Oregon
Kate Brown, Governor

Board of Dentistry
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MEETING NOTICE

LICENSING, STANDARDS AND COMPETENCY COMMITTEE MEETING

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

ZOOM MEETING INFORMATION
https://us02web.zoom.us/j/87632943255?pwd=MldtNGEyUG8xcERGSFBza1ZaVEs5UT09
Dial-In Phone #: 1-253-215-8782 • Meeting ID: 876 3294 3255 • Passcode: 382763

November 16, 2022
5:00 p.m. – 7:00 p.m.

Committee Members:
Chair, Jose Javier, D.D.S.
Sheena Kansal, D.D.S.
Sharity Ludwig, R.D.H.
Jennifer Brixey
Olesya Salathe, D.M.D. - ODA Rep.
Susan Kramer, R.D.H. - ODHA Rep.
Ginny Jorgensen, CDA, EFDA, EFODA, AAS - ODAA Rep.
Yadira Martinez, R.D.H. – DT Rep.

AGENDA

Call to Order: Dr. Jose Javier, Chair

1. Review and approve Minutes of October 7, 2020 Committee Meeting.
   - October 7, 2020 Minutes – **Attachment #1**

2. Review and discuss and make possible recommendations to the Board regarding OAR 818-001-0002 – Definitions. (Staff recommendation). - **Attachment #2**

3. Review and discuss and make possible recommendations to the Board regarding OAR 818-012-0005(4). (Staff recommendation).
   - OAR 818-012-0005(4) - **Attachment #3**

4. Review and discuss amending the effective date of OAR 818-012-0005(4)(5).The Board voted on June 17, 2022 to move the effective date of this rule out from July 1, 2022 to Jan 1, 2024.
   - OAR 818-012-0005(5) - **Attachment #4**

5. Review and discuss refining the referenced rules for clarification. At the April 22, 2022 Board meeting the potential amendments to the Dental Implant Rule and CE updates were moved to this committee for further review, refinement and recommendations. (Staff recommendations).
   - OAR 818-012-0005(4)(5) - **Attachment #5**

6. Review and discuss and make possible recommendations to the Board regarding OAR 818-012-0007 only fine-tuning title of rule. (Staff recommendation).
   - OAR 818-012-0007 - **Attachment #6**

7. Review and discuss and make possible recommendations to the Board regarding OAR 818-012-0030 due to the passage of HB 2358 regarding Healthcare Interpreters.
   - HB 2358 – Healthcare Interpreter – Update to rule - **Attachment #7**
   - OAR 818-012-0030 with new language - **Attachment #8**

8. Review, discuss and make possible recommendations to the Board regarding OAR 818-012-0030 – Unprofessional Conduct and OAR 818-012-0032 – Diagnostic Records. (Staff recommendations).
   - OAR 818-012-0032 - **Attachment #9**

9. Review, discuss and make possible recommendations to the Board regarding OAR 818-012-0070 – Patient Records (Staff recommendations).
   - OAR 818-012-0070 – Patient Records - **Attachment #10**

10. Review and discuss Health Professional Services Program (HPSP) due to passage of Measure #110, to add Class E crimes and Board discussed more flexibility of time in program.
    - Measure 110 – **Attachment #11**
    - OAR 818-013-0015 – **Attachment #12**
    - OAR 818-013-0020 – **Attachment #13**

11. Review and discuss and make possible recommendations to the Board regarding Specialty Advertising due to DOJ settlement and terms of agreement.
    - OAR 818-015-0007(1) & (3) – **Attachment #14**
    - OAR 818-021-0012 – **Attachment #15**
    - OAR 818-021-0015 – **Attachment #16**
    - OAR 818-015-0005 – **Attachment #17**

12. Review, discuss and make possible recommendations to the Board regarding OAR 818-021-0017 – Application to Practice as a Specialist (Staff recommendations).
    - OAR 818-021-0017 – Application to Practice as a Specialist - **Attachment #18**

13. Review and discuss and make possible recommendations that the Board repeal OAR 818-021-0030 and OAR 818-021-0040 as they are outdated and do not apply now.
    - OAR 818-021-0030 & OAR 818-021-0040 – **Attachment #19**

14. Review and discuss amending the effective date of OAR 818-021-0060(8).The Board voted on June 17, 2022 to move effective date of this rule out from July 1, 2022 to Jan 1, 2024.
    - OAR 818-021-0060(8) – **Attachment #20**

15. Review and discuss and make possible recommendations that the Board update all three Licensees' CE Rules: OAR 818-021-0060, OAR 818-021-0070, and OAR 818-021-0076. At the December 2020 Board meeting during the height of the pandemic the Board voted that no quiz was required on correspondence courses and that zoom, or web based education would be acceptable for CE.
    - OAR 818-021-0030, OAR 818-021-0040 & OAR 818-021-0076 – **Attachment #21**

16. Review and discuss and make possible recommendations to the Board regarding draft attestation form due to the passage of HB 4096 which is effective Jan 1, 2023
    - HB 4096 – **Attachment #22**
    - Draft Rule – **Attachment #23**
    - Form for Licensee to attest they meet criteria to volunteer, and specifics and directed by HB 4096 – **Attachment #24**
    - OAR 818-021-0088 Volunteer License (for reference) – **Attachment #25**

17. Review and discuss Pacific University Dental Hygiene Students March 2021 proposal of adding a Local Anesthesia Endorsement for Dental Assistants, which was moved to this Committee at the April 2021 Board Meeting. At the August 2022 Board Meeting correspondence and draft rules from Ms. Lomax, Ms. Lewelling & Ms. Jorgenson which was similar was also moved to this Committee for review and discussion.
    - Pacific University Letter & Proposal – **Attachment #26**
    - Draft Rules & Letter from Ms. Lomax, Ms. Lewelling & Ms.Jorgenson – **Attachment #27**
    - OAR 818-035-0040 (for reference) – **Attachment #28**

18. Review, discuss and make possible recommendations to the Board regarding OAR 818-042-0040 – Prohibited Acts (Staff recommendations).
    - Staff Recommendations for rule change- **Attachment #29**
    - OAR 818-042-0040 – Prohibited Acts (for reference) - **Attachment #30**

19. Review, discuss and make possible recommendations to the Board regarding OAR 818-042-0050 – Taking of X-Rays — Exposing of Radiographic Images and OAR 818-042-0060 - Certification — Radiologic Proficiency
    - OAR 818-042-0050 – Taking of X-Rays — Exposing of Radiographic Images (for reference) - **Attachment #31**
    - OAR 818-042-0060 – Certification — Radiologic Proficiency - **Attachment #32**
    - OAR 333-106-0055 - General Requirements: X-ray Operator Training - **Attachment #33**
    - DANB Radiology Pathway I – Application - **Attachment #34**

20. Review, discuss and make possible recommendations to OAR 818-042-0080 Certification – Expanded Function Dental Assistant (EFDA), OAR 818-042-0110 – Certification – Expanded Function Orthodontic Assistant (EFODA) and OAR 818-042-0113 – Certification – Expanded Function Preventive Dental Assistants (EFPDA). All three were referred back to this Committee from the October 7, 2020 Licensing, Standards and Competency Committee because the Committee felt that in the midst of the pandemic, they did not want to create any new or additional barriers to care at that time.
    - OAR 818-042-0080 - Certification – EFDA - **Attachment #35**
    - OAR 818-042-0110 - Certification – EFODA - **Attachment #36**
    - OAR 818-042-0113 - Certification – EFPDA - **Attachment #37**

21. Review, discuss and make possible recommendations to the Board regarding OAR 818-042-0115 Expanded Functions – Certified Anesthesia Dental Assistant and OAR 818-042-0117 – Initiation of IV Line. Referred from Staff for discussion. This was discussed at October 23, 2020 Meeting that Anesthesia Dental Assistants could perform phlebotomy for dental procedures such as PRP/PRF.
    - OAR 818-042-0115 - Expanded Functions — Certified Anesthesia Dental Assistant - **Attachment #38**
    - OAR 818-042-0117 - Initiation of IV Line - **Attachment #39**
    - Phlebotomy course letter from June Board Meeting - **Attachment #40**
    - Phlebotomy MEMO – Staff Recommendations - **Attachment #41**

22. Review, discuss and make possible recommendations to the Board regarding OAR 818-042-0113 - Certification – EFPDA and OAR 818-042-0114 - Additional Functions of EFPDAs (Staff recommendations).
    - Staff Recommendations for rule change- **Attachment #42**

23. At the Dec 17, 2021 Board Meeting, Board moved discussion of Instructor requirements to teach Radiologic Proficiency to dental assistants and dental therapists to this Committee for review and discussion.
    - Instructor Application Form - **Attachment #43**

Any Other Business

Adjourn

LICENSING, STANDARDS AND COMPETENCY COMMITTEE
Held as a Zoom Meeting

Minutes
October 7, 2020

MEMBERS PRESENT:	Yadira Martinez, R.D.H., Chair Hai Pham, D.M.D. Jose Javier, D.D.S. Chip Dunn Daren L. Goin, D.M.D. - ODA Rep. Susan Kramer, R.D.H. - ODHA Rep. Ginny Jorgensen, CDA, EFDA, EFODA, - ODAA Rep.
STAFF PRESENT:	Stephen Prisby, Executive Director Daniel Blickenstaff, D.D.S., Dental Director/Chief Investigator Haley Robinson, Office Manager Ingrid Nye, Examination & Licensing Manager
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Cassie Leone, O.D.A.; Barry Taylor, D.M.D., O.D.A.; Lisa Rowley, R.D.H., ODHA; Mary Harrison, Oregon Dental Assistants' Association (ODAA); Phil Marucha, D.M.D., Oregon Health Sciences University, School of Dentistry (OHSU); Amy Coplen, R.D.H., Pacific University; Mary Ellen Murphy; David Waldschmidt; Dain Paxton, D.M.D.; Eric Fagerstrom
Note -Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.

Call to Order: The teleconference meeting was called to order by Chair Martinez at 5:05 p.m.

Dr. Javier joined the meeting at 5:27 p.m.

Dr. Pham joined the meeting at 5:41 p.m.

MINUTES

Mr. Dunn moved and Ms. Jorgensen seconded that the minutes of the May 24, 2019 Licensing, Standards and Competency meeting be approved as presented. The motion passed unanimously.

The Committee discussed ORS 679.310, but since this is a statute, no action was taken.

Ms. Kramer moved and Ms. Jorgensen seconded that the Committee recommend that the Board move OAR 818-001-0000 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

818-001-0000
Notice of Proposed Rule Making

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

Ms. Kramer moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-001-0002 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-001-0002
Definitions
As used in OAR chapter 818:
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
(4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(5) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.
(7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
(9) "Licensee" means a dentist or hygienist.

(10) “Volunteer Licensee” is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
(11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
(12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
(a) “Dental Anesthesiology” is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
(c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
(e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
(g) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
(h) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
(i) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.
(j) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth

and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.
(13) “Full-time” as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry or dental hygiene.
(14) For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).
(15) “Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.
(16) “Physical Harm” as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.
(17) “Teledentistry” is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.
(18) “BLS for Healthcare Providers or its Equivalent” the **BLS/**CPR certification standard is the American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial **BLS/**CPR course must be a hands-on course; online **BLS/**CPR courses will not be approved by the Board for initial **BLS/**CPR certification: After the initial **BLS/**CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A **BLS/**CPR certification card with an expiration date must be received from the **BLS/**CPR provider as documentation of **BLS/**CPR certification. The Board considers the CPR expiration date to be the last day of the month that the **BLS/**CPR instructor indicates that the certification expires.

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-001-0082 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-001-0082
Access to Public Records
(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice.
(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies.
(3) The Board follows the Department of Administrative Service’s statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:
(a) $0.10 per name and address for computer-generated lists on paper or ~~labels~~; $0.20 per name and address for computer-generated lists on paper ~~or labels~~ sorted by specific zip code;
(b) Data files ~~on diskette~~ **submitted electronically** or **on a device** ~~CD~~:
(A) All Licensed Dentists — $50;
(B) All Licensed Dental Hygienists — $50;
(C) All Licensees — $100.

(c) Written verification of licensure — $2.50 per name; and
(d) Certificate of Standing — $20.

Dr. Goin moved that the Committee recommend that the Board move OAR 818-012-0005 as presented to the Rules Oversight Committee for further review. The motion did not receive a second and so the motion died.

