

**OREGON BOARD OF DENTISTRY  
MINUTES  
OCTOBER 27, 2023**

MEMBERS PRESENT: Chip Dunn, President  
Jennifer Brixey, Vice President  
Alicia Riedman, R.D.H.,E.P.P.  
Reza Sharifi, D.M.D.  
Jose Javier, D.D.S.,  
Aarati Kalluri, D.D.S.  
Sheena Kansal, D.D.S.  
Terrence Clark, D.M.D.  
Sharity Ludwig, R.D.H.,E.P.P.  
Michelle Aldrich, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director  
Angela Smorra, D.M.D., Dental Director/ Chief Investigator  
Winthrop “Bernie” Carter, D.D.S., Dental Investigator  
Haley Robinson, Office Manager  
Samantha Plumlee, Examination and Licensing Manager  
Kathleen McNeal, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT  
IN PERSON & VIA  
TELECONFERENCE\*: Mary Harrison, Oregon Dental Assistants Association; Barry Taylor,  
D.M.D., Oregon Dental Association (ODA); Jill Lomax, Chemeketa  
Community College; Katherine Landsberg (DANB), Emily Coates,  
Oleysa Salathe, D.M.D.; Daniel Martinez Tovar; Karan Bershaw;  
Lauren Malone, OAGD; Kristen Simmons; Laura Skarnulis; Mia  
Noren; Kari Hiatt; Jen Hawley Price; Karan Repogle; Amy Coplen;  
Sue Ritter

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

**Call to Order:** The meeting was called to order by the President at 9:18 a.m. at the Board office; 1500 SW 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

President Chip Dunn welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

**NEW BUSINESS**

**Approval of Minutes**

Dr. Javier moved and Ms. Riedman seconded that the Board approve the minutes from the August 25, 2023 Board Meeting as amended. The motion passed unanimously.

**ASSOCIATION REPORTS**

**Oregon Dental Association (ODA)**

Dr. Salathe, D.M.D. thanked the Board for the opportunity to sit on the DAWSAC committee. Dr. Salathe reported the ODA had a great House of Delegates in September and the new ODA president is Mark Mutschler, D.D.S. Next weekend the ODA will hold a regional event in Florence, OR. Dr. Salathe announced the new American Dental Association president is Dr. Linda Edgar, from the State of Washington.

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

Karan Bershaw R.D.H.,E.P.P., the incoming ODHA president reported the ODHA annual conference will be November 10-11 at the Salem Convention Center. There will be 36 hours of continuing education available at the conference. The conference is a collaboration with the Oregon Dental Assistants Association.

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

Mary Harrison applauded the Board for their work on the DAWSAC committee and thanked the ODHA for their collaboration on the upcoming conference. Ms. Harrison noted the ODAA has met with the Lab Association. Ms. Harrison called attention to DANB's offering of the Radiation Health & Safety exam in Spanish, starting in January.

## **COMMITTEE AND LIAISON REPORTS**

### **Rules and Oversight Committee meeting – October 3, 2023**

Dr. Javier, Rules and Oversight Committee chair reported there were several rules ready to move forward to the Public Rule Making hearing, with three rules deserving additional Board review.

DANB Feedback on OBD proposed rules was included with broad discussion.

Dr. Javier moved and Ms. Ludwig seconded that the Board move OAR 818-026-0080 to the Anesthesia Committee for further review. The motion passed unanimously.

Ms. Riedman moved and Dr. Aldrich seconded that the Board move OAR 818-042-0080, 818-042-0110 and 818-042-0113 back to the Rules Oversight Committee for further discussion. The motion passed unanimously.

Dr. Javier moved and Dr. Kansal seconded that the Board send OAR 818-012-0005, 818-012-0060, 818-012-0010, 818-012-026-0050, 818-026-0055, 818-035-0030, 818-042-0020, , 818-042-0100, 818-042-0114, 818-042-0115 & 818-042-0117 to a public rule making hearing as presented. The motion passed unanimously.

