy education program **must** employ student evaluation methods that measure its defined competencies and are written and communicated to the enrolled students.

Intent: *Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice.*

2-5 Students **must** receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.

Examples of Evidence to demonstrate compliance may include:

- On-going faculty training
- Calibration training manuals
- Periodic monitoring for compliance
- Documentation of faculty participation in calibration-related activities

2-6 In advance of each course or other unit of instruction, students **must** be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.

Intent: *The program should identify the dental therapy fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental therapy practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.*

2-7 Academic standards and institutional due process policies and procedures **must** be provided in written form to the students and followed for remediation or dismissal.

Intent: *If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.*

Examples of evidence to demonstrate compliance may include:

- written remediation policy and procedures
- records of attrition/retention rates related to academic performance
- institutional due process policies and procedures

2-8 Graduates **must** demonstrate the ability to self-assess, including the development of professional competencies related to their scope of practice and the demonstration of professional values and capacities associated with self-directed, lifelong learning.

Intent: *Educational program should prepare students to assume responsibility for their own learning. The education program should teach students how to learn and apply evolving and new knowledge over a complete career as a health care professional. Lifelong learning skills include student assessment of learning needs.*

Examples of evidence to demonstrate compliance may include:

- Students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum
- Students identify learning needs and create personal learning plans
- Students participate in the education of others, including fellow students, patients, and other health care professionals, that involves critique and feedback

2-9 Graduates **must** be competent in the use of critical thinking and problem-solving, related to the scope of dental therapy practice including their use in the care of patients and knowledge of when to consult a dentist or other members of the healthcare team.

Intent: *Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.*

Examples of evidence to demonstrate compliance may include:

- Explicit discussion of the meaning, importance, and application of critical thinking
- Use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
- Prospective simulations in which students perform decision-making
- Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance

- Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
- Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards

Curriculum

2-10 The curriculum **must** include content that is integrated with sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies in the following three areas: general education, biomedical sciences, and dental sciences (didactic and clinical).

Intent: *Foundational knowledge should be established early in the dental therapy program and be of appropriate scope and depth to prepare the student to achieve competence in defined components of dental therapy practice. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.*

Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be taught at the postsecondary level.

Programs and their sponsoring institutions are encouraged to provide for educational mobility of students through articulation arrangements and career laddering (e.g. between dental therapy education programs and dental hygiene or dental assisting education programs) that results in advanced standing permitted for dental hygienists or dental assistants.

2-11 General education content **must** include oral and written communications, psychology, and sociology.

Intent: *These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.*

2-12 Biomedical science instruction in dental therapy education **must** ensure an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas:

a. head and neck and oral anatomy
b. oral embryology and histology
c. physiology

d. chemistry
e. biochemistry
f. microbiology
g. immunology
h. general pathology and/or pathophysiology
i. nutrition
j. pharmacology

Intent: *These subjects provide background for both didactic and clinical dental sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health. The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.*

Dental therapists need to recognize abnormal conditions to understand the parameters of dental therapy care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental therapy interventions.

2-13 Didactic dental sciences content **must** ensure an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of dental therapy:

a. tooth morphology
b. oral pathology
c. oral medicine
d. radiology
e. periodontology
f. cariology
g. atraumatic restorative treatment (ART)
h. operative dentistry
i. pain management
j. dental materials
k. dental disease etiology and epidemiology
l. preventive counseling and health promotion
m. patient management
n. pediatric dentistry
o. geriatric dentistry
p. medical and dental emergencies
q. oral surgery
r. prosthodontics
s. infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases.

Intent: *These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.*

2-14 Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

Intent: *Students should learn about factors and practices associated with disparities in health status among populations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental therapy practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental therapy education in:*

- *basic principles of culturally competent health care;*
- *basic principles of health literacy and effective communication for all patient populations;*
- *recognition of health care disparities and the development of solutions;*
- *the importance of meeting the health care needs of dentally underserved populations, and;*
- *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.*

Dental therapists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental therapists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).

Examples of evidence to demonstrate compliance may include:

- student projects demonstrating the ability to communicate effectively with a variety of individuals and groups.
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance

2-15 Graduates **must** be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Intent: *In attaining competence, students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they participate in the coordination of patient care within the health care system relevant to dentistry.*

Ethics and Professionalism

2-16 Graduates **must** be competent in the application of the principles of ethical decision making and professional responsibility.

Intent: *Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.*

2-17 Graduates **must** be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Intent: *Dental therapists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.*

Examples of evidence to demonstrate compliance may include:

- evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts
- outcomes assessment mechanisms

Clinical Sciences

2-18 Graduates **must** be able to access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice.

Intent: *The education program should introduce students to the basic principles of research and its application for patients.*

2-19 The program **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

Intent: *Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. Recognizing that there is a single standard of dental care, the care experiences provided for patients by students should be adequate to ensure competency in all components of dental therapy.*

Examples of evidence to demonstrate compliance may include:

- program clinical experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation system policy and procedures demonstrating student competencies
- clinic schedules for each term

2-20 Graduates **must** be competent in providing oral health care within the scope of dental therapy to patients in all stages of life.

The dental therapist provides care with supervision at a level specified by the state dental practice act. The curriculum for dental therapy programs will support the following competencies within the scope of dental therapy practice.

2-21 At a minimum, graduates **must** be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including:

a. identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals
b. comprehensive charting of the oral cavity
c. oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
d. exposing radiographic images
e. dental prophylaxis including sub-gingival scaling and/or polishing procedures

f. dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider
g. applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants
h. pulp vitality testing
i. applying desensitizing medication or resin
j. fabricating athletic mouthguards
k. changing periodontal dressings
l. administering local anesthetic
m. simple extraction of erupted primary teeth
n. emergency palliative treatment of dental pain limited to the procedures in this section
o. preparation and placement of direct restoration in primary and permanent teeth
p. fabrication and placement of single-tooth temporary crowns
q. preparation and placement of preformed crowns on primary teeth
r. indirect and direct pulp capping on permanent teeth
s. indirect pulp capping on primary teeth
t. suture removal
u. minor adjustments and repairs on removable prostheses
v. removal of space maintainers

Intent: *Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dental therapy at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted dental therapy responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate's readiness to enter the practice of dental therapy.*

Additional Dental Therapy Functions

2-22 Where graduates of a CODA-accredited dental therapy program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum **must** include content at the level, depth, and scope required by the state. Further, curriculum content **must** include didactic and laboratory/preclinical/clinical objectives for the additional dental therapy skills and functions. Students **must** demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: *Functions allowed by the state dental board or regulatory agency for dental therapists are taught and evaluated at the depth and scope required by the state. The*

inclusion of additional functions cannot compromise the scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.

2-23 Dental therapy program learning experiences **must** be defined by the program goals and objectives.

2-24 Dental therapy education programs **must** have students engage in service learning experiences and/or community-based learning experiences.