The Committee reviewed and discussed OAR 818-012-0005 (3) and (4) and decided not to take any action pending more information from staff regarding OMFS residency program requirements and Botulinum Toxin Type A and dermal filler courses

Dr. Goin moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-012-0005 (5) and (6) as presented and add the language from OAR 818-012-0005 (6) to OAR 818-021-0060 to the Rules Oversight Committee for further review. The motion passed unanimously.

818-012-0005
Scope of Practice
(1) No dentist may perform any of the procedures listed below:
(a) Rhinoplasty;
(b) Blepharoplasty;
(c) Rhytidectomy;
(d) Submental liposuction;
(e) Laser resurfacing;
(f) Browlift, either open or endoscopic technique;
(g) Platysmal muscle plication;
(h) Otoplasty;
(i) Dermabrasion;
(j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.
(2) Unless the dentist:
(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or
(b) Holds privileges either:
(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or
(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).

(3) A dentist may utilize Botulinum Toxin Type A ~~and dermal fillers~~ to treat a condition**s** that is **are** within the **oral and maxillofacial region** ~~scope of the practice of dentistry~~ after completing a minimum of **10** ~~20~~ hours in a hands on clinical course(s), ~~which includes both~~ **in** Botulinum Toxin Type A ~~and dermal fillers~~, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). **Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A and/or dermal fillers as part of a CODA accredited program.**

(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.

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

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

Ms. Kramer moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-012-0030 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

818-012-0030
Unprofessional Conduct
The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about

the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
(A) Legible copies of records; and
(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.
(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
(14) Violate any Federal or State law regarding controlled substances.
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. (Effective January 2015).
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or the public.
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in accordance with OAR 888-023-0820(8) in order to have access to the Program's electronic system if the Licensee holds an Oregon DEA registration.
(24) Fail to maintain in a dental office an Automated External Defibrillator (AED). Each AED, or equivalent defibrillator, shall be maintained in a properly functioning capacity at all times. Proof of the availability of a properly functioning AED, or equivalent defibrillator shall be retained by the licensee for the current calendar year and the two preceding calendar years. (Effective January 1, 2021)

Dr. Goin moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-012-0070 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-012-0070
Patient Records
(1) Each licensee shall have prepared and maintained an accurate and legible record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:
(a) Name and address and, if a minor, name of guardian;
(b) Date description of examination and diagnosis;
(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or ~~"SOAP" (Subjective Objective Assessment Plan) or their~~ **its** equivalent.
(d) Date and description of treatment or services rendered;
(e) Date, description and documentation of informing the patient of any recognized treatment complications;
(f) Date and description of all radiographs, study models, and periodontal charting;
(g) **Current** ~~H~~**h**ealth history; and
(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.
(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:
(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;
(b) The licensee gives the records, radiographs, or models to the patient; or
(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.
(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:
(a) Manufacture brand;
(b) Design name of implant;
(c) Diameter and length;
(d) Lot number;

(e) Reference number;
(f) Expiration date;
(g) Product labeling containing the above information may be used in satisfying this requirement.
(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.
(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-021-0080 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

818-021-0080
Renewal of License
Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every ~~person~~ **licensee** holding a current license. The licensee must ~~return the~~ complete**d** **the online** renewal application **and pay the** ~~along with~~ current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085, "Reinstatement of Expired Licenses."
(1) Each dentist shall submit the renewal fee and completed ~~and signed~~ **online** renewal application ~~form~~ by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years.
(2) Each **dental** hygienist must submit the renewal fee and completed ~~and signed~~ **online** renewal application ~~form~~ by September 30 every other year. **Dental** ~~H~~**h**ygienists licensed in odd numbered years shall apply for renewal in odd numbered years and **dental** hygienists licensed in even numbered years shall apply for renewal in even numbered years.
(3) The renewal application shall contain:
(a) Licensee's full name;
(b) Licensee's mailing address;
(c) 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 **continuing** educational requirements for renewal set forth in OAR 818-021-0060 or 818-021-0070;
(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction ~~or convicted of a crime~~.**;**
(k) A statement disclosing if the licensee has been arrested and or convicted of a misdemeanor or felony;
(l) A statement disclosing if the licensee or licensees malpractice insurance company or risk retention group has had any claims for an alleged injury; and
(m) A statement disclosing any physical or mental condition that would inhibit licensee's ability to practice safely.

Dr. Goin moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-026-0040 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia
Permits: Nitrous Oxide Permit
Nitrous Oxide Sedation.
(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:
(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;
(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and
(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.
(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient **and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation**;
(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
(d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of **preoperative and postoperative vital signs, and** all medications administered with
dosages, time intervals and route of administration.
(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(b) The patient can talk and respond coherently to verbal questioning;
(c) The patient can sit up unaided or without assistance;
(d) The patient can ambulate with minimal assistance; and
(e) The patient does not have nausea, vomiting or dizziness.
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.
(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain
current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-026-0050 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-026-0050
Minimal Sedation Permit
Minimal sedation and nitrous oxide sedation.
(1) The Board shall issue a Minimal Sedation Permit to an applicant who:
(a) Is a licensed dentist in Oregon;
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
(a) An operating room large enough to adequately accommodate the patient on an operating table or in
an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
(c) Certify that the patient is an appropriate candidate for minimal sedation; and
(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.
(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.
(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) 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.
(~~10~~**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.

The Committee reviewed and discussed OAR 818-026-0065 and decided not to take any action.

818-026-0065
Deep Sedation Permit
Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.
(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:
(a) Is a licensed dentist in Oregon; and
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm
platform for the administration of basic life support;
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;
(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.
(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.
(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(c) The patient can talk and respond coherently to verbal questioning;
(d) The patient can sit up unaided;
(e) The patient can ambulate with minimal assistance; and
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.
(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies,

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

The Committee reviewed and discussed OAR 818-026-0070 and decided not to take any action.

818-026-0070
General Anesthesia Permit
General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.
(1) The Board shall issue a General Anesthesia Permit to an applicant who:
(a) Is a licensed dentist in Oregon;
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and
(c) Satisfies one of the following criteria:
(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.
(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.
(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,

electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.
(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.
(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.
(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient’s record.
(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.
(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;
(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.
(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(c) The patient can talk and respond coherently to verbal questioning;
(d) The patient can sit up unaided;
(e) The patient can ambulate with minimal assistance; and
(f) The patient does not have nausea or vomiting and has minimal dizziness.
(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.
(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Ms. Kramer moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-035-0020 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

818-035-0020
Authorization to Practice
(1) A supervising dentist, without first examining a new patient, may authorize a dental hygienist:
(a) To take a health history from a patient;
(b) To take dental radiographs;
(c) To perform periodontal probings and record findings;
(d) To gather data regarding the patient; and
(e) To diagnose, treatment plan and provide dental hygiene services.
(2) When **dental** hygiene services are provided pursuant to subsection **(1)**, the supervising dentist need not be on the premises when the services are provided.
(3) When **dental** hygiene services are provided pursuant to subsection **(1)**, the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the **dental** hygiene services are provided.
(4) If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection **(1)**, no further dental hygiene services may be provided until an examination is done by the supervising dentist.
(5) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.

(6) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the **dental** hygienist's findings.
(7) When dental hygiene services are provided pursuant to subsection (5), subsections (2), (3) and (4) also apply.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-035-0025 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-035-0025
Prohibitions
A dental hygienist may not:
(1) Diagnose and treatment plan other than for dental hygiene services;
(2) Cut hard or soft tissue with the exception of root planing;
(3) Extract any tooth;
(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);
(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, **OAR** 818- 035-0040, **OAR** 818-026-0060(~~11~~ **12**), **OAR 818-026-0065(12)** and 818-026-0070(~~11~~ **12**);
(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway
Restriction (HOMAR) on any patient.
(9) Place or remove healing caps or healing abutments, except under direct supervision.
(10) Place implant impression copings, except under direct supervision.

Dr. Pham moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-042-0040 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.
(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty **(**OAR 818-042-0113 and OAR 818-042-0114**)** or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
(6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(~~11~~**12**), OAR 818-026-0065(~~11~~**12**), OAR 818-026-0070(~~11~~**12**) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.

(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except 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.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0080 as presented to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

818-042-0080
Certification — Expanded Function Dental Assistant (EFDA)
The Board may certify a dental assistant as an expanded function assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) If the assistant submits a completed application, pays the fee and provides evidence of;
(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a**n** **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.**

Dr. Pham moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-042-0110 as amended to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

818-042-0110
Certification— Expanded Function Orthodontic Dental Assistant (EFODA)
The Board may certify a dental assistant as an expanded function orthodontic assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) Completion of an application, payment of fee and satisfactory evidence of;
(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or
(b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a**n Oregon** licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients. **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 orthodontic 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 orthodontic duties until EFODA certification is achieved.**

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0113 as presented to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

818-042-0113
Certification — Expanded Function Preventive Dental Assistants (EFPDA)
The Board may certify a dental assistant as an expanded function preventive dental assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) If the assistant submits a completed application, pays the fee and provides evidence of;
(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the

Coronal Polish (CP) 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 the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six **(6)** patients. **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 preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.**

The Committee reviewed and discussed information and correspondence regarding sleep apnea. Treatment and devices were discussed.

Dr. Goin moved and Dr. Pham seconded the recommendation that the Board accept that it is within a dentist's scope of practice to use a portable monitor to help determine the optimal effective position of a patient's oral appliance. The motion passed unanimously**.**

Dr. Pham moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-021-0088 as amended to the Rules Oversight Committee for further review. The motion passed unanimously.

818-021-0088
Volunteer License
(1) An Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:
(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.
(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
(c) Licensee must provide the health care service without compensation.
(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.
(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.
(f) Licensee must agree to volunteer for a minimum of 80 hours **in Oregon** per renewal cycle.
(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

The Committee reviewed and discussed OAR 818-012-0040 and decided not to take any action. Oregon OSHA is promulgating rules that will impact all businesses in Oregon which will overlap and in some cases exceed Board infection control guidelines.

818-012-0040
Infection Control Guidelines
In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association.
(1) Additionally, licensees must comply with the following requirements:

(a) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.
(b) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.
(c) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.
(d) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.
(e) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.
(f) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.
(2) Licensees must comply with the requirement that heat sterilizing devices shall be 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. Testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.

Dr. Goin moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-015-0007 and OAR 818-021-0012 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-015-0007
Specialty Advertising
(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.
(2) The Board recognizes the following specialties:
(a) Endodontics;
(b) Oral and Maxillofacial Surgery;
(c) Oral and Maxillofacial Radiology;
(d) Oral and Maxillofacial Pathology;
(e) Orthodontics and Dentofacial Orthopedics;
(f) Pediatric Dentistry;
(g) Periodontics;
(h) Prosthodontics;
(i) Dental Public Health;
(j) Dental Anesthesiology**;**
(k) Oral Medicine;
(l) Orofacial Pain.
(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

818-021-0012
Specialties Recognized

(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, **oral medicine dentist, orofacial pain dentist,** orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.
(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, **oral medicine, orofacial pain,** orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

The Committee reviewed the proposed temporary licensure rules requiring that the clinical licensure examinations include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient.

Dr. Goin moved to recommend the Board reconsider its August 21, 2020 vote and not implement temporary licensure rules on January 31, 2021. The motion did not receive a second and so the motion died.

Dr. Pham moved to recommend the Board remove "or live patient" from the language proposed in OAR 818-021-0010, OAR 818-021-0011, OAR 818-021-0017, OAR 818-021-0018, OAR 818-021-0019, OAR 818-021-0020, and OAR 818-021-0025. The motion did not receive a second and so the motion died.

Ms. Kramer moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-021-0010, OAR 818-021-0011, OAR 818-021-0017, OAR 818-021-0018, OAR 818-021-0019, OAR 818-021-0020, and OAR 818-021-0025 as presented to the Rules Oversight Committee for further review. Ms. Martinez, Ms. Jorgensen, Ms. Kramer, and Mr. Dunn voted aye. Dr. Goin, Dr. Pham, and Dr. Javier opposed the motion. The motion passed.

The four temporary license rules applicable to dentists all included this language:
All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative and endodontics.

The three temporary license rules applicable to dental hygienist all included this language:
All acceptable exams must include at a minimum a clinical portion demonstrating psychomotor competency utilizing a typodont mounted in a manikin or live patient to test the areas of restorative, if applicable and periodontics

The Committee reviewed and discussed OAR 818-012-0006 and did not to take any action.