### **818-012-0005**

#### **Scope of Practice**

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

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;

- (g) Platysmal muscle plication;
  - (h) Otoplasty;
  - (i) Dermabrasion;
  - (j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
  - (k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.
- (2) Unless the dentist:
- (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or
  - (b) Holds privileges either:
    - (A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or
    - (B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).
- (3) A dentist may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.
- (4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.
- (5) A dentist may place ~~endosseous-dental~~ implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical dental implant course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is a Commission on Dental Accreditation (CODA) accredited ~~graduate~~ postdoctoral dental education program, or a provider that has been approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).
- (6) A dentist placing ~~endosseous-dental~~ implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective January 1, 2024).

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

#### **Continuing Education — Dentists**

- (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
- (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists

is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

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

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

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.

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

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

(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

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

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

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

## **OAR 818-026-0010**

### **Definitions**

As used in these rules:

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require

assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous [and/or non-intramuscular](#) pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous [and/or non-intramuscular](#) pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous [and/or non-intramuscular](#) pharmacological method in minimal sedation.

(7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.

(9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

(11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

(12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.

(a) ASA I "A normal healthy patient".

(b) ASA II "A patient with mild systemic disease".

(c) ASA III "A patient with severe systemic disease".

(d) ASA IV "A patient with severe systemic disease that is a constant threat to life".

(e) ASA V "A moribund patient who is not expected to survive without the operation".

(f) ASA VI "A declared brain-dead patient whose organs are being removed for donor purposes".

[\(14\) "Recovery" means the patient is easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred, the patient can be monitored by a qualified anesthesia monitor until discharge criteria is met.](#)

## **OAR 818-026-0050**

### **Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

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

- (a) Is a licensed dentist in Oregon;
  - (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
  - (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
  - (d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
  - (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
  - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
  - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
  - (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
  - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
  - (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
  - (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
  - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
  - (c) Certify that the patient is an appropriate candidate for minimal sedation; and
  - (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) No permit holder shall have more than one person under minimal sedation [or nitrous oxide sedation](#) at the same time.
- (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

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

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

(8) The patient shall be monitored as follows:

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

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

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

### **OAR 818-026-0055**

#### **Dental Hygiene, Dental Therapy, and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation**

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

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~ [Board rules](#).

(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)~~ [Board rules](#).

**(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license 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 Board rules.**

### **OAR 818-035-0030**

#### **Additional Functions of Dental Hygienists**

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

(a) Make preliminary intra-oral and extra-oral examinations and record findings;

(b) Place periodontal dressings;

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;

(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.

(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.

(h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(i) Perform all aspects of teeth whitening procedures.

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

(a) Determine the need for and appropriateness of sealants or fluoride; and

(b) Apply sealants or fluoride.

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

**(a) Upon successful completion of a course in intravenous access or phlebotomy**

**approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line**



for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

#### **OAR 818-038-00XX**

##### **Additional Functions of Dental Therapists**

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

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

#### **OAR 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 dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services.

(4) The supervising licensee is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.

(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.

**(6) Dental assistants may take physical impressions and digital scans.**

#### **OAR 818-042-0080**

##### **Certification — Expanded Function Dental Assistant (EFDA)**

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

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

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

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a

course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished six (6) amalgam or composite surfaces, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

#### **OAR 818-042-0100**

##### **Expanded Functions — Orthodontic Assistant (EFODA)**

(1) An EFODA may perform the following duties while under the indirect supervision of a licensed dentist:

- (a) Remove orthodontic bands and brackets and attachments with removal of the bonding material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used. Use of a high speed handpiece is prohibited;
- (b) Select or try for the fit of orthodontic bands;
- (c) Recement loose orthodontic bands;
- (d) Place and remove orthodontic separators;
- (e) Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/ or retainers after their position has been approved by the supervising licensed dentist;
- (f) Fit and adjust headgear;
- (g) Remove fixed orthodontic appliances;
- (h) Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or chains as directed; and
- (i) Cut arch wires.; and