Intent: *Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.*

STANDARD 3- FACULTY AND STAFF

3-1 The program director **must** have a full-time administrative appointment as defined by the institution and have primary responsibility for operation, supervision, evaluation and revision of the Dental Therapy educational program.

Intent: *To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited for the program director and should not take precedent over administrative responsibilities.*

3-2 The program director **must** be a licensed dentist (DDS/DMD) or a licensed dental therapist possessing a master's or higher degree. The director **must** be a graduate of a program accredited by the Commission on Dental Accreditation and who has background in education and the professional experience necessary to understand and fulfill the program's mission and goals.

Intent: *The program director's background should include administrative experience, instructional experience, and professional experience in general dentistry. The term of interim/acting program director should not exceed a two year period.*

Examples of evidence to demonstrate compliance may include:

- bio sketch of program director.

3-3 The program director **must** have the authority and responsibility necessary to fulfill program goals including:

a) curriculum development, evaluation and revision;
b) faculty recruitment, assignments and supervision;
c) input into faculty evaluation;
d) initiation of program or department in-service and faculty development;
e) assessing, planning and operating program facilities;
f) input into budget preparation and fiscal administration;
g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

Examples of evidence to demonstrate compliance may include:

- program director position description

3-4 The number and distribution of faculty and staff **must** be sufficient to meet the program's stated purpose/mission, goals and objectives, at all sites where required educational activity occurs.

Intent: *Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and*

appropriate evaluation criteria and methods, program development and review, and professional development.

Examples of evidence to demonstrate compliance may include:
- faculty schedules including student contact loads and supplemental responsibilities

3-5 The faculty to student ratio for preclinical, clinical and radiographic clinical and laboratory sessions **must** not exceed one to six. The faculty to student ratio for laboratory sessions in the dental science courses **must** not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Intent: *The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and supervised patient care clinics rather than by the total number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and assessment of students' progression toward competency. Faculty are also responsible for ensuring that the patient care services delivered by students meet the program's standard of care.*

Examples of evidence to demonstrate compliance may include:
- faculty teaching commitments
- class schedules
- listing of ratios for clinical, radiographic and laboratory courses

3-6 All faculty of a dental therapy program **must** be educationally qualified for the specific subjects they are teaching.

Intent: *Faculty should have current background in education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists, dental therapists, dental hygienists, and expanded function dental assistants who supervise students' clinical procedures should have qualifications which comply with the state dental practice act. Individuals who teach and supervise students in clinical experiences should have qualifications comparable to faculty who teach in the main program clinic and are familiar with the program's objectives, content, instructional methods and evaluation procedures.*

Examples of evidence to demonstrate compliance may include:
- faculty curriculum vitae

3-7 The program **must** show evidence of an ongoing faculty development process.

Intent: *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession. Effective teaching requires not only content knowledge, but an understanding of pedagogy, including knowledge of curriculum design and development, curriculum evaluation, and teaching methodologies.*

Examples of evidence to demonstrate compliance may include:

- evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
- attendance at regional and national meetings that address education
- mentored experiences for new faculty
- scholarly productivity
- maintenance of existing and development of new and/or emerging clinical skills
- records of calibration of faculty

3-8 The faculty, as appropriate to meet the program's purpose/mission, goals and objectives, **must** engage in scholarly activity.

3-9 Faculty **must** be ensured a form of governance that allows participation in the school's decision-making processes.

3-10 A defined faculty evaluation process **must** exist that ensures objective measurement of the performance of each faculty member.

Intent: *An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.*

Examples of evidence to demonstrate compliance may include:

- sample evaluation mechanisms addressing teaching, patient care, research, scholarship and service
- faculty evaluation policy, procedures and mechanisms

3-11 The dental therapy program faculty **must** be granted privileges and responsibilities as afforded all other comparable institutional faculty.

Examples of evidence to demonstrate compliance may include:

- institution's promotion/tenure policy

- faculty senate handbook
- institutional policies and procedures governing faculty

3-12 Qualified institutional support personnel **must** be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

Intent: *Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.*

Examples of evidence to demonstrate compliance may include:
- description of current program support/personnel staffing
- program staffing schedules
- staff job descriptions
- examples of how support staff are used to support students

STANDARD 4-EDUCATIONAL SUPPORT SERVICES

Admissions

4-1 Specific written criteria, policies and procedures **must** be followed when admitting students.

Intent: *The dental therapy education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability should be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants should be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental therapists.*

Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.

Examples of evidence to demonstrate compliance may include:

- admissions management policies and procedures
- copies of catalogs, program brochures or other written materials
- established ranking procedures or criteria for selection
- minutes from admissions committee
- periodic analysis supporting the validity of established admission criteria and procedures
- results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance
- advanced standing policies and procedures, if appropriate

4-2 Admission policies and procedures **must** be designed to include recruitment and admission of a diverse student population.

Intent: *Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program*.

4-3 Admission of students with advanced standing **must** be based on the same standards of achievement required by students regularly enrolled in the program. Advanced standing requirements for career laddering into a dental therapy program **must** meet advanced standing requirements of the college or university offering advanced standing for dental therapy.

Intent: *Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.*

4-4 Students with advanced standing **must** receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:

- Policies and procedures on advanced standing
- Results of appropriate qualifying examinations
- Course equivalency or other measures to demonstrate equal scope and level of knowledge

4-5 The number of students enrolled in the program **must** be proportionate to the resources available.

Intent: *In determining the number of dental therapy students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program's resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.*

Examples of evidence to demonstrate compliance may include:

- sufficient number of clinical and laboratory stations based on enrollment
- clinical schedules demonstrating equitable and sufficient clinical unit assignments
- clinical schedules demonstrating equitable and sufficient radiology unit assignments

- faculty full-time equivalent (FTE) positions relative to enrollment
- budget resources and strategic plan
- equipment maintenance and replacement plan
- patient pool availability analysis
- course schedules for all terms

Facilities and Resources

4-6 The program **must** provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the program and which are in conformance with applicable regulations.

Intent: *The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.*

4-7 The clinical facilities **must** include the following:

a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; functional, equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
b) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
c) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
d) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;
e) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
f) patient records kept in an area assuring safety and confidentiality.

Intent: *The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.*

4-8 Radiography facilities **must** be sufficient for development of clinical competence and contain the following:

a) an appropriate number of radiography exposure rooms which include: dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
b) processing and/or imaging equipment;
c) an area for viewing radiographs;
d) documentation of compliance with applicable local, state and federal regulations.

Intent: *The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.*

4-9 A multipurpose laboratory facility **must** be provided for effective instruction and allow for required laboratory activities and contain the following:

a) placement and location of equipment that is conducive to efficient and safe utilization;
b) student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;
c) documentation of compliance with applicable local, state and federal regulations.

Intent: *The laboratory facilities should include student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction.*

4-10 Office space which allows for privacy **must** be provided for the program administrator and faculty

Intent: *Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities. Student and program records should be stored to ensure confidentiality and safety.*

4-11 Instructional aids, equipment, and library holdings **must** be provided for student learning.