818-012-0006 – Qualifications – Administration of Vaccines
(1) A dentist may administer vaccines to a patient of record.
(2) A dentist may administer vaccines under Section (1) of this rule only if:
(a) The dentist has completed a course of training approved by the Board;
(b) The vaccines are administered in accordance with the "Model Standing Orders" approved by the Oregon Health Authority (OHA); and
(3) The dentist may not delegate the administration of vaccines to another person.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-026-0080 as presented to the Rules Oversight Committee for further review. The motion passed unanimously.

818-026-0080
Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon ~~Board of~~ Medical ~~Examiners~~ **Board**, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.
(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.
(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.
(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.
(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.
(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.
(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Dr. Pham moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-012-XXXX - Compliance with Governor's Executive Orders as presented to the Rules Oversight Committee for further review. Ms. Martinez, Ms. Jorgensen, Dr. Pham, Dr. Javier, Ms. Kramer, and Mr. Dunn voted aye. Dr. Goin opposed the motion. The motion passed.

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

(1) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any

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

Dr. Pham moved and Mr. Dunn seconded that the Committee recommend that the Board note that an application is considered valid from the actual date the OBD Staff receive it at the OBD Office. The motion passed unanimously.

818-021-0120
Application Valid for 180 Days
(1) If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
(2) An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
(3) An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 7:38 p.m.

Staff would like the committee to recommend to the Board whether or not to strike CPR from the language below. Is Healthcare provider CPR equivalent to BLS? Is CPR acceptable or no?

818-001-0002
Definitions

As used in OAR chapter 818:
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
(5) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(6) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
(9) "Licensee" means a dentist or hygienist.
(10) “Volunteer Licensee” is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
(11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
(12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
(a) “Dental Anesthesiology” is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
(e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.
(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.
(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.
(13) “Full-time” as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry or dental hygiene.
(14) For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).
(15) “Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical

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

Intent: *Distant bone graft sites may include but are not limited to calvarium, rib, ilium, fibula and tibia. Harvesting of soft tissue grafts may be from intraoral or distant sites.*
Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia.
Examples of evidence to demonstrate compliance may include:
• Patient records revealing evidence of hard - and soft-tissue harvesting and grafting to maxillofacial region, including donor sites distant from oral cavity

4-15.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of hard and soft tissue maxillofacial defects, insertion of craniofacial implants, facial cleft repair, peripheral nerve reconstruction and other reconstructive surgery.
Intent: *It is expected that in this category there will be both reconstructive and cosmetic procedures performed by residents.*

4-15.2 Cosmetic surgery should include but is not limited to three of the following types of procedures: rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, otoplasty, and scar revision.
Examples of evidence to demonstrate compliance may include:
• Patient records revealing resident experience in reconstructive and cosmetic surgery

2. There is no iteration of the procedures being considered below for the Board rule in the OMS accreditation standards. The item regarding cosmetic surgery is written general and broad. As the subject expert, can you comment on what Stephen is asking me about below? In my opinion, I would believe what has been drafted is accurate and reasonable, but I am not an oral surgeon. It seems as though Stephen is asking about the verbiage that if an OMS resident completed their residency training, should that completion automatically (**818-012-0005(2)(a))** authorize the surgeon to do the procedures being discussed, or, should the surgeon provide, as evidence, either additional training subsequent to completing OMS residency in the procedures, or provide evidence in the way of cases completing these procedures outside of the State of Oregon? It does not seem that the OMS residency NECESSARILY provides the residency experiences discussed below? Therefore should the oral surgeon also, as a non-oral surgeon dentist, complete the same Board requirements? Thoughts?

From the last OBD Licensing Standards and Competency Committee Meeting held on 10/7/2020:

The Committee reviewed and discussed OAR 818-012-0005 (3) and (4) and decided not to take any action pending more information from staff regarding OMFS residency program requirements and Botulinum Toxin Type A and dermal filler courses

Dr. Goin moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-012-0005 (5) and (6) as presented and add the language from OAR 818-012-0005 (6) to OAR 818-021-0060 to the Rules Oversight Committee for further review. The motion passed unanimously.

818-012-0005
Scope of Practice

(1) No dentist may perform any of the procedures listed below:
(a) Rhinoplasty;
(b) Blepharoplasty;
(c) Rhytidectomy;
(d) Submental liposuction;
(e) Laser resurfacing;
(f) Browlift, either open or endoscopic technique;
(g) Platysmal muscle plication;
(h) Otoplasty;
(i) Dermabrasion;
(j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.
(2) Unless the dentist:
(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the
American Dental Association, Commission on Dental Accreditation (CODA), or
(b) Holds privileges either:
(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on
Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital
setting; or
(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State
of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory
Health Care (AAAHC).

(3) A dentist may utilize Botulinum Toxin Type A ~~and dermal fillers~~ to treat a condition**s** that is
are within the **oral and maxillofacial region** ~~scope of the practice of dentistry~~ after completing
a minimum of **10** ~~20~~ hours in a hands on clinical course(s), ~~which includes both~~ **in** Botulinum
Toxin Type A ~~and dermal fillers~~, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental
Association Continuing Education Recognition Program (ADA CERP). **Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A and/or dermal fillers as part of a CODA accredited program.**

(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (4) by successfully

completing training in dermal fillers as part of a CODA accredited program.

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

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

818-012-0005
Scope of Practice

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

(a) Rhinoplasty;

(b) Blepharoplasty;

(c) Rhytidectomy;

(d) Submental liposuction;

(e) Laser resurfacing;

(f) Browlift, either open or endoscopic technique;

(g) Platysmal muscle plication;

(h) Otoplasty;

(i) Dermabrasion;

(j) Hair transplantation, not as an isolated procedure for male pattern baldness; and

(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

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

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

Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.

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

1. **STRONG RECOMMENDATION – RULE CHANGE**: Change from OAR 818-012-0005(4-5) to "endosseous **or other dental** implants to replace natural teeth", or alternatively, strike the word "endosseous". There are many other types of implants, that are not considered endosseous, that the Board likely does not want people placing without the 56 hours of training, including: endosteal implants, transosteal implants, subperiosteal implants, zygomatic implants, or other future technical advancements. Board Staff considers "endosseous **or other dental implants**" to be the better option in terms of clarifying that the training is required for all types of dental implants. Suggestion for revised language:

   OAR 818-012-0005 – Scope of Practice

   (4) A dentist may place endosseous **or other 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 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) ~~or by a Commission on Dental Accreditation (CODA) approved graduate dental education program~~.

   (5) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

   OAR 818-021-0060 – Continuing Education-Dentists

   (8) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

2. **STRONG RECOMMENDATION – RULE CHANGE**: The last part of the existing rule is confusing. As written, the CE provider must be approved in one of the following ways:
   a. AGD PACE may approve the CE provider.
   b. ADA CERP may approve the CE provider.
   c. CODA-approved graduate dental education program may approve the CE provider.

   The issue is with "c" above. First of all, it should read "CODA-accredited" rather than "CODA-approved", as CODA is an accreditation authority. Did the Board intend to include CODA-accredited graduate dental education programs, or did it intend to require those CODA-accredited graduate dental education programs to approve CE providers? Would these graduate dental education programs have to approve themselves or potentially obtain PACE/CERP approval to provide this education? As written, training completed as part of a CODA-accredited graduate dental education program would **not** be acceptable unless that program was PACE/CERP approved and/or they approved themselves, which seems like a needless hurdle. AMS confirmed that she has never heard of CODA-accredited graduate dental programs approving other CE providers; they would provide the training themselves. Therefore, we have concluded that this is likely a phrasing error and we suggest the remedy below:

OAR 818-012-0005 – Scope of Practice

(4) A dentist may place endosseous **or other 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 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) ~~or by a Commission on Dental Accreditation (CODA) approved graduate dental education program~~.

3. **STRONG RECOMMENDATION – RULE CHANGE**: The rule as written doesn't specifically say that the 56 hours of training have to be related to dental implants. Even though most people would say it's obvious what the Board meant, we foresee a licensee potentially arguing that the rule as written doesn't specifically prohibit them from counting the 20 hours of "treatment planning" courses they took towards the requirement, even though the training they completed was treatment planning for, say, a partial denture. "a minimum of 56 hours of hands on clinical **dental implant** course(s)" is the briefest possible way to make this clarification. A slightly wordier version would be "a minimum of 56 hours of hands on clinical course(s) **related to dental implants**".

OAR 818-012-0005 – Scope of Practice

(4) A dentist may place endosseous **or other 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 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) ~~or by a Commission on Dental Accreditation (CODA) approved graduate dental education program~~.

(5) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

OAR 818-021-0060 – Continuing Education-Dentists

(8) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

4. **STRONG RECOMMENDATION - CLEAN-UP**: Small changes to bring the phrasing included in OAR 818-012-0005 and OAR 818-021-0060 into agreement.

OAR 818-012-0005 – Scope of Practice

(4) A dentist may place endosseous **or other 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 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) ~~or by a Commission on Dental Accreditation (CODA) approved graduate dental education program~~.

(5) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

OAR 818-021-0060 – Continuing Education-Dentists

(8) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

5. **CONSIDERATION – NO CHANGE RECOMMENDED**: Since Lori has been clear that we cannot require that licensees "permanently maintain" verification of completion of the 56 required hours of training, the rules could be changed to include specific mention that the records must be provided to the OBD upon request. Technically, if we requested the records and the licensee did not provide them, we could potentially argue that they have failed to cooperate with the Board, a violation of the existing DPA. Therefore, **we do not believe this change is necessary at this time**.

OAR 818-012-0005 – Scope of Practice

(4) A dentist may place endosseous **or other 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 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) ~~or by a Commission on Dental Accreditation (CODA) approved graduate dental education program~~. **Evidence of completion of the required training must be provided to the Board upon request.**

(5) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

OAR 818-021-0060 – Continuing Education-Dentists

(8) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

6. **QUESTION ABOUT BOARD INTENT – NO CHANGE RECOMMENDED**: If the Board intended to "grandfather in" all licensees who were licensed before the effective date of the rule, the rule text as written does not achieve that goal. As written, the rule will apply to all licensees, rather than just licensees who receive their Oregon license prior to July 2022. Individuals who had already completed the 56 hours of training meeting the new requirements would be allowed to continue placing

implants, but individuals who hadn't completed the 56 hours of training meeting the new requirements would need to desist placing implants, even if they have been placing them successfully for many years. Ensure that the effect of the rule matches the Board's intent. If they do want to "grandfather in" all licensees licensed before July 2022, they would need to add to the rule to indicate this.

OAR 818-012-0005 – Scope of Practice

(4) A dentist **first licensed in Oregon after July 1, 2022** may place endosseous **or other 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 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) ~~or by a Commission on Dental Accreditation (CODA) approved graduate dental education program~~. **Evidence of completion of the required training must be provided to the Board upon request.**

(5) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

OAR 818-021-0060 – Continuing Education-Dentists

(8) A dentist placing endosseous **or other 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 ~~July 1, 2022~~ **January 1, 2024**.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Enrolled
House Bill 2359

Sponsored by Representatives SALINAS, RUIZ, Senator FREDERICK; Representatives ALONSO LEON, BYNUM, CAMPOS, DEXTER, GRAYBER, LEIF, NOSSE, PHAM, REYNOLDS, SANCHEZ, SCHOUTEN, SOLLMAN, VALDERRAMA (Presession filed.)

CHAPTER .....

AN ACT

Relating to health care interpreters; creating new provisions; amending ORS 413.550, 413.552, 413.556, 413.558, 414.572, 656.027 and 657.046; repealing ORS 657.048; and declaring an emergency.

Whereas current law contains a loophole for health care providers and interpretation service companies to justify working with untrained health care interpreters despite the availability of health care interpreters who are qualified or certified by the Oregon Health Authority; and

Whereas current law does not hold accountable health care providers and interpretation service companies for failing to work with qualified or certified interpreters or for failing to work with best practices in providing health care interpretation services; and

Whereas there is currently no complaint process for health care interpreters who experience wage or other labor violations; and

Whereas there is a growing demand for health care interpreters in rural communities in this state, especially for interpreters capable of interpreting languages of limited diffusion in those areas; and

Whereas health care interpreters suffer from the inequitable business practices of interpretation service companies; and

Whereas due to the low payment rates and the rising cost of training and testing, current and potential health care interpreters are reluctant to invest in training, testing, qualification or certification because of the low return on their investment; and

Whereas there is a lack of uniformity statewide in the quality of health care interpretation services; and

Whereas there is a lack of a uniform training curriculum statewide; now, therefore,

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

SECTION 1. Section 2 of this 2021 Act is added to and made a part of ORS 413.550 to 413.558.