~~(j) Take impressions for study models or temporary oral devices such as, but not limited to, space maintainers, orthodontic retainers and occlusal guards.~~

(2) An EFODA may perform the following duties while under the general supervision of a licensed dentist:

- (a) An expanded function orthodontic assistant may remove any portion of an orthodontic appliance causing a patient discomfort and in the process may replace ligatures and/ or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.
- (b) An EFODA may recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as

soon as is reasonably appropriate.

#### **OAR 818-042-0114**

##### **Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)**

~~(4)~~ Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Preventive Dental Assistant may perform the following functions under the indirect supervision of a licensee providing that the procedure is checked by the licensee prior to the patient being dismissed:

~~(2)~~ **(1)** Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a licensee.

#### **OAR 818-042-0115**

##### **Expanded Functions — Certified Anesthesia Dental Assistant**

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

##### **(c) Perform phlebotomy for dental procedures.**

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

#### **OAR 818-042-0117**

##### **Initiation of IV Line and Phlebotomy Blood Draw**

**(1)** Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the Indirect Supervision of a dentist holding the appropriate anesthesia permit.

**(2) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may perform a phlebotomy blood draw under the Indirect Supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.**

Dr. Clark offered a brief recap of the first DAWSAC committee meeting, taking place earlier this morning. Committee discussion centered around three topics: 1) Why does Oregon not have as many dental assistants as it should, 2) review other states and their credentialing programs, 3) report back to the Board on a quarterly basis. The next DAWSAC meeting will be February 23, 2024.

OHA-Dental Pilot Project #100 Anesthesia administration training for Dental Therapists was shared as an example of an overview of the OHA's proffered anesthesia training.

CODA information on Dental Hygiene and Dental Therapy Standards were shared.

### **Oregon Board of Dentistry Committee and Liaison Assignments**

The Oregon Board of Dentistry Committee and Liaison Assignments for May 2023 - April 2024 were included for reference.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board Updates**

Mr. Prisby noted that the Board will have three openings next spring when the terms of Dr. Jose Javier 4/1/2024, Alicia Riedman, RDH 3/31/2024 and Jennifer Brixey 4/6/2024 end in the spring of 2024. Mr. Prisby attached documents summarizing the process, responsibilities and an overview of board service to help promote interest in joining the Board next year. Information about the board openings has been publicized in the OBD summer newsletter, email blasts and emails sent directly to the professional associations and tribal partners. Candidates need to apply through the state's Workday system and be vetted by early December 2023 to make it through the steps & process to be confirmed by the Senate in February 2024.

### **OBD Budget Report**

Mr. Prisby attached the first budget report for the 2023 – 2025 Biennium. The report, which is from July 1, 2023 through August 31, 2023 shows revenue of \$397,103.16, and expenditures of \$300,105.66.

The Legislature typically increases all state agencies' expenditure limits to account for these salary increases. However, most of the OBD's revenue (96%) is from applicants & licensees which may not increase enough to keep up with the projected increase in expenses due to salary increases and other cost increases. Another financial concern looming ahead is the OBD transitioning to support from the Medical Board to DAS for all financial, budgeting, accounting, and HR support.

Here is a budget note contained in the OBD's 2023 – 2025 Budget

#### **Budget Notes**

##### **Transition to the Department of Administrative Services Shared Financial Services**

The Oregon Board of Dentistry, in consultation with the Department of Administrative Services Chief Financial Office and Oregon Medical Board, shall review the most cost effective and programmatically efficient approach to transition its budget and accounting services from the Oregon Medical Board to the Department of Administrative Services (DAS), Shared Financial Services (SFS) beginning in the 2025-27 biennium. The agency shall submit a report to the Interim Joint Committee on Ways and Means or Emergency Board before January 2024 on its findings and include for consideration a plan to complete the transition in the most cost effective and efficient way, including the workload impact on both the Oregon Medical Board and DAS SFS.