Intent: *The acquisition of knowledge, skills and values for students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, should be assured access to learning resources. Institutional library holdings should include or provide*

access to a diversified collection of current dental and medical literature and references necessary to support teaching, student learning needs, service, research and development. There should be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

Examples of evidence to demonstrate compliance may include:

- a list of references on education, medicine, dentistry, dental therapy, dental hygiene, dental assisting and the biomedical sciences
- policies and procedures related to learning resource access
- timely electronic access to a wide variety of professional scientific literature
- skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video, and other media which depict current techniques
- a wide range of printed materials and instructional aids and equipment available for utilization by students and faculty
- current and back issues of major scientific and professional journals related to medicine, dentistry, dental therapy, dental hygiene, dental assisting and the biomedical sciences

Student Services

4-12 Student services **must** include the following:

a. personal, academic and career counseling of students;
b. assuring student participation on appropriate committees;
c. providing appropriate information about the availability of financial aid and health services;
d. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
e. student advocacy; and
f. maintenance of the integrity of student performance and evaluation records.

Intent: *All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.*

Student Financial Aid

4-13 At the time of acceptance, students **must** be advised of the total expected cost of their education and opportunities for employment.

Intent: *Financial information should include estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid.*

4-14 The institution **must** be in compliance with all federal and state regulations relating to student financial aid and student privacy.

Health Services

4-15 The dental therapy program **must** advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental therapy studies.

4-16 There **must** be a mechanism for ready access to health care for students while they are enrolled in dental therapy school.

4-17 Students **must** be encouraged to be immunized against infectious diseases, such as mumps, measles, rubella, and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of infection to patients, dental personnel, and themselves.

Intent: *All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.*

Examples of evidence to demonstrate compliance may include:

- policies and procedures regarding infectious disease immunizations
- immunization compliance records
- declinations forms

STANDARD 5 – HEALTH, SAFETY, AND PATIENT CARE PROVISIONS

5-1 Written policies and procedures **must** be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current standard of care.

Intent: *All radiographic exposure should be integrated with clinical patient care procedures.*

5-2 Written policies and procedures **must** establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste.

Intent: *Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff.*

5-3 The school's policies and procedures **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained

5-4 All students, faculty and support staff involved in the direct provision of patient care **must** be continuously certified in basic life support (B.L.S.), including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED), and be able to manage common medical emergencies.

Examples of evidence to demonstrate compliance may include:

- accessible and functional emergency equipment, including oxygen
- instructional materials
- written protocol and procedures
- emergency kit(s)
- installed and functional safety devices and equipment
- first aid kit accessible for use in managing clinic and/or laboratory accidents

5-5 The program **must** conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:

a. standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
b. an ongoing review and analysis of compliance with the defined standards of care;
c. an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
d. mechanisms to determine the cause(s) of treatment deficiencies; and
e. implementation of corrective measures as appropriate.

Intent: *Programs should create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence-based practice.*

5-6 The program **must** have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs and the scope of dental therapy care available at the dental therapy facilities.

Intent: *All patients should receive appropriate care that assures their rights as a patient are protected. Patients should be advised of their treatment needs and the scope of care available at the training facility and appropriately referred for procedures that cannot be provided by the program. This Standard applies to all program sites where clinical education is provided.*

Examples of evidence to demonstrate compliance may include:

- documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
- quality assurance policy and procedures
- patient bill of rights

5-7 The program **must** develop and distribute a written statement of patients' rights and commitment to patient-centered care to all patients, appropriate students, faculty, and staff.

Intent: *The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:*

a) considerate, respectful and confidential treatment;
b) continuity and completion of treatment;
c) access to complete and current information about his/her condition;
d) advance knowledge of the cost of treatment;

e) informed consent;
f) explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;
g) treatment that meets the standard of care in the profession.

5-8 The use of quantitative criteria for student advancement and graduation **must** not compromise the delivery of patient care.

Intent: *The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.*

Examples of evidence to demonstrate compliance may include:
- patient bill of rights
- documentation that patients are informed of their rights
- continuing care (recall) referral policies and procedures

5-9 Patient care **must** be evidenced-based, integrating the best research evidence and patient values.

Intent: *The program should use evidence to evaluate new technology and products and to guide treatment decisions.*

5-10 The program **must** ensure that active patients have access to professional services at all times for the management of dental emergencies.

OAR 818-021-0080
Renewal of License

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every person holding a current license. The licensee must return the completed renewal application along with current renewal fees prior to the 9 - Div. 21 expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry**, dental therapy** or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085 "Reinstatement of Expired Licenses."

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

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

(3) Each dental therapist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Dental Therapists licensed in odd numbered years shall apply for renewal in odd numbered years and dental therapists licensed in even numbered years shall apply for renewal in even numbered years.

~~(3)~~ **(4)** The renewal application shall contain:

(a) Licensee's full name;

(b) Licensee's mailing address;

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

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

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

(f) Licensee's assumed business name;

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

(h) A statement that the licensee has met the educational requirements for **their specific license** renewal set forth in OAR 818-021-0060 or **OAR** 818-021-0070 **or OAR 818-021-00XX**;

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

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

818-021-00XX
Application for License to Practice Dental Therapy
(1) The Oregon Board of Dentistry may require an applicant for a license to practice dental therapy to pass written, laboratory or clinical examinations to test the professional knowledge and skills of the applicant.
(a) The examinations may not be affiliated with or administered by a dental pilot project or a dental therapy education program.
(b) The examinations must:
(A) Be elementary and practical in character, and sufficiently thorough to test the fitness of the applicant to practice dental therapy;
(B) Be written in English; and
(C) Include questions on subjects pertaining to dental therapy.
(2) If a test or examination was taken within five years of the date of application and the applicant received a passing score on the test or examination, as established by the Board by rule, the Board:
(a) To satisfy the written examination authorized under this section, may accept the results of national standardized examinations.
(b) To satisfy the laboratory or clinical examination authorized under this section:
(A) Shall accept the results of regional and national testing agencies or clinical board examinations administered by other states; and
(B) May accept the results of Board-recognized testing agencies.
(3) Applicants must pass the Board's Jurisprudence Examination.

818-021-00XX

Application for License to Practice Dental Therapy Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679 and submits to the Board satisfactory evidence of:

(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having completed or graduated from an Oregon Health Authority dental pilot project, and

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

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

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

(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

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

At the DTRO Committee meeting on 10/7/2021, OBD staff were directed to look at the Dental Therapy fees proposed. We were asked to consider the relevant issues of someone being both a dental hygienist (DH) and a dental therapist (DT). The fairness of the fees. Any flexibility for a dual license or other options.

The scope of practice for a DH and DT are very different. Each would have their own unique license number. The OBD has not done anything differently for dentists who hold two limited licenses in a specialty. These dentists have paid these fees for years for their two licenses. Also there are people who hold both a DH license and a D license simultaneously and there is no discount for them.