SECTION 2. (1) Except as provided in subsection (2) of this section, a health care provider shall work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English, unless the health care provider is a doctor or clinician who is proficient in the patient's preferred language.

(2) A health care provider who is otherwise required to work with a health care interpreter from the health care interpreter registry may work with a health care interpreter who is not listed on the health care interpreter registry only if the provider:

(a) Verifies, in the manner prescribed by rule by a board or agency described in section 3 of this 2021 Act, that the provider has taken appropriate steps needed to obtain a health care interpreter from the health care interpreter registry in accordance with rules adopted by the authority under ORS 413.558; or

(b) Has offered the patient the services of a health care interpreter from the health care interpreter registry and the patient declined the offer and chose a different interpreter.

(3) A health care provider shall give personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the health care interpreter and may not suggest to the health care interpreter that the health care interpreter should procure the health care interpreter's own personal protective equipment as a condition of working with the health care provider.

(4) A health care provider shall maintain records of each patient encounter in which the provider worked with a health care interpreter from the health care interpreter registry. The records must include:

(a) The name of the health care interpreter;

(b) The health care interpreter's registry number; and

(c) The language interpreted.

(5) The boards and agencies described in section 3 of this 2021 Act shall adopt rules to carry out the provisions of this section, which may include additional exemptions under subsection (2) of this section.

SECTION 3. Section 2 of this 2021 Act may be enforced by any means permitted under law by:

(1) A health professional regulatory board with respect to a health care provider under the jurisdiction of the board.

(2) The Oregon Health Authority or the Department of Human Services with regard to health care providers or facilities regulated by the authority or the department and health care providers enrolled in the medical assistance program.

(3) The authority with regard to emergency medical services providers licensed under ORS 682.216 and clinical laboratories licensed under ORS 438.110.

SECTION 4. (1) An interpretation service company operating in this state:

(a) Except as provided in paragraph (b) of this subsection, may not arrange for a health care interpreter to provide interpretation services in health care settings if the health care interpreter is not listed on the health care interpreter registry described in ORS 413.558.

(b) May arrange for a health care interpreter who is not listed on the health care interpreter registry to provide interpretation services in health care settings only if:

(A) A health care provider represents to the interpretation service company that the health care provider:

(i) Has taken appropriate steps necessary to arrange for a health care interpreter from the health care interpreter registry in the manner prescribed by rule under section 2 of this 2021 Act; and

(ii) Was unable to arrange for a health care interpreter from the health care interpreter registry; and

(B) The interpretation service company does not employ a health care interpreter listed on the health care interpreter registry who is available to provide interpretation services to the health care provider.

(c) May not represent to a health care provider that a contracted or employed health care interpreter referred by the company is a certified health care interpreter unless the interpreter has met the requirements for certification under ORS 413.558 and has been issued a valid certification by the authority.

(d) May not require or suggest to a health care interpreter that the health care interpreter procure the health care interpreter's own personal protective equipment as a condition of receiving a referral.

(2) An interpretation service company shall maintain records of each encounter in which the company refers to a health care provider worked with a health care interpreter from the health care interpreter registry or a health care interpreter who is not on the registry. The records must include:

(a) The name of the health care interpreter; and

(b) The health care interpreter's registry number, if applicable.

SECTION 5. Section 6 of this 2021 Act is added to and made a part of ORS chapter 414.

SECTION 6. (1) As used in this section:

(a) "Certified health care interpreter" has the meaning given that term in ORS 413.550.

(b) "Qualified health care interpreter" has the meaning given that term in ORS 413.550.

(2) The Oregon Health Authority shall adopt rules to ensure that a coordinated care organization, in accordance with ORS 414.572 (2)(e), and any other health care provider that is reimbursed for the cost of health care by the state medical assistance program:

(a) Works with a certified health care interpreter or a qualified health care interpreter when interacting with a recipient of medical assistance, or a caregiver of a recipient of medical assistance, who has limited English proficiency or who communicates in signed language; and

(b) Is reimbursed for the cost of the certified health care interpreter or qualified health care interpreter.

SECTION 7. (1) As used in this section, "health care interpreter" has the meaning given that term in ORS 413.550.

(2) The Oregon Health Authority shall, in collaboration with the Oregon Council on Health Care Interpreters and health care interpreters, conduct a study:

(a) Of the best model for an online platform for patients and health care providers to contract with health care interpreters and on how to use state and federal funds to finance the platform, to be completed no later than July 1, 2022; and

(b) Regarding sight translation as it pertains to the definition of "health care interpreter" in ORS 413.550 and related best practices.

(3) No later than January 1, 2022, the authority shall report to the interim committees of the Legislative Assembly related to health the results of the studies described in subsection (2) of this section and recommendations for legislative changes, if necessary, to implement the findings of the studies.

SECTION 8. ORS 413.550 is amended to read:

413.550. As used in ORS 413.550 to 413.558:

(1) "Certified health care interpreter" means an individual who has been approved and certified by the Oregon Health Authority **under ORS 413.558.**

(2) "Coordinated care organization" has the meaning given that term in ORS 414.025.

[*(2)*] **(3)** "Health care" means medical, surgical**, oral** or hospital care or any other remedial care recognized by state law, including physical and behavioral health care.

[*(3)*] **(4)(a)** "Health care interpreter" means an individual who is readily able to:

[*(a)*] **(A) Communicate in English and** communicate with a person with limited English proficiency **or who communicates in signed language**;

[*(b)*] **(B)** Accurately interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in [*sign*] **signed** language, into English;

(C) Accurately interpret oral statements in English to a person with limited English proficiency or who communicates in signed language;

[*(c)*] **(D)** Sight translate documents from a person with limited English proficiency; **and**

[*(d)*] **(E)** Interpret the oral statements of other persons into the language of the person with limited English proficiency or into [*sign*] **signed** language[*; and*]**.**

[*(e) Sight translate documents in English into the language of the person with limited English proficiency.*]

(b) "Health care interpreter" also includes an individual who can provide the services described in paragraph (a) of this subsection using relay or indirect interpretation.

(5) "Health care interpreter registry" means the registry described in ORS 413.558 that is administered by the authority.

(6) "Health care provider" means any of the following that are reimbursed with public funds, in whole or in part:

(a) An individual licensed or certified by the:

(A) State Board of Examiners for Speech-Language Pathology and Audiology;

(B) State Board of Chiropractic Examiners;

(C) State Board of Licensed Social Workers;

(D) Oregon Board of Licensed Professional Counselors and Therapists;

(E) Oregon Board of Dentistry;

(F) State Board of Massage Therapists;

(G) Oregon Board of Naturopathic Medicine;

(H) Oregon State Board of Nursing;

(I) Oregon Board of Optometry;

(J) State Board of Pharmacy;

(K) Oregon Medical Board;

(L) Occupational Therapy Licensing Board;

(M) Oregon Board of Physical Therapy;

(N) Oregon Board of Psychology;

(O) Board of Medical Imaging;

(P) State Board of Direct Entry Midwifery;

(Q) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(R) Board of Registered Polysomnographic Technologists;

(S) Board of Licensed Dietitians; and

(T) State Mortuary and Cemetery Board;

(b) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(c) A clinical laboratory licensed under ORS 438.110;

(d) A health care facility as defined in ORS 442.015;

(e) A home health agency licensed under ORS 443.015;

(f) A hospice program licensed under ORS 443.860; or

(g) Any other person that provides health care or that bills for or is compensated for health care provided, in the normal course of business.

(7) "Interpretation service company" means an entity, or a person acting on behalf of an entity, that is in the business of arranging for health care interpreters to work with health care providers in this state.

[*(4)*] **(8)** "Person with limited English proficiency" means a person who, by reason of place of birth or culture, [*speaks*] **communicates in** a language other than English and does not [*speak*] **communicate in** English with adequate ability to communicate effectively with a health care provider.

(9) "Prepaid managed care health services organization" has the meaning given that term in ORS 414.025.

[*(5)*] **(10)** "Qualified health care interpreter" means an individual who has [*received*] **been issued** a valid letter of qualification from the authority **under ORS 413.558**.

[*(6)*] **(11)** "Sight translate" means to translate a written document into spoken or [*sign*] **signed** language.

SECTION 9. ORS 413.552 is amended to read:

413.552. (1) The Legislative Assembly finds that persons with limited English proficiency, or who communicate in [*sign*] **signed** language, are often unable to interact effectively with health care providers. Because of language differences, persons with limited English proficiency, or who communicate in [*sign*] **signed** language, are often excluded from health care services, experience delays or denials of health care services or receive health care services based on inaccurate or incomplete information.

(2) The Legislative Assembly further finds that the lack of competent health care interpreters among health care providers impedes the free flow of communication between the health care provider and patient, **negatively impacting health outcomes and** preventing clear and accurate communication and the development of empathy, confidence and mutual trust that is essential for an effective relationship between health care provider and patient.

(3) It is the policy of the Legislative Assembly to require [*the use of*] **working with** certified health care interpreters or qualified health care interpreters [*whenever possible*] to ensure the accurate and adequate provision of health care to persons with limited English proficiency and to persons who communicate in [*sign*] **signed** language.

(4) It is the policy of the Legislative Assembly that health care for persons with limited English proficiency be provided according to the guidelines established under the policy statement issued August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights, entitled, "Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency," and the 1978 Patient's Bill of Rights.

SECTION 10. ORS 413.556 is amended to read:

413.556. The Oregon Council on Health Care Interpreters shall work in cooperation with the Oregon Health Authority to:

(1) Develop **and approve** testing, qualification and certification standards**, consistent with national standards,** for health care interpreters for persons with limited English proficiency and for persons who communicate in [*sign*] **signed** language.

[*(2) Coordinate with other states, the federal government or professional organizations to develop and implement educational and testing programs for health care interpreters.*]

[*(3) Examine operational and funding issues, including but not limited to the feasibility of developing a central registry and annual subscription mechanism for health care interpreters.*]

[*(4)*] **(2)** Do all other acts as shall be necessary or appropriate under the provisions of ORS 413.550 to 413.558.

SECTION 11. ORS 413.558 is amended to read:

413.558. (1) In consultation with the Oregon Council on Health Care Interpreters, the Oregon Health Authority shall by rule establish procedures for testing, qualification and certification of health care interpreters for persons with limited English proficiency or for persons who communicate in [*sign*] **signed** language, including but not limited to:

(a) Minimum standards for qualification and certification as a health care interpreter, **which may be modified as necessary,** including:

(A) Oral [*and written*] **or signed** language skills in English and in the language for which health care interpreter qualification or certification is granted; and

(B) Formal education or training in **interpretation,** medical **behavioral or oral health** terminology, anatomy and physiology[*, medical interpreting ethics and interpreting skills*];

(b) Categories of expertise of health care interpreters based on the English and non-English skills, or interpreting skills, and the medical terminology skills of the person seeking qualification or certification;

(c) Procedures for receiving applications and for examining applicants for qualification or certification;

(d) The content and administration of required examinations;

(e) The requirements and procedures for reciprocity of qualification and certification for health care interpreters qualified or certified in another state or territory of the United States or by another certifying body in the United States; and

(f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of qualification or certification as a health care interpreter if deemed necessary by the authority.

(2) Any person seeking qualification or certification as a health care interpreter must submit an application to the authority. If the applicant meets the requirements for qualification or certification established by the authority under this section, the authority shall issue a letter of qualification or a certification to the health care interpreter. **The authority shall notify a person of the authority's determination on the person's application no later than 60 days after the date the application is received by the authority.**

(3) The authority shall work with other states, the federal government or professional organizations to develop educational and testing programs and procedures for the qualification and certification of health care interpreters.

(4) In addition to the requirements for qualification established under subsection (1) of this section, a person may be qualified as a health care interpreter only if the person:

(a) Is able to fluently interpret [*the dialect,*] slang**, idioms and specialized vocabulary in English and the slang, idioms** or specialized vocabulary of the non-English language for which qualification is sought; and

(b) Has had at least 60 hours of health care interpreter training that includes anatomy and physiology and concepts of [*medical*] **health care** interpretation.

(5) A person may not use the title of "qualified health care interpreter" in this state**, or any other title, designation, words, letters, abbreviation, sign or device tending to indicate that the person is a qualified health care interpreter,** unless the person has met the requirements for qualification established under subsections (1) and (4) of this section and has been issued a valid letter of qualification by the authority.