Mr. Prisby discussed the possible financial impact regarding the OBD Budget and finite resources (people, revenue, and time).

### **Customer Service Survey**

Mr. Prisby shared the legislatively mandated survey results from July 1, 2023 – September 30, 2023. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

### **Staff Speaking Engagement**

Mr. Prisby noted that Dr. Angela Smorra presented an “OBD Update and Jurisprudence” presentation to Exceptional Needs Dental Services in Tigard on Friday, September 15, 2023.

### **Dental Hygiene License Renewal**

The license renewal period started on August 1 and ended September 30. Mr. Prisby reported that the final results will be ready and presented at the December Board meeting.

### **FY 2023 Annual Performance Progress Report**

Mr. Prisby attached the OBD’s FY 2023 Annual Performance Progress Report which was submitted to the Legislative Fiscal Office before the due date. Most state agencies are required to complete this report annually.

### **Governor Kotek’s Expectations of Agency Leaders**

Mr. Prisby shared an update of the OBD’s compliance on the Governor’s expectations of agency leaders.

### **M365 Sensitivity Labels on communications & documents**

Mr. Prisby reported that state documents & communications will now need to be defined & labeled appropriately. The statewide policy was also provided for context.

### **HPSP Year 13 Reports**

Mr. Prisby provided the Year 13 HSPS reports for review.

### **AADA & AADB Annual Meetings along with proposed updated AADB Bylaws**

Mr. Prisby reported on The American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB) annual meetings which were held in Los Angeles, Ca. October 18 – 21, 2023. He reported that Lori Lindley, was awarded the AADB Citizen of the Year Award. Due to timing of the press release on this, and more additional information on the meeting released late for this report: all will be included in his report at the December Board Meeting.

## **UNFINISHED BUSINESS AND RULES**

The Board held a virtual public rulemaking hearing on this fee rule on October 4, 2023 and no public comment was received at the public hearing. The Board also accepted comment/feedback between August 29 - October 13, 2023, but none was received.

Dr. Javier moved and Dr. Kansal seconded that the Board approve OAR 818-001-0087 as a permanent rule effective January 1, 2024. The motion passed unanimously.

Mr. Prisby presented a memo with two proposals regarding acceptable CE timeframes for a licensee’s first license renewal cycle. After discussion, the Board decided no changes are necessary to the CE rules.

## **COORESPONDENCE**

CSG Memo RE: Dentist and Dental Hygienist Compact addressed allegations and specific points of disinformation CSG has received over the past months.

CRDTS Special News Bulletin assembled information regarding two dental and dental hygiene licensure compacts that are being circulated to help CRDTS Members and non-member dental boards better understand what information is currently available.

Steve Bush recommended changing OAR 818-012-0002 to include a definition of study model.

(21) "Study model" means a replica of a patient's teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient's mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient's teeth and jaw alignment and plan procedures such as orthodontic treatment, restorative dentistry or prosthetic treatment. A study model is distinguished from a "working model," which is fabricated in a similar fashion as a study model and may be a more precise and accurate replica of the patient's teeth and jaw (where applicable). A working model would be used for the fabrication of dental appliances, including without limitation orthodontic aligners, retainers, crowns and bridges or removable dentures.

Dr. Javier moved and Dr. Kansal seconded that the Board move the language presented by Mr. Bush to the Licensing and Standards Committee for review. The motion passed unanimously.

## **OTHER ISSUES**

The Oregon Wellness Program (OWP) shared their mission statement and program overview. Promoting wellness for healthcare professions in Oregon through coordinated counseling services, education and research.

### **Articles & News**

Wisconsin's Dentistry Examining Board, under the Department of Safety and Professional Services voted to make Wisconsin's only dental school -- Marquette University's School of Dentistry -- a testing organization, allowing Marquette Dental Graduates automatic licensure.