DTs and DHs could have two different collaborative agreements if the DH also has an expanded practice permit and has gone that route with a dentist. The collaborative agreements for DTs will be numerous and will more than likely add to OBD workload.

The complexity of license renewal and ability of the new InLumon database to add new fees is a big issue. The programming of a lessor fee, or a prorated fee for someone who holds dual licenses would be problematic. The further complexity of when one license was dropped and if the OBD could refund or prorate any fees is not possible at this time, nor in the foreseeable future.

DT and DHs have the same timeframe for renewal of licenses between mid-July and Sept 30th. If someone is licensed in an even numbered year (2022), then two years later they renew their license (2024). If someone is licensed in an odd numbered year (2021), then two years later they renew their license (2023).

It is understood that some clinics, community health centers, large healthcare systems, fully funded nonprofits, government agencies, etc… pay their license and renewal fees for their employees. Some licensee's licensure fees can be written off on their taxes. The healthcare field and most industries are experiencing a shortage of workers. It does not appear that our licensure fees are high as compared to neighboring states.

The OBD has to cover the costs of the administration of licensing along with all the other functions delegated to us. The OBD's funding is derived approximately 96% from licensure, renewal and permit fees. The OBD fully supports and encourages the development of Dental Therapy in Oregon with the goal of expanding access to oral healthcare to underserved populations and Oregon as a whole.

The OBD needs to be mindful of its resources and it is possible that all OBD fees will need to be reviewed closer in 2022. The anesthesia fees have not changed since 1999. The PDMP fee for dentists is going up from $50 per licensure period to $70. The pandemic has so far only slightly negatively impacted our total number of licensees in 2021 compared to 2020. We support reducing DT fees, from what was originally proposed, as a way to strike a fair balance with the issues at hand.

818-001-0087
Fees
(1) The Board adopts the following fees:
(a) Biennial License Fees:
(A) Dental —$390;
(B) Dental — retired — $0;
(C) Dental Faculty — $335;
(D) Volunteer Dentist — $0;
(E) Dental Hygiene —$230;
(F) Dental Hygiene — retired — $0;
(G) Volunteer Dental Hygienist — $0;
(H) Dental Therapy - ~~$300~~; ($230)
(I) Dental Therapy - retired $0.
(b) Biennial Permits, Endorsements or Certificates:
(A) Nitrous Oxide Permit — $40;
(B) Minimal Sedation Permit — $75;
(C) Moderate Sedation Permit — $75;
(D) Deep Sedation Permit — $75;
(E) General Anesthesia Permit — $140;
(F) Radiology — $75;
(G) Expanded Function Dental Assistant — $50;
(H) Expanded Function Orthodontic Assistant — $50;
(I) Instructor Permits — $40;
(J) Dental Hygiene Restorative Functions Endorsement — $50;
(K) Restorative Functions Dental Assistant — $50;
(L) Anesthesia Dental Assistant — $50;
(M) Dental Hygiene, Expanded Practice Permit — $75;
(N) Non-Resident Dental Background Check - $100.00;
(c) Applications for Licensure:
(A) Dental — General and Specialty — $345;
(B) Dental Faculty — $305;
(C) Dental Hygiene — $180;
(D) **Dental Therapy - ~~$250~~; ($180)**
~~(D)~~ (E) Licensure Without Further Examination — Dental**,** ~~and~~ Dental Hygiene **and Dental Therapy** — $790.
(d) Examinations:
(A) Jurisprudence — $0;
(e) Duplicate Wall Certificates — $50.
(2) Fees must be paid at the time of application and are not refundable.
(3) The Board shall not refund moneys under $5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

333-106-0055
General Requirements: X-ray Operator Training

(1) The registrant shall assure that individuals who will be operating the X-ray equipment by physically positioning patients or animals, determining exposure parameters, or applying radiation for diagnostic purposes shall have adequate training in radiation safety.

(a) Radiation safety training records shall be maintained by the registrant for each individual who operates X-ray equipment. Records must be legible and meet the requirements in OAR 333-120-0690.

(b) When requested by the Authority, radiation safety training records shall be made available.

(2) Dental X-ray operators who meet the following requirements are considered to have met the requirements in section (1) of this rule:

(a) Currently licensed by the Oregon Board of Dentistry as a dentist or dental hygienist; or

(b) Is a dental assistant who is certified by the Oregon Board of Dentistry in radiologic proficiency.

(c) Dental radiology students in an approved Oregon Board of Dentistry dental radiology course are permitted to take dental radiographs on human patients during their clinical training, under the direct supervision of a dentist or dental hygienist currently licensed, or a dental assistant who has been certified in radiologic proficiency by the Oregon Board of Dentistry.

(3) Veterinary X-ray operators who meet the following requirements are considered to have met the requirements in section (1) of this rule:

(a) Currently licensed by the Oregon Veterinary Medical Examining Board as a veterinarian or a certified veterinary technician.

(b) Veterinary students enrolled in a radiology course approved by the Oregon Veterinary Medical Examining Board are permitted to take radiographs on animal patients during their clinical training under the direct supervision of a veterinarian or a certified veterinary technician who is currently licensed.

(4) Diagnostic medical X-ray operators who meet the following requirements are considered to have met the requirements of section (1) of this rule:

(a) Holds a current license from the Oregon Board of Medical Imaging; or

(b) Holds a current limited X-ray machine operator permit from the Oregon Board of Medical Imaging; or

(c) Is a student in an approved school of Radiologic Technology as defined in ORS 688.405 while practicing Radiologic Technology under the direct supervision of a radiologist who is currently licensed with the Oregon Medical Board or a radiologic technologist who is licensed with the Oregon Board of Medical Imaging; or

(d) Is a student in an Oregon Board of Medical Imaging approved limited permit program under a radiologic technologist who is licensed by the Oregon Board of Medical Imaging.

(5) All other types of X-ray operators must have completed an Authority approved radiation use and safety course.

(6) At a minimum, an Authority approved training course shall cover the following subjects:

(a) Nature of X-rays:

(A) Interaction of X-rays with matter;

(B) Radiation units;

(C) X-ray production;

(D) Biological effects of X-rays; and

(E) Risks of radiation exposure.

(b) Principles of the X-ray machine:

(A) External structures and operating console;

(B) Internal structures:

(i) Anode; and

(ii) Cathode.

(C) Operation of an X-ray machine;

(D) Tube warm up;

(E) Factors affecting X-ray emission:

(i) mA;

(ii) kVp;

(iii) Filtration; and

(iv) Voltage waveform.

(c) Principles of radiation protection:

(A) Collimation;

(B) Types of personal protection equipment and who must wear it;

(C) ALARA;

(D) Time, distance, shielding;

(E) Operator safety;

(F) Personal dosimetry:

(i) Types of dosimetry;

(ii) Proper placement of dosimetry; and

(iii) Situations that require dosimetry.

(G) Occupational and non-occupational dose limits.

(d) Radiographic technique:

(A) Factors affecting technique choice:

(i) Thickness of part;

(ii) Body composition;

(iii) Pathology; and

(iv) Film versus computed radiography (CR) and digital radiography (DR).