(6) In addition to the requirements for certification established under subsection (1) of this section, a person may be certified as a health care interpreter only if:

(a) The person has met all the requirements established under subsection (4) of this section; and

(b) The person has passed written and oral examinations required by the authority in English, in a non-English language or [*sign*] **signed** language and in medical terminology.

(7) A person may not use the title of "certified health care interpreter" in this state**, or any other title, designation, words, letters, abbreviation, sign or device tending to indicate that the person is a certified health care interpreter,** unless the person has met the requirements for certification established under subsections (1) and (6) of this section and has been issued a valid certification by the authority.

(8) The authority shall:

(a) Provide health care interpreter training and continuing education in accordance with standards adopted by the Oregon Council on Health Care Interpreters under ORS 413.556 to professionalize the health care interpreter workforce in this state. The training may be provided at no cost or, if not, must be affordable.

(b) Maintain a record of all health care interpreters who have completed an approved training program.

(c) Establish and maintain a central registry for all health care interpreters who are qualified or certified by the authority and establish a process for health care interpreters to biennially update their contact information and confirm their participation in the registry.

(d) Adopt rules to carry out the provisions of this section.

(9) The authority shall provide the notice described in ORS 183.335 (1) to all certified and qualified health care interpreters listed on the registry prior to the adoption, amendment or repeal of any rule concerning qualified or certified health care interpreter services.

SECTION 12. The amendments to ORS 413.558 by section 11 of this 2021 Act do not require the Oregon Health Authority or the Oregon Council on Health Care Interpreters to

establish a new health care interpreter registry in addition to the health care interpreter registry in effect on the effective date of this 2021 Act.

SECTION 13. ORS 414.572 is amended to read:

414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of $250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above $250,000.

(B) Maintain capital or surplus of not less than $2,500,000 and any additional amounts necessary to ensure the solvency of the coordinated care organization, as specified by the authority by rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and, by January 1, 2023, spend on primary care, as defined in section 2, chapter 575, Oregon Laws 2015, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, [*mental health and chemical dependency services*] **behavioral health care**, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members [*receive*] **are provided:**

(A) Assistance in navigating the health care delivery system**;**

(B) Assistance [*and*] in accessing community and social support services and statewide resources[*, including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550*]**;**

(C) Meaningful language access as required by federal and state law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services; and

(D) Qualified health care interpreters or certified health care interpreters listed on the health care interpreter registry, as those terms are defined in ORS 413.550.

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.605.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.575.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions[*, mental illness or chemical dependency*] **or behavioral health conditions** and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.

(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally **and linguistically** appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.372 and 442.373.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with ORS 414.584 and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375, whose area of practice is primary care; and

(ii) A [*mental health or chemical dependency treatment*] **behavioral health** provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least two members of the community advisory council, one of whom is or was within the previous six months a recipient of medical assistance and is at least 16 years of age, or a parent, guardian or primary caregiver of an individual who is or was within the previous six months a recipient of medical assistance.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(q) Each coordinated care organization publishes on a website maintained by or on behalf of the coordinated care organization, in a manner determined by the authority, a document designed to educate members about best practices, care quality expectations, screening practices, treatment options and other support resources available for members who have mental illnesses or substance use disorders.

(r) Each coordinated care organization works with the Tribal Advisory Council established in ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

(A) Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization;

(B) Participate in the community health assessment and the development of the health improvement plan;

(C) Communicate regularly with the Tribal Advisory Council; and

(D) Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 1651.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

(a) For members and potential members, optimize access to care and choice of providers;

(b) For providers, optimize choice in contracting with coordinated care organizations; and

(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

SECTION 14. ORS 414.572, as amended by section 14, chapter 489, Oregon Laws 2017, section 4, chapter 49, Oregon Laws 2018, section 8, chapter 358, Oregon Laws 2019, section 2, chapter 364, Oregon Laws 2019, section 58, chapter 478, Oregon Laws 2019, and section 7, chapter 529, Oregon Laws 2019, is amended to read:

414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be

local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of $250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above $250,000.

(B) Maintain capital or surplus of not less than $2,500,000 and any additional amounts necessary to ensure the solvency of the coordinated care organization, as specified by the authority by rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and spend on primary care, as defined by the authority by rule, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, [*mental health and chemical dependency services*] **behavioral health care**, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members [*receive*] **are provided:**

(A) Assistance in navigating the health care delivery system**;**

(B) Assistance [*and*] in accessing community and social support services and statewide resources[*, including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550*]**;**

(C) Meaningful language access as required by federal and state law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services; and

(D) Qualified health care interpreters or certified health care interpreters listed on the health care interpreter registry, as those terms are defined in ORS 413.550.

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.605.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.575.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions[*, mental illness or chemical dependency*] **or behavioral health conditions** and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.

(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally **and linguistically** appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.372 and 442.373.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with ORS 414.584 and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375, whose area of practice is primary care; and

(ii) A [*mental health or chemical dependency treatment*] **behavioral health** provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least two members of the community advisory council, one of whom is or was within the previous six months a recipient of medical assistance and is at least 16 years of age or a parent, guardian or primary caregiver of an individual who is or was within the previous six months a recipient of medical assistance.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(q) Each coordinated care organization publishes on a website maintained by or on behalf of the coordinated care organization, in a manner determined by the authority, a document designed to educate members about best practices, care quality expectations, screening practices, treatment options and other support resources available for members who have mental illnesses or substance use disorders.

(r) Each coordinated care organization works with the Tribal Advisory Council established in ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

(A) Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization;

(B) Participate in the community health assessment and the development of the health improvement plan;

(C) Communicate regularly with the Tribal Advisory Council; and

(D) Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 1651.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

(a) For members and potential members, optimize access to care and choice of providers;

(b) For providers, optimize choice in contracting with coordinated care organizations; and

(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

SECTION 15. ORS 656.027 is amended to read:

656.027. All workers are subject to this chapter except those nonsubject workers described in the following subsections:

(1) A worker employed as a domestic servant in or about a private home. For the purposes of this subsection "domestic servant" means any worker engaged in household domestic service by private employment contract, including, but not limited to, home health workers.

(2) A worker employed to do gardening, maintenance, repair, remodeling or similar work in or about the private home of the person employing the worker.

(3)(a) A worker whose employment is casual and either:

(A) The employment is not in the course of the trade, business or profession of the employer; or

(B) The employment is in the course of the trade, business or profession of a nonsubject employer.

(b) For the purpose of this subsection, "casual" refers only to employments where the work in any 30-day period, without regard to the number of workers employed, involves a total labor cost of less than $500.

(4) A person for whom a rule of liability for injury or death arising out of and in the course of employment is provided by the laws of the United States.

(5) A worker engaged in the transportation in interstate commerce of goods, persons or property for hire by rail, water, aircraft or motor vehicle, and whose employer has no fixed place of business in this state.

(6) Firefighter and police employees of any city having a population of more than 200,000 that provides a disability and retirement system by ordinance or charter.

(7)(a) Sole proprietors, except those described in paragraph (b) of this subsection. When labor or services are performed under contract, the sole proprietor must qualify as an independent contractor **to be a nonsubject worker**.

(b) Sole proprietors actively licensed under ORS 671.525 or 701.021. When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the sole proprietor must qualify as an independent contractor. Any sole proprietor licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(8) Except as provided in subsection (23) of this section, partners who are not engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving or demolition of an improvement on real property or appurtenances thereto. When labor or services are performed under contract, the partnership must qualify as an independent contractor **to be a nonsubject worker**.

(9) Except as provided in subsection (25) of this section, members, including members who are managers, of limited liability companies, regardless of the nature of the work performed. However, members, including members who are managers, of limited liability companies with more than one member, while engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving or demolition of an improvement on real property or appurtenances thereto, are subject workers. When labor or services are performed under contract, the limited liability company must qualify as an independent contractor **to be a nonsubject worker**.

(10) Except as provided in subsection (24) of this section, corporate officers who are directors of the corporation and who have a substantial ownership interest in the corporation, regardless of the nature of the work performed by such officers, subject to the following limitations:

(a) If the activities of the corporation are conducted on land that receives farm use tax assessment pursuant to ORS chapter 308A, corporate officer includes all individuals identified as directors in the corporate bylaws, regardless of ownership interest, and who are members of the same family, whether related by blood, marriage or adoption.

(b) If the activities of the corporation involve the commercial harvest of timber and all officers of the corporation are members of the same family and are parents, daughters or sons, daughters-in-law or sons-in-law or grandchildren, then all such officers may elect to be nonsubject workers. For all other corporations involving the commercial harvest of timber, the maximum number of exempt corporate officers for the corporation shall be whichever is the greater of the following:

(A) Two corporate officers; or

(B) One corporate officer for each 10 corporate employees.

(c) When labor or services are performed under contract, the corporation must qualify as an independent contractor **to be a nonsubject worker**.

(11) A person performing services primarily for board and lodging received from any religious, charitable or relief organization.

(12) A newspaper carrier utilized in compliance with the provisions of ORS 656.070 and 656.075.

(13) A person who has been declared an amateur athlete under the rules of the United States Olympic Committee or the Canadian Olympic Committee and who receives no remuneration for performance of services as an athlete other than board, room, rent, housing, lodging or other reasonable incidental subsistence allowance, or any amateur sports official who is certified by a recognized Oregon or national certifying authority, which requires or provides liability and accident insurance for such officials. A roster of recognized Oregon and national certifying authorities will be maintained by the Department of Consumer and Business Services, from lists of certifying organizations submitted by the Oregon School Activities Association and the Oregon Park and Recreation Society.

(14) Volunteer personnel participating in the ACTION programs, organized under the Domestic Volunteer Service Act of 1973, P.L. 93-113, known as the Foster Grandparent Program and the Senior Companion Program, whether or not the volunteers receive a stipend or nominal reimbursement for time and travel expenses.

(15) A person who has an ownership or leasehold interest in equipment and who furnishes, maintains and operates the equipment. As used in this subsection "equipment" means:

(a) A motor vehicle used in the transportation of logs, poles or piling.

(b) A motor vehicle used in the transportation of rocks, gravel, sand, dirt or asphalt concrete.

(c) A motor vehicle used in the transportation of property by a for-hire motor carrier that is required under ORS 825.100 or 825.104 to possess a certificate or permit or to be registered.

(16) A person engaged in the transportation of the public for recreational down-river boating activities on the waters of this state pursuant to a federal permit when the person furnishes the equipment necessary for the activity. As used in this subsection, "recreational down-river boating activities" means those boating activities for the purpose of recreational fishing, swimming or sightseeing utilizing a float craft with oars or paddles as the primary source of power.

(17) A person who receives no wage other than ski passes or other noncash remuneration for performing volunteer:

(a) Ski patrol activities; or

(b) Ski area program activities sponsored by a ski area operator, as defined in ORS 30.970, or by a nonprofit corporation or organization.

(18) A person 19 years of age or older who contracts with a newspaper publishing company or independent newspaper dealer or contractor to distribute newspapers to the general public and perform or undertake any necessary or attendant functions related thereto.

(19) A person performing foster parent or adult foster care duties pursuant to [*ORS 412.001 to 412.161 and 412.991 or*] ORS chapter [*411,*] 418, 430 or 443.

(20) A person performing services on a volunteer basis for a nonprofit, religious, charitable or relief organization, whether or not such person receives meals or lodging or nominal reimbursements or vouchers for meals, lodging or expenses.

(21) A person performing services under a property tax work-off program established under ORS 310.800.

(22) A person who performs service as a caddy at a golf course in an established program for the training and supervision of caddies under the direction of a person who is an employee of the golf course.

(23)(a) Partners who are actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in a partnership. If all partners are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such partners may elect to be nonsubject workers. For all other partnerships licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt partners shall be whichever is the greater of the following:

(A) Two partners; or

(B) One partner for each 10 partnership employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the partnership qualifies as an independent contractor. Any partnership licensed under

ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(24)(a) Corporate officers who are directors of a corporation actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in the corporation, regardless of the nature of the work performed. If all officers of the corporation are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such officers may elect to be nonsubject workers. For all other corporations licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt corporate officers shall be whichever is the greater of the following:

(A) Two corporate officers; or

(B) One corporate officer for each 10 corporate employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the corporation qualifies as an independent contractor. Any corporation licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(25)(a) Limited liability company members who are members of a company actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in the company, regardless of the nature of the work performed. If all members of the company are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such members may elect to be nonsubject workers. For all other companies licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt company members shall be whichever is the greater of the following:

(A) Two company members; or

(B) One company member for each 10 company employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the company qualifies as an independent contractor. Any company licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(26) A person serving as a referee or assistant referee in a youth or adult recreational soccer match whose services are retained on a match-by-match basis.