Public notice from OHA: The OHA will submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services to increase the fee-for-service rates for dental services.

DANB to offer RHS exam translated to Spanish.

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

**OPEN SESSION:** The Board returned to Open Session at 2:45 p.m.

## **CONSENT AGENDA**

**2024-0011, 2023-0181, 2024-0017, 2024-0012, 2024-0027, 2024-0004, 2024-0033, 2019-0009, 2024-0010, 2022-0088, 2019-0222**

Ms. Brixey moved and Ms. Riedman seconded that the Board close the matters with a finding of No Violation or No Further Action. Ms. Ludwig recused herself from cases 2024-0011 and 2023-0181. The motion passed unanimously.

### **COMPLETED CASES**

**2024-0026, 2023-0094, 2023-0195, 2023-0166, 2023-0151, 2023-0170, 2023-0171**

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

#### **Erica R. Brown R.D.H.; 2023-0098**

Dr. Sharifi moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action incorporating a Reprimand and a \$250.00 civil penalty. The motion passed unanimously.

#### **Marco A. Gutierrez, D.D.S.; 2023-0127**

Dr. Kalluri moved and Ms. Brixey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer licensee a Consent Order in which the Licensee would agree to be reprimanded, pay a \$5,000.00 civil penalty within 90 days, pay \$6000.00 restitution to patient OF within 90 days, and take 4 hours of continuing education related to record keeping within 30 days, unless the Board grants an extension, and advises Licensee in writing. This ordered CE is in addition to the CE required for the licensure period April 1, 2022 to March 31, 2024. The motion passed unanimously.

#### **Audrey I Herman, R.D.H.; 2023-0106**

Dr. Kansal moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand; a \$1500.00 civil penalty payable within 120 days of the effective date of the Order; a requirement that the licensee complete four hours of Board approved continuing education (CE) in the area of infection control within 60 days of the of the effective date of the Order; a requirement that the licensee complete six hours of Board-approved continuing education (CE) in the area of medical emergencies within 60 days of the of the effective date of the Order; a requirement that the licensee complete four hours of Board-approved continuing education (CE) in the area of cultural competency within 60 days of the of the effective date of the Order; and a requirement that the licensee submit evidence of completion of the balance of 54 hours of CE for the licensure period October 1, 2018 through September 30, 2022 within 90 days of the effective date of the Order; These sixty-eight hours of Board-required CE will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022, to March 31, 2024. The motion passed unanimously.

#### **Richard S. Horacek, D.D.S.; 2022-0131 & 2023-0066**

Ms. Ludwig moved and Dr. Javier seconded that the Board combine the cases; issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$1500.00 civil penalty to be paid within 60 days of the effective date of the order, a refund of \$1286.00 to patient BM to be paid within 60 days of the effective date of the order, a refund of \$367.80 to patient ML to be paid within 60 days of the effective date of the order, six hours of

continuing education related to restorative dentistry within 30 days of the effective date of the order, and eight hours of continuing education related to endodontic treatment within 30 days of the effective date of the order, unless the Board grants an extension, and advises Licensee in writing. This ordered CE is in addition to the CE required for the licensure period April 1, 2022 to March 31, 2024. The motion passed unanimously.

**2023-0156**

Dr. Javier moved and Ms. Riedman seconded that the Board close the matter with a letter of concern reminding licensee to assure his advertising does not make a representation that is misleading as to the credentials, education, or the licensing status of his license; that he may not claim a degree, credential, or distinction granted by a professional organization or institution of higher learning that has not been earned, and to assure the heat sterilizing devices are tested for proper function by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated. The motion passed unanimously.