(B) How to develop an accurate chart;

(C) Low dose techniques;

(D) Pediatric techniques (does not apply to veterinary); and

(E) AEC Techniques.

(e) Darkroom:

(A) Safelights;

(B) Chemical storage;

(C) Film storage; and

(D) Darkroom cleanliness.

(f) Image processing:

(A) Automatic film processing;

(B) Dip tank film processing;

(C) Computed radiography (CR) processing; and

(D) Digital radiography (DR) processing.

(g) Image critique:

(A) Reading room conditions;

(B) Light box conditions;

(C) Image identification;

(D) Artifacts;

(E) Exposure indicators for CR and DR;

(F) Technical parameter evaluation; and

(G) Positioning evaluation.

(h) Veterinary X-ray use (for veterinary courses only):

(A) Types of animal restraints;

(B) Small animal versus large animal;

(C) Film holders; and

(D) Portable X-ray machine safety.

(i) Applicable federal and state radiation regulations including those portions of chapter 333, divisions 100, 101, 103, 106, 111, 120, and 124.

(7) In addition to the training outlined in section (6) of this rule, medical X-ray equipment operators using diagnostic radiographic equipment on human patients, and who are not regulated by the Oregon Board of Medical Imaging, must have 100 hours or more of instruction in radiologic technology including, but not limited to:

(a) Anatomy physiology, patient positioning, exposure and technique; and

(b) Appropriate types of X-ray examinations that the individual will be performing; and in addition

(c) Receive 200 hours or more of X-ray laboratory instruction and practice in the actual use of an energized X-ray unit, setting techniques and practicing positioning of the appropriate diagnostic radiographic procedures that they intend to administer.

(8) All X-ray operators shall be able to demonstrate competency in the safe use of the X-ray equipment and associated X-ray procedures.

(9) When required by the Authority, applications training must be provided to the operator before use of X-ray equipment on patients.

(a) Records of this training must be maintained and made available to the Authority for inspection.

(b) The training may be in any format such as hands-on training by a manufacturer’s representative, video or DVD instruction, or a training manual.

(10) X-ray equipment operators who have received their radiation safety training outside of Oregon will be considered to have met the training requirements in section (5) of this rule, if the Authority's or applicable Oregon Licensing Board's evaluation of their training or training and experience, reveals that they substantially meet the intent of section (6) of this rule.

Statutory/Other Authority: ORS 453.605 - 453.807
Statutes/Other Implemented: ORS 453.605 - 453.807
History:
PH 19-2015, f. 9-30-15, cert. ef. 10-1-15
PH 32-2014, f. 12-22-14, cert. ef. 1-1-15
PH 24-2014, f. & cert. ef. 8-15-14
PH 10-2011, f. 9-30-11, cert. ef. 10-1-11
PH 20-2010, f. & cert. ef. 9-1-10
PH 14-2008, f. & cert. ef. 9-15-08
PH 12-2006, f. & cert. ef. 6-16-06
PH 5-2005, f. & cert. ef. 4-11-05
PH 36-2004, f. & cert. ef. 12-1-04
PH 31-2004(Temp), f. & cert. ef. 10-8-04 thru 4-5-05
PH 3-2003, f. & cert. ef. 3-27-03
HD 24-1994, f. & cert. ef. 9-6-94
HD 15-1994, f. & cert. ef. 5-6-94
HD 1-1991, f. & cert. ef. 1-8-91
HD 4-1985, f. & ef. 3-20-85

DT Rules suggestion

Coplen, Amy <amy.coplen@pacificu.edu>

Mon 10/25/2021 2:33 PM

To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>; Yadira Martinez R.D.H. <yadiramar@comcast.net>
Cc: PJohnson@npaihb.org <PJohnson@npaihb.org>

Hello Stephen and Yadira,
For our next Rules Committee meeting, we have a suggestion for clarification that those from the pilot projects would be able to get licensed without further examination. Please let me know if this is the correct process for providing these recommendations.

Take Care,
Amy

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

(2) If a test or examination was taken within five years of the date of application and the applicant received a passing score on the test or examination, as established by the board by rule, the board:
(a) To satisfy the written examination authorized under this section, may accept the results of national standardized examinations.
(b) To satisfy the laboratory or clinical examination authorized under this section:
(A) Shall accept the results of regional and national testing agencies or clinical board examinations administered by other states; and
(B) May accept the results of board-recognized testing agencies.
(3) The board shall accept the results of regional and national testing agencies or of clinical board examinations administered by other states, and may accept results of board recognized testing agencies, in satisfaction of the examinations authorized under this section for applicants who have engaged in the active practice of dental therapy in Oregon, another state, the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a period of at least 3,500 hours in the five years immediately preceding application and who meet all other requirements for licensure.
(4) The board may accept successful completion of pilot project training to satisfy the requirements of this section.

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Amy E. Coplen, RDH, EPDH, MS
She/Her/Hers
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Fwd: DT Proposed Rules

Ryan Allred <drryanallred@gmail.com>

Wed 10/27/2021 12:06 PM

To: Stephen Prisby <stephen.prisby@state.or.us>

Dear Chair Martinez,

I would like to make some comments with regard to the proposed changes that would allow dental therapists to perform treatment on patient who are being sedated or placed under general anesthesia by a qualified anesthesia provider.

Anesthesia in dentistry can be a complex endeavor. One must share the airway with the operating dentist/provider. In my experience, having the most trained and skilled individual provide the dental treatment is needed in order to maintain patient safety standards.

First, the level of training of dental therapists does not give them enough education and background to be aware of potential sedation related problems. I also have reservations that in an emergency that many dental therapists would be able to aid the anesthesia provider in an emergency or code.

Secondly, there has been considerable academic and clinical discussion about the effects of prolonged anesthesia times of patient health. For example, the SMARTOTS initiative has been trying to elucidate the effects of general anesthesia on children. Basically, there is some research in animals models that seems to give concern that anesthesia on children can hinder their intellectual development. While the research is not totally clear, there is a consensus that treatment time under anesthesia for children should be limited to as least amount as possible. To achieve this goal, I believe that the most skilled and qualified individual available should be the person performing treatment. Dental therapist can perform many procedures and accomplish their work, but I feel like allowing them to work on sedated patients opens up too much risk for the community at large and for children in particular.

Warm regards
Ryan Allred, DMD

Dentist Anesthesiogist-Full Time private practice
Board Certified member of the American Dental Board of Anesthesiology
Member of the Oregon Dental Board- Anesthesia rules committee

Enrolled
House Bill 2528

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

CHAPTER .....

AN ACT

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

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

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

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

(1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.

(2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.

(3) "Dentist" means a person licensed to practice dentistry under this chapter.

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

(a) Is at least 18 years of age;

(b) Submits to the board a completed application form;

(c) Demonstrates the completion of a dental therapy education program;

(d) Passes an examination described in section 4 of this 2021 Act; and

(e) Pays the application and licensure fees established by the board.