[*(27) A person performing language translator or interpreter services that are provided for others through an agent or broker.*]

[*(28)*] **(27)** A person who operates, and who has an ownership or leasehold interest in, a passenger motor vehicle that is operated as a taxicab or for nonemergency medical transportation. As used in this subsection:

(a) "Lease" means a contract under which the lessor provides a vehicle to a lessee for consideration.

(b) "Leasehold" includes, but is not limited to, a lease for a shift or a longer period.

(c) "Passenger motor vehicle that is operated as a taxicab" means a vehicle that:

(A) Has a passenger seating capacity that does not exceed seven persons;

(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

(C)(i) Carries passengers for hire when the destination and route traveled may be controlled by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance traveled or waiting time; or

(ii) Is in use under a contract to provide specific service to a third party to transport designated passengers or to provide errand services to locations selected by the third party.

(d) "Passenger motor vehicle that is operated for nonemergency medical transportation" means a vehicle that:

(A) Has a passenger seating capacity that does not exceed seven persons;

(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

(C) Provides medical transportation services under contract with or on behalf of a mass transit or transportation district.

SECTION 16. ORS 657.046 is amended to read:

657.046. (1) As used in this chapter, "employment" does not include service performed in the operation of a passenger motor vehicle that is operated as a taxicab or a passenger motor vehicle that is operated for nonemergency medical transportation, by a person who has an ownership or leasehold interest in the passenger motor vehicle, for an entity that is operated by a board of owner-operators elected by the members of the entity.

(2) As used in this section:

(a) "Leasehold" has the meaning given that term in ORS 656.027 [*(28)*] **(27)**.

(b) "Passenger motor vehicle that is operated as a taxicab" means a vehicle that:

(A) Has a passenger seating capacity of at least three persons and not more than seven persons;

(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

(C)(i) Carries passengers for hire when the destination and route traveled may be controlled by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance traveled or waiting time; or

(ii) Is in use under a contract to provide specific service to a third party to transport designated passengers to locations selected by the third party; and

(D) Is not used more than secondarily or incidentally for errand services or to transport property, instead of or in addition to transporting passengers.

(c) "Passenger motor vehicle that is operated for nonemergency medical transportation" means a vehicle that:

(A) Has a passenger seating capacity of at least three persons and not more than seven persons;

(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

(C) Provides medical transportation services under contract with or on behalf of a mass transit or transportation district; and

(D) Is not used more than secondarily or incidentally for errand services or to transport property, instead of or in addition to transporting passengers.

(3) The provisions of this section do not apply to service performed for:

(a) A nonprofit employing unit;

(b) This state;

(c) A political subdivision of this state; or

(d) An Indian tribe.

SECTION 17. ORS 657.048 is repealed.

SECTION 18. (1) Section 4 of this 2021 Act and the amendments to ORS 413.550, 413.552 and 413.556 by sections 8 to 10 of this 2021 Act become operative on September 1, 2022.

(2) Sections 2, 3 and 6 of this 2021 Act and the amendments to ORS 414.572 by section 13 of this 2021 Act become operative on July 1, 2022.

SECTION 19. Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (3), chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), for the biennium beginning July 1, 2021, for central services, state assessments and enterprise-wide costs, is increased by $670,664 for carrying out the provisions of this 2021 Act.

SECTION 20. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 2 (3), chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), for the biennium beginning July 1, 2021, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, tobacco tax receipts, marijuana tax receipts, beer and wine tax receipts, provider taxes and Medicare receipts, but excluding lottery funds and federal funds not described in section 2, chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), collected or received by the Oregon Health Authority, for central services, state assessments and enterprise-wide costs, is increased by $66,812 for carrying out the provisions of this 2021 Act.

SECTION 21. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 5 (3), chapter _____, Oregon Laws 2021 (Enrolled House

Bill 5024), for the biennium beginning July 1, 2021, as the maximum limit for payment of expenses from federal funds, excluding federal funds described in section 2, chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), collected or received by the Oregon Health Authority, for central services, state assessments and enterprise-wide costs, is increased by $118,194 for the purpose of carrying out the provisions of this 2021 Act.

SECTION 22. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect on its passage.

Passed by House June 17, 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

Oregon Health Care Interpreter Program Requirements

Oregon's Health Care Interpreter Program includes two levels of credentialing (qualification and certification). A qualified or certified health care interpreter must meet all of the requirements listed below and provide all of the supporting documentation.

	Qualification	Certification
Requirements and documentation	• Must be at least 18 years of age. ☐ Copy of an Oregon driver's license or passport • Must not be on the Medicaid Exclusion List: http://exclusions.oig.hhs.gov/. ☐ Printout of search results. • Must pass a background check. • Must have at least 60 hours of formal health care interpreter training. ☐ Proof of successful completion of training at OHA-approved training center or equivalent • Must have language proficiency in English and the target language (see next page for more information). ☐ Proof of passing a language proficiency test at an approved testing center ☐ **Or**, demonstration of having met equivalent language proficiency requirements • Must have at least **15 hours** of documented interpreting experience. • $25 qualification fee payable (by check or money order) to OHA/OEI Health Care Interpreter Program (includes registration fee) • Send completed application and check to: Health Care Interpreter Program Office of Equity and Inclusion 421 SW Oak St. Suite 750 Portland, Oregon 97204	• Must be at least 18 years of age. ☐ Copy of an Oregon driver's license or passport • Must not be on the Medicaid Exclusion List: http://exclusions.oig.hhs.gov/. ☐ Printout of search results. • Must pass a background check. • Must have at least 60 hours of formal health care interpreter training. ☐ Proof of successful completion of training at OHA-approved training center or equivalent • Must have at least **30 hours** of documented interpreting experience. ☐ Proof of passing certification tests from one of the following: • National Board of Certification for Medical Interpreters • Certification Commission for Healthcare Interpreters • Oregon Court Interpreter Certification • Federal Court Interpreter Certification exams • American Sign Language (ASL) Certification • $25 certification fee payable (by check or money order) to OHA/OEI Health Care Interpreter Program (includes registration fee) • Send completed application and check to: Health Care Interpreter Program Office of Equity and Inclusion 421 SW Oak St. Suite 750 Portland, Oregon 97204
Valid period	Four years	Four years

*Oral certification test is available in Spanish, Mandarin, Cantonese, Russian, Korean, Arabic and Vietnamese.
Questions? Contact the Oregon Health Care Interpreter Program: hci.program@dhsoha.state.or.us, 971-673-3328, www.oregon.gov/oha/oei, or call us to schedule an appointment in person.

Oregon Health Care Interpreter Program

Meeting the language proficiency requirements for HCI qualification and certification

Oregon Health Authority approved language proficiency testing centers include:

- Language Line University Level 2 or above ((Interavency Language Roundtable (ILR) equivalent, based on website information)).
- Language Testing International testing is based on American Council on the Teaching of Foreign Languages {ACTFL) assessment. Both the optional phone interpreter (OPI — telephonic) and OPIc (computer recording) are acceptable.
- The passing level for all language testing is advanced mid-level on the ACTFL scale.

Oral proficiency in both English and the non-English language (L2) may be demonstrated by passing any of the exams listed above (not expired) plus:

- Oregon Court Interpreter Registered status – not expired

One of the following may demonstrate oral proficiency in English:

- Bachelor, masters, doctorate or any other degree from any U.S. institution of higher education.
- Graduation from any high school in an English language speaking country where English is the primary language of instruction.
- Graduation from a higher education institution abroad where English is the primary language of instruction.
- One of the following tests (subject to change). Test results must be from no more than three years ago to be considered valid.
  - » Test of English as a Foreign Language (TOEFL): 570+ on paper; 230+ on computer version; 90+ on iBT
  - » Certificate in Advanced English (CAE), Level 4: B
  - » Certificate of Proficiency in English (CPE), Level 5: B
  - » International English Language Testing System (IELTS): 7.0+
  - » Interagency Language Roundtable (ILR): 2+
  - » Common European Framework (CEFR): B2
  - » Oral Proficiency Interview at the advanced mid-level on the ACTFL scale

One of the following may demonstrate oral proficiency in the non-English language:

- Bachelor, masters, doctorate or any other degree from an institution of higher education where instruction is primarily in the non-English language and the person submitting proof is a non-English language native speaker.
- Graduation from high school in a country where instruction is primarily in the non-English language and the person submitting proof is a native speaker of the non-English language.
- One of the following tests (subject to change). Test results must be from no more than three years ago to be considered valid:
  - » Interagency Language Round Table (ILR): 2+ from federal government testing agencies
  - » Common European Framework (CEFR): B2
  - » Oral Proficiency Interview at the advanced mid-level on the ACTFL scale

818-012-0030
Unprofessional Conduct
The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
(A) Legible copies of records; and
(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.
(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.

(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
(14) Violate any Federal or State law regarding controlled substances.
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal DEA registration.
(24) Fail to comply with ORS 413.550-413.558, if applicable. If the Board receives information of failure to comply with these laws, the Board may open an investigation that may result in discipline.

Staff Recommendations (IMN 07/14/2021):

1. A few years ago, the Board reproduced some, but not all, of the language in OAR 818-012-0030 "Unprofessional Conduct" in a new section of Division 12, OAR 818-012-0032, entitled "Diagnostic Records", and the Committees/Board added more detailed language. Some, but not all, of the language currently appears twice in the DPA.

   Two potential issues:
   a. Future errors. When we reproduce the same language twice, it's much more likely that any future changes to one section wouldn't be correctly changed in the corresponding section.
   b. It's odd that failure to meet some, but not all of requirements spelled out in 818-012-0032 would be considered Unprofessional Conduct.

   I suggest the following changes to OAR 818-012-0030 and OAR 818-012-0032 for clarity and to prevent future issues. The language from OAR 818-012-0030 has been struck, and portions of that language have been merged into OAR 818-012-0032. OAR 818-012-0030 has been edited to clarify that any violation of OAR 818-012-0032 could be considered Unprofessional Conduct.

2. The language "calendar day" appears twice in OAR 818-012-0032 (Diagnostic Records) but then in the same rule, the Board chose to define "clinical day", rather than "calendar day" in existing subsection (D). The term "clinical day" is used *nowhere* in the DPA (I checked), so we do not need a definition. This is likely an error, and the Board meant to either use "clinical day" in this rule, ***or*** they meant to define "calendar day" as used in this rule. Defining a calendar day as something other than a layman's understanding of a calendar day, meaning "any day on a calendar, regardless of whether the clinic is open or patients are scheduled", puts us on weird, shaky ground in terms of enforcement. Of note, everywhere else in the DPA, whenever the statutes/rules mention a number of days, the terms used are either simply "days", or rarely, "consecutive days". "Clinical days" and "calendar days" are never used outside of this one rule. In my proposed changes to OAR 818-012-0030 (see above), I suggested that the Board strike the entire section that includes mention of "14 days", so we wouldn't have to worry about making the two sections agree if both rule changes are approved. If those changes are rejected, we will need to reconcile the two rules so we can make sure that it's clear just how much time licensees actually have to provide records.

3. The numbering in OAR 818-012-0032 is wrong. Specifically, (1) is used twice, and capital letters are used for subsections, when they should be lower case letters based on their placement.

4. Strike "that have been paid for" from 818-012-0032(1). It's bad grammar and unclear in that it seems like chart notes need to have been "paid for".

5. The definition of "clinical day" would need to be moved out from under (2), so it's clear that the definition applies to all uses of "clinical day" in 818-012-0032.

All recommended changes are included below:

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 **comply with OAR 818-012-0032 in regards to the release of patient records**.~~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.~~

Commented [IMN1]: See staff recommendation #1 above.

(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.

(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.

(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.

(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.

(14) Violate any Federal or State law regarding controlled substances.

(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.

(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

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

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

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

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

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

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

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

[

818-012-0032
Diagnostic Records

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

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

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

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

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

~~(1)~~ **(2)** Licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for 11-50 and no more than $0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.

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

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

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

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

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

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

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

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

Commented [IMN2]: See staff recommendation #4 above.

Commented [IMN3]: See staff recommendation #2 above.

Commented [IMN4]: See staff recommendation #3 above.

Commented [IMN5]: This language was rewritten to capture the intent of the language that I suggest striking from OAR 818-012-0030(9)(a) and (b), in which it appears the Board is clarifying that a licensee is not required to release copies of study models, radiographs, or photographs, if the patient has not yet paid the licensee for creating them. If the Board's philosophy has changed since then, this could be reverted back to something closer to the original version: "*Physical records include silver emulsion radiographs, physical study models, paper charting and chart notes*".