**Brian Hale Nelson, D.M.D.; 2023-0095**

Dr. Aldrich moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; refund in the amount of \$1,950.00 by single payment, in the form of a cashier's, bank, or official check made payable to patient DC and delivered to the Board within 30 days of the effective date of the Order; pay a \$7,000.00 civil penalty, in the form of a cashier's check, bank, or official check, made payable to the Oregon Board of Dentistry within 120 days of the effective date of the Order; and pass the Dental Jurisprudence Test within 30 days of the date of the effective date of the Order. The motion passed unanimously.

**Dennis G Peralá, D.M.D.; 2023-0186**

Ms. Riedman moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; refund and restitution in the amount of \$3,606.00 by single payment, in the form of a cashier's, bank, or official check made payable to patient DM and delivered to the Board within 120 days of the effective date of the Order; take 4 hours of CE on dental recordkeeping within 60 days of the effective date of the Order; and take and pass the Dental Jurisprudence Test within 30 days of the date of the effective date of the Order. The motion passed unanimously.

**2023-0140**

Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he documents his patient treatment record notes more thoroughly and that he follows-up with his patients as appropriate when he changes the office location where he practices. The motion passed unanimously.

**2023-0092**

Dr. Kalluri moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he document a full periodontal chart showing data collection for each tooth, that he diagnose mucogingival deformities with appropriate referral to a periodontist to treat such, that he documents and performs an acceptable full mouth occlusal adjustment considering centric occlusion and excursive movements, and that he provides written documentation of any implant placed to the patient. The motion passed unanimously.



## **2023-0076**

Dr. Kansal moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure all continuing education hours, including infection control and medical emergencies, have been completed during the licensure renewal period. The motion passed unanimously.

## **PREVIOUS CASES REQUIRING BOARD ACTION**

### **Thomas Lant Haymore, D.M.D.; 2021-0109 & 2021-0176**

Ms. Ludwig moved and Dr. Kansal seconded that the Board combine the cases and issue an Amended Proposed Order incorporating the disciplinary costs and incorporate a reprimand, a 60-day suspension of his license to practice dentistry, effective as of issuance of the Board's final order; Licensee will not be allowed to practice dentistry or give clinical advice for the duration of the suspension; a civil penalty in the sum of \$7500.00 to be paid within 90 days of the effective date of the order, complete and unconditionally pass the PROBE: Ethics & Boundaries Program by CPEP within 12 months from the effective date of the order. Licensee will be responsible for the cost of the program and will report the outcome to the Board within 10 days of completion; Licensee is prohibited from practicing dentistry on co-workers until further notice of the Board; and is assessed the costs in the total amount of \$75,000.00 within 12 months of the effective date of the order. The motion passed unanimously.

### **Russel G. Leoni, D.M.D.; 2023-0072**

Dr. Javier moved and Ms. Riedman seconded that the Board issue a Final Default Order to incorporate a reprimand, a \$6,000.00 civil penalty to be paid within 90 days of the effective date of the Order, complete 10 hours of continuing education in record keeping within 30 days of the effective date of the Order and complete a Board approved course on ethics within six months of the effective date of the Order. The motion passed unanimously.

## **LICENSE & EXAMINATION ISSUES**

### **Request for reinstatement of an expired license – Jeffrey Reddicks, D.M.D.**

Dr. Aldrich moved and Dr. Kansal seconded that the Board approve the reinstatement of license for Jeffrey Reddicks, D.M.D. The motion passed unanimously.

### **1991-0251**

Ms. Riedman moved and Dr. Sharifi seconded that the Board remove from the website and other publicly accessible print and electronic publications under the Board's control all information related to disciplining the individual under ORS 679.140 and any findings and conclusions made by the board during the disciplinary proceedings. The motion passed unanimously.

## **RATIFICATION OF LICENSES**

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

## **ADJOURNMENT**

The meeting was adjourned at 3:03 p.m. Mr. Dunn stated that the next Board Meeting would take place on December 15, 2023 via Zoom.

*/S/*  
\_\_\_\_\_  
Charles 'Chip' Dunn  
President