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

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

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

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

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

(a) Is at least 18 years of age;

(b) Submits to the board a completed application form;

(c) Demonstrates**:**

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

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

(d) Passes an examination described in section 4 of this 2021 Act; and

(e) Pays the application and licensure fees established by the board.

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

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

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

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

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

(c) The examinations must:

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

(B) Be written in English; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Application for licensure;

(b) Examinations;

(c) Biennial dental therapy licenses, both active and inactive;

(d) Licensure renewal fees;

(e) Permits; and

(f) Delinquency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Comprehensive charting of the oral cavity;

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

(d) Exposing and evaluation of radiographic images;

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

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

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

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

(m) Emergency palliative treatment of dental pain;

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

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

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

(q) Indirect pulp capping on permanent teeth;

(r) Indirect pulp capping on primary teeth;

(s) Suture removal;

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

(u) Atraumatic restorative therapy and interim restorative therapy;

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

(w) Removal of space maintainers;

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

(A) Nonnarcotic analgesics;

(B) Anti-inflammatories; and

(C) Antibiotics; and

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

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

(a) Placement of temporary restorations;

(b) Fabrication of soft occlusal guards;

(c) Tissue reconditioning and soft reline;

(d) Tooth reimplantation and stabilization;

(e) Recementing of permanent crowns;

(f) Pulpotomies on primary teeth;

(g) Simple extractions of:

(A) Erupted posterior primary teeth; and

(B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;

(h) Brush biopsies; and

(i) Direct pulp capping on permanent teeth.

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

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

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

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

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

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

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

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

SECTION 13. ORS 679.010 is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

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

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

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

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

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

SECTION 14. ORS 679.140 is amended to read:

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

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

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

(c) Unprofessional conduct.

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

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

(f) Incapacity to practice safely.

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

(a) Obtaining any fee by fraud or misrepresentation.

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

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

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

(e) Impairment as defined in ORS 676.303.

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

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

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

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

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

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

(a) Suspend judgment.

(b) Place a licensee on probation.

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

(d) Revoke a license to practice dentistry in this state.

(e) Place limitations on a license to practice dentistry in this state.

(f) Refuse to renew a license to practice dentistry in this state.

(g) Accept the resignation of a licensee to practice dentistry in this state.

(h) Assess a civil penalty.

(i) Reprimand a licensee.

(j) Impose any other disciplinary action the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty.

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

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

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

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

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

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

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

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

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

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

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

SECTION 15. ORS 679.170 is amended to read:

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

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

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

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

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

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

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

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

SECTION 16. ORS 679.250 is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Achieve at least one of the following:

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

(B) Develop new categories of dental personnel;

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

(D) Teach new oral health care roles to previously untrained persons.

(2) The authority shall adopt rules:

(a) Establishing an application process for pilot projects;

(b) Establishing minimum standards, guidelines and instructions for pilot projects; and

(c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:

(A) The process used to evaluate the progress and outcomes of the pilot project;

(B) The baseline data and information to be collected;

(C) The nature of program data that will be collected and the methods for collecting and analyzing the data;

(D) The provisions for protecting the safety of patients seen or treated in the project; and

(E) A statement of previous experience in providing related health care services.

(3) The authority shall seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.

(4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry [*or*]**,** dental hygiene **or dental therapy** without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority.

(b) A person practicing dentistry [*or*]**,** dental hygiene **or dental therapy** without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.

(5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 [*of this 2011 Act*]**, chapter 716, Oregon Laws 2011**.

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

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

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

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

Passed by House April 27, 2021

Repassed by House June 23, 2021

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

.....
Tina Kotek, Speaker of House

Passed by Senate June 22, 2021

.....
Peter Courtney, President of Senate

Received by Governor:

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

Approved:

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

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

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

.....
Shemia Fagan, Secretary of State

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

DIVISION 1
PROCEDURES

818-001-0002
Definitions

As used in OAR chapter 818:

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

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

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

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

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

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

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

~~(5)~~ **(8)** "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

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

~~(8)~~ **(10)** "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.

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

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

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

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

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

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

of group dental care programs as well as the prevention and control of dental diseases on a community basis.
(c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
(e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
(g) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
(h) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
(i) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.
(j) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.
~~(12)~~ **(14)**“ 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 **or dental therapy.**
~~(13)~~ **(15)** For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).
~~(14)~~ **(16)**“ Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

~~(15)~~ **(17)**" Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.
~~(16)~~ **(18)**" Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.
~~(17)~~ **(19)**" BLS for Healthcare Providers or its Equivalent" the CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial CPR course must be a hands-on course; online CPR courses will not be approved by the Board for initial CPR certification.
After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A CPR certification card with an expiration date must be received from the CPR provider as documentation of CPR certification. The Board considers the CPR expiration date to be the last day of the month that the CPR instructor indicates that the certification expires.

818-001-0087
Fees
(1) The Board adopts the following fees:
(a) Biennial License Fees:
(A) Dental —$390;
(B) Dental — retired — $0;
(C) Dental Faculty — $335;
(D) Volunteer Dentist — $0;
(E) Dental Hygiene —$230;
(F) Dental Hygiene — retired — $0;
(G) Volunteer Dental Hygienist — $0;
(H) Dental Therapy - $300;
(I) Dental Therapy - retired $0.
(b) Biennial Permits, Endorsements or Certificates:
(A) Nitrous Oxide Permit — $40;
(B) Minimal Sedation Permit — $75;
(C) Moderate Sedation Permit — $75;
(D) Deep Sedation Permit — $75;
(E) General Anesthesia Permit — $140;
(F) Radiology — $75;
(G) Expanded Function Dental Assistant — $50;
(H) Expanded Function Orthodontic Assistant — $50;
(I) Instructor Permits — $40;
(J) Dental Hygiene Restorative Functions Endorsement — $50;
(K) Restorative Functions Dental Assistant — $50;
(L) Anesthesia Dental Assistant — $50;
(M) Dental Hygiene, Expanded Practice Permit — $75;
(N) Non-Resident Dental Background Check - $100.00;
(c) Applications for Licensure:
(A) Dental — General and Specialty — $345;
(B) Dental Faculty — $305;
(C) Dental Hygiene — $180;
(D) **Dental Therapy - $250;**
~~(D)~~ **(E)** Licensure Without Further Examination — Dental**,** ~~and~~ Dental Hygiene **and Dental Therapy** — $790.

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

818-012-0020
Additional Methods of Discipline for Unacceptable Patient Care
In addition to other discipline, the Board may order a licensee who engaged in or permitted unacceptable patient care to:
(1) Make restitution to the patient in an amount to cover actual costs in correcting the unacceptable care.
(2) Refund fees paid by the patient with interest.
(3) Complete a Board-approved course of remedial education.
(4) Discontinue practicing in specific areas of dentistry**, dental therapy,** or hygiene.
(5) Practice under the supervision of another licensee.