Commented [IMN6]: See staff recommendation #2 above.

Commented [IMN7]: Poorly placed. Should be under its own heading since "clinical day" (or rather, "calendar day", which appears to be a drafting error) is used in both (1) and (2).

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

~~(3)~~ **(5)** If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.

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

Commented [IMN8]: This language was taken from a portion of the language that I suggest striking from OAR 818-012-0030(9)(b); that specific language is not otherwise repeated in OAR 818-012-0032.

Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679
History:
OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-012-0070
Patient Records

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

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

(b) Date description of examination and diagnosis;

(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as **"SOAP" (Subjective, Objective, Assessment, Plan) and "PARQ" (Procedure, Alternatives, Risks and Questions), or their equivalent. Both the "SOAP" and the "PARQ," or their equivalent, are required for the completed Informed Consent from the patient. The "PARQ" always follows the "SOAP."** ~~or "SOAP" (Subjective Objective Assessment Plan) or their equivalent.~~

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

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

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

(g) Health history; and

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

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

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

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

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

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

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

(a) Manufacture brand;

(b) Design name of implant;

(c) Diameter and length;

(d) Lot number;

(e) Reference number;

(f) Expiration date;

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

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

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

818-013-0015
Referral of Licensees to the HPSP

(1) A Board referral to HPSP will include, at a minimum:

(a) Copies of documents from a Board approved independent evaluator which provide a diagnosis of a substance related disorder or a mental health disorder or both disorders, and provide treatment options;

(b) A written statement from the Board as to whether the licensee's impairment presents, or presented, a danger to the public;

(c) A written statement from the licensee agreeing to enter the HPSP in lieu of discipline and agreeing to abide by all of the terms and conditions established by the vendor;

(d) A written statement that the licensee has agreed to report any arrest for or conviction of a misdemeanor, ~~or~~ **any citation for the use or possession of any DEA scheduled substances, including but not limited to citations for Class E violations, or** felony crime to the Board within three (3) business days after the licensee is arrested or convicted; and

(e) A letter of instruction to the vendor detailing the additional agreement provisions required by the Board.

(2) For referral to HPSP, the licensee shall:

(a) Sign an Agreement to Enter the Health Professionals' Services Program.

(b) Provide written authorization allowing for the release of documents by the Board to the HPSP vendor, and permit the verbal exchange of information between the Board and the HPSP vendor.

(c) Within one (1) business day of the effective date of the Agreement to Enter the Health Professionals' Services Program, licensee will make contact with the HPSP vendor to initiate procedures to enter HPSP.

Statutory/Other Authority: ORS 676, 679 & 680
Statutes/Other Implemented: ORS 676.185, 676.190, 676.195, 676.200 & 676.140(e)
History:
OBD 1-2011, f. 1-11-11, cert. ef. 2-1-11
OBD 2-2010(Temp), f. & cert. ef. 8-6-10 thru 2-1-11

TERMS OF AGREEMENT - The OBD complaint and settlement is in the Oct 21, 2022 Board Meeting packet under Correspondence.

A. The Plaintiffs will file a notice of dismissal of the Lawsuit within seven days of the date this Agreement is fully executed. The notice will state that the dismissal will be without an award of fees or costs to any Party.

B. Defendants will not enforce OAR 818-015-0007(1), OAR 818-015-0007(3), or the specialty advertising restrictions in ORS 679.546 against Plaintiffs or members of AAID.

C. Defendants will repeal OAR 818-015-0007(1) and (3).

D. Defendants will recommend to the Governor including the repeal of the specialty advertising restrictions in ORS 679.546 in the Governor's 2023 legislative agenda, and, should the Governor agree, Defendants will support the repeal in the 2023 legislative session. Nothing in this Agreement purports to bind any future Governor of Oregon.

818-013-0020
Additional Required Provisions

(1) Prior to referral to HPSP, the licensee shall agree, by written statement, to waive any privilege with respect to any physical, psychiatric, psychological, or substance use treatment, in favor of the Board; and to execute waivers or releases with any and all health care providers to permit exchange of information between the health care providers and the Board.

(2) Monitoring agreement will be for a minimum of five (5) years, or as determined by the Board.

(3) Urinalysis testing shall be directly observed.

(4) Licensee shall assure that at all times the Board has the most current information regarding licensee's address and telephone numbers for both residences and employments.

(5) Licensee will be responsible for all costs for treatment including, but not limited to, evaluations, residential treatment, after care regimens, group therapy programs, counseling, and toxicology testing. Failure to meet those financial obligations may constitute substantial non-compliance.

(6) As warranted, the Board shall add any additional agreement provisions and will convey those to the vendor by letter of instruction.

Oregon Board of Dentistry

Advertising rule changes

Recommend repeal of 818-015-0007 in its entirety;

~~818-015-0007~~
~~Specialty Advertising~~

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

~~(2) The Board recognizes the following specialties:~~

~~(a) Endodontics;~~

~~(b) Oral and Maxillofacial Surgery;~~

~~(c) Oral and Maxillofacial Radiology;~~

~~(d) Oral and Maxillofacial Pathology;~~

~~(e) Orthodontics and Dentofacial Orthopedics;~~

~~(f) Pediatric Dentistry;~~

~~(g) Periodontics;~~

~~(h) Prosthodontics;~~

~~(i) Dental Public Health;~~

~~(j) Dental Anesthesiology;~~

~~(k) Oral Medicine;~~

~~(l) Orofacial Pain.~~

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

818-021-0012
Specialties Recognized

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

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

The Board recognizes the following specialties:

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

818-021-0015
Certification as a Specialist

The Board may certify a dentist as a specialist if the dentist:
(1) Holds a current Oregon dental license;
(2) Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or
(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association; or
~~(4) Was qualified to advertise as a specialist under former OAR 818-010-0061.~~

In addition, in reviewing the other board's rules; I think the ODB should add in their rules the following:

818-015-0005
General Provisions
(1) "To advertise" means to publicly communicate information about a licensee's professional services or qualifications for the purpose of soliciting business.
(2) Advertising shall not be false, deceptive, misleading or not readily subject to verification and shall not make claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof.
(3) Advertising shall not make a representation that is misleading as to the credentials, education, or the licensing status of a licensee. Licensee may not claim a degree or distinction granted by a professional organization or institution of higher learning that has not been earned.
(4~~3~~) A licensee who authorizes another to disseminate information about the licensee's professional services to the public is responsible for the content of that information unless the licensee can prove by clear and convincing evidence that the content of the advertisement is contrary to the licensee's specific directions.
(5) A dentist shall adhere to the Doctors' Title Act, ORS 676.110 (Use of title "doctor")

From: HAYNES Teresa * OBD
To: ROBINSON Haley * OBD
Subject: Specialty Rule - Clean up - Suggestion
Date: Wednesday, June 8, 2022 2:01:41 PM

Suggestion – When we do our next rule revisions we should probably add a (1)(e) to be consistent with (2)(e):

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

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

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the
American Dental Association and active licensure as a general dentist in another state. Licensure as a general
dentist must have been obtained as a result of the passage of any clinical Board examination administered by any
state or regional testing agency;¶
(b) Certification of having passed the dental examination administered by the Joint Commission on National
Dental Examinations or Canadian National Dental Examining Board Examination; and ¶
(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental
Accreditation of the American Dental Association. ¶
(d) Passing the Board's jurisprudence examination.¶
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority.
(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to
practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the
requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the
Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and
evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical
Board examination administered by any state or regional testing agency; or¶
(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by
the Commission on Dental Accreditation of the American Dental Association, proficiency in the

English language
and certification of having successfully passed the clinical examination administered by any state or regional
testing agency within the five years immediately preceding application; and¶
(c) Certification of having passed the dental examination administered by the Joint Commission on National
Dental Examinations or Canadian National Dental Examining Board Examination; and¶
(d) Passing the Board's jurisprudence examination; and¶
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management
Commission of the Oregon Health Authority.¶
-T

~~818-021-0030~~
~~Dismissal from Examination~~

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

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

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

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

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

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

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

~~Statutory/Other Authority: ORS 679 & 680~~
~~Statutes/Other Implemented: ORS 679.070 & 680.060~~
~~History:~~
~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0075~~
~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~
~~DE 10-1984, f. & ef. 5-17-84~~

~~818-021-0040~~
~~Examination Review Procedures~~

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

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

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

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

~~Statutory/Other Authority: ORS 183 & 192~~
~~Statutes/Other Implemented: ORS 183.310(2)(b) & 192.501(4)~~
~~History:~~
~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0080~~
~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~
~~DE 10-1984, f. & ef. 5-17-84~~

818-021-0060
Continuing Education — Dentists

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

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

(3) Continuing education includes:

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

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

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

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

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

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

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

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

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

OBD Staff recommends the rule be edited to be consistent with the Board's decision in the December 2020 Board meeting, which was in the middle of the Covid Pandemic. Consider updating language around requirement that there be an exam. At Dec 2020 Board Meeting, Board voted that no quiz was required but that is in conflict with the current CE rules.

OARs 818-021-0060, 818-021-0070 and 818-021-0076 - impacting dentists, dental hygienists and dental therapists Continuing Education requirements.

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

At its December 18, 2020 Meeting, the Board voted to accept Zoom, and other similar virtual or web-based training, lectures, and courses for the continuing education (CE) requirements under existing OBD rules, and that said training does not necessarily require a quiz at the end to be considered acceptable for CE.

818-021-0060
Continuing Education — Dentists

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

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

(3) Continuing education includes:

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

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

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

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

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

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

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

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

Enrolled
House Bill 4096

Sponsored by Representative HAYDEN, Senator STEINER HAYWARD, Representative PRUSAK, Senator PATTERSON; Representatives ALONSO LEON, BONHAM, BYNUM, DEXTER, GRAYBER, MOORE-GREEN, NOBLE, SALINAS, SMITH DB, Senator SOLLMAN (Presession filed.)

CHAPTER .....

AN ACT

Relating to volunteer health care practitioners; creating new provisions; amending ORS 677.080, 677.135, 678.021, 679.025, 680.020, 683.020, 685.020 and 689.225; and prescribing an effective date.

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

SECTION 1. (1) As used in this section:

(a) "Health care practitioner" means a person authorized in another state or United States territory to practice as a physician, physician assistant, nurse, nurse practitioner, clinical nurse specialist, dentist, dental hygienist, dental therapist, pharmacist, optometrist or naturopathic physician.

(b) "Health professional regulatory board" means the:

(A) Oregon Board of Dentistry;

(B) Oregon Board of Naturopathic Medicine;

(C) Oregon Board of Optometry;

(D) Oregon Medical Board;

(E) Oregon State Board of Nursing; and

(F) State Board of Pharmacy.

(2) A health care practitioner may practice, without compensation and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for 30 days each calendar year or the number of days otherwise provided pursuant to subsection (8) of this section. A health care practitioner is not required to apply for licensure or other authorization from a health professional regulatory board in order to practice under this section.

(3) To practice under this section, a health care practitioner shall submit, at least 10 days prior to commencing practice in this state, to the health professional regulatory board substantially similar to the health care practitioner's licensing agency:

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

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

(c) An attestation that the health care practitioner will not receive compensation for practice in this state;

(d) The name and contact information of the coordinating organization or other entity through which the health care practitioner will practice; and

(e) The dates on which the health care practitioner will practice in this state.

(4) Except as otherwise provided, a health care practitioner practicing under this section is subject to the laws and rules governing the health care profession that the health care practitioner is authorized to practice and to disciplinary action by the appropriate health professional regulatory board.

(5) A health care practitioner who is authorized to practice in more than one other jurisdiction shall provide to the appropriate health professional regulatory board proof, as determined sufficient by the health professional regulatory board, that the health care practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the health care practitioner is authorized to practice.

(6)(a) The coordinating organization or other entity that uses the services of a health care practitioner shall confirm with the health care practitioner's licensing agency that the health care practitioner is:

(A) Authorized to practice the health care profession claimed by the health care practitioner;

(B) In good standing; and

(C) Not subject to any active disciplinary actions.

(b) The coordinating organization or other entity shall maintain:

(A) Records of the information described in paragraph (a) of this subsection related to a health care practitioner for two years after the termination of the health care practitioner's practice in this state.

(B) Records of patients to whom a health care practitioner provided services, in compliance with all patient confidentiality requirements of this state, except as those requirements are expressly prohibited by the law of any other state where a patient's medical records are maintained.