818-012-0030
Unprofessional Conduct
The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

(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 ~~or~~ **,**dental hygiene **or dental therapy.**
(16) Practice dentistry ~~or~~ **,**dental hygiene **or dental therapy** 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 **or dental therapy.**
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration (DEA) registration.

818-021-00XX

Application for License to Practice Dental Therapy

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

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

(c) The examinations must:

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

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

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

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

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

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

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

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

818-021-00XX

Application for License to Practice Therapy Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679 and submits to the Board satisfactory evidence of:

(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; ~~or~~ and

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

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

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

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

(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

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

818-021-0026

State and Nationwide Criminal Background Checks, Fitness Determinations

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

(2) These rules are to be applied when evaluating the criminal history of all licensees and applicants for a dental**, dental therapy** or dental hygiene license and for conducting fitness determinations consistent with the outcomes provided in OAR 125-007-0260.

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

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

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

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

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

(a) The nature of the crime;

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

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

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

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

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

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

(D) The subsequent commission of another relevant crime;

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

(F) A recommendation of an employer.

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

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

(5) The Board will make a fitness determination consistent with the outcomes provided in OAR 125-007-0260.
(a) A fitness determination approval does not guarantee the granting or renewal of a license.
(b) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason. Incomplete fitness determinations may not be appealed.
(6) The Board may require fingerprints of any licensed Oregon dentist**, dental therapist** or dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting a state or nationwide criminal records background check.
(7) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.
(8) Additional information required. In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee/applicant as necessary, such but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.
(9) Criminal offender information is confidential. Dissemination of information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).
(10) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted, to inspect the individual's own state and national criminal offender records and, if requested by the individual, provide the individual with a copy of the individual's own state and national criminal offender records.
(11) The Board shall determine whether an individual is fit to be granted a license or permit, based on fitness determinations, on any false statements made by the individual regarding criminal history of the individual, or any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as a part of an investigation. If an individual is determined to be unfit, then the individual may not be granted a license or permit. The Board may make fitness determinations conditional upon applicant's acceptance of probation, conditions, or limitations, or other restrictions upon licensure.
(12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy of completeness of criminal history information must be made in accordance with OAR 125-007-0030(7).

818-021-00XX
Continuing Education — Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.
(d) Continuing education credit can be given for volunteer pro bono dental ~~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 ~~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 two (2) hours of continuing education must be related to pain management

818-021-0080 Renewal of License

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every person holding a current license. The licensee must return the completed renewal application along with current renewal fees prior to the 9 - Div. 21 expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry**, dental therapy** or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085 "Reinstatement of Expired Licenses."

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

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

(3) The renewal application shall contain:

(a) Licensee’s full name;

(b) Licensee’s mailing address;

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

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

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

(f) Licensee’s assumed business name;

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

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

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

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

818-021-0085

Renewal or Reinstatement of Expired License

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

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

(a) Pay a penalty fee of $50;

(b) Pay the biennial renewal fee; and

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

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

(a) Pay a penalty fee of $100;

(b) Pay the biennial renewal fee; and

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

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

(a) Pay a penalty fee of $150;

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

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

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

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

(a) Pay a penalty fee of $250;

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

(c) Pay a reinstatement fee of $500;

(d) Pass the Board's Jurisprudence Examination;

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

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

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

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

818-021-0090

Retirement of License

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

(2) A license that has been retired may be reinstated if the applicant:
(a) Pays a reinstatement fee of $500;
(b) Passes the Board's Jurisprudence Examination;
(c) Passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
(d) Submits evidence of good standing from all states in which the applicant is currently licensed; and
(e) Submits a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(3) If the ~~dentist or dental hygienis~~t **Licensee** fails to reinstate ~~her or his~~ **their** license within four years from retiring the license, the ~~dentist or dental hygienist~~ **Licensee** must apply for licensure under the current statute and rules of the Board.

818-021-0095
Resignation of License
(1) The Board may allow a dentist ~~or~~ **,** dental hygienist **or dental therapist** who no longer practices in Oregon to resign ~~her or his~~ **their** license, unless the Board determines the license should be revoked.
(2) Licenses that are resigned under this rule may not be reinstated.

818-021-0110
Reinstatement Following Revocation
(1) Any person whose license has been revoked for a reason other than failure to pay the annual fee may petition the Board for reinstatement after five years from the date of revocation.
(2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that reinstatement of the license will not be detrimental to the health or welfare of the public, the Board may allow the petitioner to retake the Board examination.
(3) If the license was revoked for unacceptable patient care, the petitioner shall provide the Board with satisfactory evidence that the petitioner has completed a course of study sufficient to remedy the petitioner's deficiencies in the practice of dentistry**, dental therapy** or dental hygiene.
(4) If the petitioner passes the Board examination, the Board may reinstate the license, place the petitioner on probation for not less than two years, and impose appropriate conditions of probation.

818-026-0055
Dental Hygiene, ~~Dental Therapy~~ and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation
(1) Under indirect supervision, dental hygiene ~~and dental therapy~~ procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:
(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
(b) The permit holder, or an anesthesia monitor, monitors the patient; or
(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

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

818-026-0080
Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.
(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.
(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.
(4) A dentist, a dental hygienist~~,~~ **dental therapist** ~~or~~ an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.
(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.
(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.
(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of ~~her or his~~ **their** intent. Such notification need only be submitted once every licensing period.

Division 38
DENTAL THERAPY

818-038-0001
Definitions
(1) “Dental Therapist” means a person licensed pursuant to ORS 679 to practice dental therapy.
(2) “Dental Therapy” means the provision of preventative care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, pursuant to a collaborative agreement, including the services described in ~~ORS 679~~ (new scope section) section XXX
(3) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(4) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(6) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
(7) “Collaborative Agreement” means a written, signed and dated agreement entered into between an Oregon Licensed Dentist and an Oregon Licensed Dental Therapist meeting the requirements of ORS 679 and (new collaborative agreement section) OAR 818-038-XXXX

818-038-0010
Authorization to Practice
(1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist’s practice.
(2) A dental therapist shall dedicate at least 51 percent of the dental therapist’s practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.
(3) A dental therapist may perform the procedures list in OAR 818-038- XXXX so long as the procedures were included in the dental therapist’s education program or the dental therapist has received additional training in the procedure through a Board approved course.

818-038-0020
Prohibited Acts
A dental therapist may not:
(1) Administer Nitrous Oxide
(2) Place or Restore Dental Implants or any other soft tissue surgery except as described in 818-041-XXXX

(3) Prescribe any drugs
(4) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient or use of protective stabilization as defined by the current American Academy of Pediatric Dentistry Reference Manual
(5) Perform any dental therapy procedure unless it is documented in the collaborative agreement and rendered under appropriate Oregon Licensed Dentist supervision.
(6) Operate a hard or soft tissue Laser
(7) Treat a patient under moderate, deep or general anesthesia unless they are under direct supervision by the licensed dentist with a current collaborative agreement. The supervising dentist may not be acting as the anesthesiologist or anesthesia monitor.
(8) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-XXX
(9) Perform intraossious or intrapulpal injections.
(10) Place sutures
(11) Perform non vital pulp therapy such as pulpectomies on primary or permanent teeth.
(12) Order a computerized tomography scan

818-038-0050
Record Keeping
(1) A dental therapist shall annually submit a signed copy of their collaborative agreement (s) to the Oregon Board of Dentistry. If the collaborative agreement(s) are revised in between annual submissions, a signed and dated copy of the revised collaborative agreement(s) must be submitted to the board as soon as practicable after the revision is made.
(2) The annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.
(3) A dental therapist shall purchase and maintain liability insurance as determined sufficient by the board.

818-038-XXXX
Collaborative Agreements
(1) A dentist may supervise and enter into a collaborative agreement with no more than three dental therapists at any one time
(2) A dental therapist may enter into a collaborative agreement with more than one dentist if each collaborative agreement includes the same supervision and requirements of scope of practice.
(3) 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 by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

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

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

2) (a) In addition to the information described in subsection (3) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III.

DIVISION 42
DENTAL ASSISTING

818-042-0010
Definitions

(1) “Dental Assistant” means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, **dental therapist**, dental technician or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.
(2) “Expanded Function Dental Assistant” means a dental assistant certified by the Board to perform expanded function duties.
(3) “Expanded Function Orthodontic Assistant” means a dental assistant certified by the Board to perform expanded orthodontic function duties.
(4) “Direct Supervision” means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(5) “Indirect Supervision” means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(6) “General Supervision” means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

818-042-0020
Dentist, Dental Therapist and Dental Hygienist Responsibility

(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.
(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.
(3) A dental therapist who works under general supervision may supervise no more than two dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services and a dentist has authorized it.
(4) The supervising dentist ~~or~~ , dental hygienist **or dental therapist** is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.
~~(4)~~ **(5)** Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

818-042-0030
Infection Control

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

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

818-038-XXXX
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, except intra osseous and intrapulpal delivery.

(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;

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

(a) Placement of temporary restorations;

(b) Fabrication of soft occlusal guards;

(c) Tissue reconditioning and soft reline;

(d) Tooth reimplantation and stabilization;

(e) Recementing of permanent crowns;

(f) Pulpotomies on primary teeth;

(g) Simple extractions of:

(A) Erupted posterior primary teeth; and

(B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;

(h) Brush biopsies; and

(i) Direct pulp capping on permanent teeth.

(3) The supervising dentist described in subsection XXX shall review all procedures and related charting completed under indirect supervision performed by the dental therapist

(4) A dental therapist may only perform the procedures listed in section 2 so long as the procedures are included in the education program described in section xxx, or the dental therapist has received additional training in the procedure through a course approved by the Board of dentistry.

818-042-0050

Taking of X-Rays — Exposing Radiographic Images

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

(a) A dental assistant certified by the Board in radiologic proficiency; or

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

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

(3) A dental therapist may not order a computerized tomography scan

818-012-0040 Infection Control

A dental therapist is responsible for meeting all requirements under 818-012-0040

***GENERAL INFORMATION ON MOTIONS*:**

How are Motions Presented?

1. Obtaining the floor
    a**. Committee Members address the Chair by saying, "Madam Chair or Chair Martinez".**
    b. Wait until the Chair recognizes you.
2. Make Your Motion
    a. Speak in a clear and concise manner.
    b. Always state a motion affirmatively. Say, **"I move that we..."** rather than, "I move that we do not..."
3. Wait for Someone to Second the Motion.
4. Another member will second your motion or the **Chair will call for a second**.
5. If there is no second to the motion it is lost.
6. **The Chair restates the Motion. The Chair will say, "It has been moved and seconded that we ..." Thus placing your motion before the committee for consideration and action.**
    a. The committee then either debates your motion, or may move directly to a vote.
    b. Once your motion is presented to the membership by the Chair it becomes "assembly property", time for discussion on the matter- and cannot be changed without the consent of the members.
    c. The time for you to speak in favor of your motion is at this point in time, rather than at the time you present it.
    d. The Mover is always allowed to speak first.
    e. **All comments and debate must be directed to the Chair.**
    f. The Mover may speak again only after other speakers are finished, **unless called upon by the Chair.**
7. Putting the Question to the Committee
    a. **The Chair asks, "Any more discussion on the matter/motion?"**
    b. If there is no more discussion, a vote is taken.
    c. **The Chair asks those in favor to say, "aye", those opposed to say "no".**
    d. Vote clearly and loud enough for staff to record the vote accurately.
    e. **The Chair will confirm the vote and the outcome**.

OBD Board Meeting Dates:

Oct 22, 2021
Dec 17, 2021
Feb 25, 2022
April 22, 2022
June 17, 2022
Aug 19, 2022

At the August 20, 2021 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Committee named the “Dental Therapy Rules Oversight Committee” per ORS 679.280, to create, amend, review and discuss the implementation of dental therapy rules with the passage of HB 2528 (2021). This historic piece of legislation was signed by Governor Kate Brown on July 19, 2021.

This new Committee is being created because the OBD seeks a dedicated and focused group of committee members to draft new dental therapy rules in a deliberate, fair and equitable manner for the OBD to consider. This Committee will also consider cost of compliance and racial justice issues as well with the development of these rules.

The Dental Therapy Rules Oversight Committee shall be comprised of three current OBD Board Members, one who will serve as the Chair of the Committee.

The Committee shall include three representatives from the Oregon dental therapy community or organizations that represent dental therapists in Oregon. The Committee members must reside or work in Oregon and the OBD President will select the three members if more than three people volunteer to serve on this Committee. Ideally, Oregon licensed dental therapists will serve on this Committee in the future once licenses are issued.

The Committee shall include one representative from the Oregon Health Authority, ideally the Dental Director or their designee. This is to leverage their experience with dental pilot projects.

The Committee will also include one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists’ Association and the Oregon Dental Assistants Association.

All Committee meetings will be held virtually unless conditions allow for safe in person meetings. All OBD Committee and Board meetings are public meetings.

The Legislature requires that the OBD adopt rules necessary to administer certain provisions of the new legislation. In adopting rules, the board shall consult with dental therapists and organizations that represent dental therapists in Oregon.

The public, dental therapy communities and all interested parties can take part in the implementation of the new dental therapy rules as they will be subject to the OBD’s public rulemaking process.

Chair, Yadira Martinez, RDH - OBD Representative
Sheena Kansal, DDS - OBD Representative
Jennifer Brixey - OBD Representative
Kaz Rafia, DDS OHA - Representative
Brandon Schwindt, DMD - ODA Representative
Amy Coplen, RDH - ODHA Representative
Ginny Jorgensen, CDA - ODAA Representative
Miranda Davis, DDS - DT Representative
Kari Douglass - DT Representative
Jason Mecum - DT Representative

Inaugural meeting held October 7, 2021 from 5 pm – 7 pm
Second meeting to be held November 10, 2021 from 5 pm - 7 pm