(c) A coordinating organization or other entity may pay or reimburse a health care practitioner for actual incurred travel costs associated with the health care practitioner's practice under this section.

(7) A hospital or other health care facility may not use the services of a health care practitioner in order to meet staffing needs during a labor dispute at the hospital or facility.

(8)(a) A health professional regulatory board may adopt by rule a duration longer than 30 days each calendar year during which a health care practitioner may practice under subsection (2) of this section.

(b) A health professional regulatory board may adopt other rules necessary to carry out this section, including rules requiring a health care practitioner to receive approval of and confirmation from the health professional regulatory board that the health care practitioner is authorized to practice under this section.

(9) This section does not create a private right of action against a health professional regulatory board or limit the liability of a health professional regulatory board under any other provision of law.

SECTION 2. ORS 677.080 is amended to read:

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

(1) Knowingly make any false statement or representation on a matter, or willfully conceal any fact material to the right of the person to practice medicine or to obtain a license under this chapter.

(2) Sell or fraudulently obtain or furnish any medical and surgical diploma, license, record or registration, or aid or abet in the same.

(3) Impersonate anyone to whom a license has been granted by the Oregon Medical Board.

(4) Except as provided in ORS 677.060 **and section 1 of this 2022 Act**, practice medicine in this state without a license required by this chapter.

SECTION 3. ORS 677.135 is amended to read:

677.135. As used in ORS 677.135 to 677.141[*,*]**:**

(1) "The practice of medicine across state lines" means:

[*(1)*] **(a)** The rendering directly to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within this state for the purpose of patient care by a physician or physician assistant located outside this state as a result of the transmission of individual patient data by electronic or other means from within this state to that physician, the physician's agent or a physician assistant; or

[*(2)*] **(b)** The rendering of medical treatment directly to a person located within this state by a physician or a physician assistant located outside this state as a result of the outward transmission of individual patient data by electronic or other means from within this state to that physician, the physician's agent or a physician assistant.

(2) "The practice of medicine across state lines" does not include the practice of medicine by a person practicing in this state under section 1 of this 2022 Act.

SECTION 4. ORS 678.021 is amended to read:

678.021. **Except as provided in section 1 of this 2022 Act,** it [*shall be*] **is** unlawful for any person to practice nursing or offer to practice nursing in this state or to use any title or abbreviation, sign, card or device to indicate the person is practicing either practical or registered nursing unless the person is licensed under ORS 678.010 to 678.410 at the level for which the indication of practice is made and the license is valid and in effect.

SECTION 5. ORS 679.025 is amended to read:

679.025. (1) A person may not practice dentistry or purport to be a dentist without a valid license to practice dentistry issued by the Oregon Board of Dentistry.

(2) Subsection (1) of this section does not apply to:

(a) Dentists licensed in another state or country making a clinical presentation sponsored by a bona fide dental society or association or an accredited dental educational institution approved by the board.

(b) Bona fide full-time students of dentistry who, during the period of their enrollment and as a part of the course of study in an Oregon accredited dental education program, engage in clinical studies on the premises of such institution or in a clinical setting located off the premises of the institution if the facility, the instructional staff and the course of study to be pursued at the off-premises location meet minimum requirements prescribed by the rules of the board and the clinical study is performed under the indirect supervision of a member of the faculty.

(c) Bona fide full-time students of dentistry who, during the period of their enrollment and as a part of the course of study in a dental education program located outside of Oregon that is accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, engage 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 prescribed by the rules of the board and are performed under the indirect supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry.

(d) Candidates who are preparing for a licensure examination to practice dentistry and whose application has been accepted by the board or its agent, if the clinical preparation is conducted in a clinic located on premises approved for that purpose by the board and if the procedures are limited to examination only. This exception shall exist for a period not to exceed two weeks immediately prior to a regularly scheduled licensure examination.

(e) Dentists practicing in the discharge of official duties as employees of the United States Government and any of its agencies.

(f) Instructors of dentistry, whether full- or part-time, while exclusively engaged in teaching activities and while employed in accredited dental educational institutions.

(g) Dentists **who are** employed by public health agencies **and** who are not engaged in the direct delivery of clinical dental services to patients.

(h) Persons licensed to practice medicine in the State of Oregon in the regular discharge of their duties.

(i) Persons qualified to perform services relating to general anesthesia or sedation under the direct supervision of a licensed dentist.

(j)**(A)** Dentists licensed in another [*state or*] country and in good standing, while practicing dentistry without compensation for no more than five consecutive days in any 12-month period, provided the dentist submits an application to the board at least 10 days before practicing dentistry under this [*paragraph*] **subparagraph** and the application is approved by the board.

(B) Dentists licensed in another state or United States territory and practicing in this state under section 1 of this 2022 Act.

(k) Persons practicing dentistry upon themselves as the patient.

(L) Dental hygienists, dental assistants or dental technicians performing services under the supervision of a licensed dentist in accordance with the rules adopted by the board.

(m) A person licensed as a denturist under ORS 680.500 to 680.565 engaged in the practice of denture technology.

(n) An expanded practice dental hygienist who renders services authorized by a permit issued by the board pursuant to ORS 680.200.

SECTION 6. ORS 680.020 is amended to read:

680.020. (1) It is unlawful for any person not otherwise authorized by law to practice dental hygiene or purport to be a dental hygienist without a valid license to practice dental hygiene issued by the Oregon Board of Dentistry.

(2) Subsection (1) of this section does not apply to:

(a) Dental hygienists licensed in another state making a clinical presentation sponsored by a bona fide dental or dental hygiene society or association or an accredited dental or dental hygiene education program approved by the board.

(b) Bona fide students of dental hygiene who engage in clinical studies during the period of their enrollment and as a part of the course of study in an Oregon dental hygiene education program. The program must be accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor agency, and approved by the board. The clinical study may be conducted on the premises of the program or in a clinical setting located off the premises. The facility, the instructional staff and the course of study at the off-premises location must meet minimum requirements prescribed by the rules of the board, and the clinical study at the off-premises location must be performed under the indirect supervision of a member of the faculty.

(c) Bona fide students of dental hygiene who engage in community-based or clinical studies as an elective or required rotation in a clinical setting located in Oregon during the period of their enrollment and as a part of the course of study in a dental hygiene education program located outside of Oregon. The program must be accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency. The community-based or clinical studies must:

(A) Meet minimum requirements prescribed by the rules of the board; and

(B) Be performed under the indirect supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry or another Oregon institution with an accredited dental hygiene education program approved by the board.

(d) Students of dental hygiene or graduates of dental hygiene programs who engage in clinical studies as part of a course of study or continuing education course offered by an institution with a dental or dental hygiene program. The program must be accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency.

(e) Candidates who are preparing for licensure examination to practice dental hygiene and whose application has been accepted by the board or its agent, if the clinical preparation is conducted in a clinic located on premises approved for that purpose by the board and if the procedures are limited to examination only.

(f) Dental hygienists practicing in the discharge of official duties as employees of the United States Government and any of its agencies.

(g) Instructors of dental hygiene, whether full- or part-time, while exclusively engaged in teaching activities and while employed in accredited dental hygiene educational programs.

(h) Dental hygienists **who are** employed by public health agencies **and** who are not engaged in direct delivery of clinical dental hygiene services to patients.

(i) Counselors and health assistants who have been trained in the application of fluoride varnishes to the teeth of children and who apply fluoride varnishes only to the teeth of children enrolled in or receiving services from the Women, Infants and Children Program, the Oregon prekindergarten program or a federal Head Start grant program.

(j) Persons acting in accordance with rules adopted by the State Board of Education under ORS 336.213 to provide dental screenings to students.

(k) Dental hygienists licensed in another state [*and in good standing, while practicing dental hygiene without compensation for no more than five consecutive days in any 12-month period, provided the dental hygienist submits an application to the Oregon Board of Dentistry at least 10 days before practicing dental hygiene under this paragraph and the application is approved by the board*] **or United States territory and practicing in this state under section 1 of this 2022 Act**.

SECTION 7. ORS 683.020 is amended to read:

683.020. [*No person shall*] **Except as provided in section 1 of this 2022 Act, a person may not** engage in the practice of optometry or purport in any way to be an optometrist or an expert in the field of optometry without having first obtained a license from the Oregon Board of Optometry as provided for in ORS 683.010 to 683.340. In any prosecution for the violation of this section, the use of test cards, test lenses or of trial frames is prima facie evidence of the practice of optometry.

SECTION 8. ORS 685.020 is amended to read:

685.020. (1) Except as provided in subsection (3) of this section, [*no person shall*] **a person may not** practice, attempt to practice, or claim to practice naturopathic medicine in this state without first complying with the provisions of this chapter.

(2) Only licensees under this chapter may use any or all of the following terms, consistent with academic degrees earned: "Doctor of Naturopathy" or its abbreviation, "N.D.," "Naturopath" or "Naturopathic Physician." However, none of these terms, or any combination of them, shall be so used as to convey the idea that the physician who uses them practices anything other than naturopathic medicine.

(3) Subsection (1) of this section does not apply to**:**

(a) A bona fide student of naturopathic medicine who, during the period of the student's enrollment and as part of a doctoral course of study in an Oregon accredited naturopathic educational institution, engages in clinical training under the supervision of institution faculty, if the clinical training facility and level of supervision meet the standards adopted by the Oregon Board of Naturopathic Medicine by rule.

(b) A person authorized to practice under section 1 of this 2022 Act.

SECTION 9. ORS 689.225 is amended to read:

689.225. (1) A person may not engage in the practice of pharmacy unless the person is licensed under this chapter **or authorized in another state or United States territory and is practicing under section 1 of this 2022 Act**. Nothing in this section prevents physicians, dentists, veterinarians or other practitioners of the healing arts who are licensed under the laws of this state from dispensing and administering prescription drugs to their patients in the practice of their respective professions where specifically authorized to do so by law of this state.

(2) A person may not take, use or exhibit the title of pharmacist or the title of druggist or apothecary, or any other title or description of like import unless the person is licensed to practice pharmacy under this chapter.

(3) A pharmacist may not possess personally or store drugs other than in a licensed pharmacy except for those drugs legally prescribed for the personal use of the pharmacist or when the

pharmacist possesses or stores the drugs in the usual course of business and within the pharmacist's scope of practice. An employee, agent or owner of any registered manufacturer, wholesaler or pharmacy may lawfully possess legend drugs if the person is acting in the usual course of the business or employment of the person.

(4) The State Board of Pharmacy shall adopt rules relating to the use of pharmacy technicians working under the supervision, direction and control of a pharmacist. For retail and institutional drug outlets, the board shall adopt rules which include requirements for training, including provisions for appropriate on-the-job training, guidelines for adequate supervision, standards and appropriate ratios for the use of pharmacy technicians. Improper use of pharmacy technicians is subject to the reporting requirements of ORS 689.455.

(5) The mixing of intravenous admixtures by pharmacy technicians working under the supervision, direction and control of a pharmacist is authorized and does not constitute the practice of pharmacy by the pharmacy technicians.

(6) Any person who is found to have unlawfully engaged in the practice of pharmacy is guilty of a Class A misdemeanor.

SECTION 10. (1) Section 1 of this 2022 Act and the amendments to ORS 677.080, 677.135, 678.021, 679.025, 680.020, 683.020, 685.020 and 689.225 by sections 2 to 9 of this 2022 Act become operative on January 1, 2023.

(2) The Oregon Board of Dentistry, Oregon Board of Naturopathic Medicine, Oregon Board of Optometry, Oregon Medical Board, Oregon State Board of Nursing and State Board of Pharmacy may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the boards to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the boards by section 1 of this 2022 Act and the amendments to ORS 677.080, 677.135, 678.021, 679.025, 680.020, 683.020, 685.020 and 689.225 by sections 2 to 9 of this 2022 Act.

SECTION 11. This 2022 Act takes effect on the 91st day after the date on which the 2022 regular session of the Eighty-first Legislative Assembly adjourns sine die.

Passed by House February 21, 2022

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

.....
Dan Rayfield, Speaker of House

Passed by Senate February 28, 2022

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2022

Approved:

.....M.,....., 2022

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2022

.....
Shemia Fagan, Secretary of State

Board of Dentistry Draft rule HB 4096

OAR 818-021-XXXX Temporary Practice Approval

1) A dentist, dental therapist or dental hygienist may practice, without compensation and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for a maximum of 30 days each calendar year without licensure requirement. Compensation is defined as something given or received as payment including but not limited to bartering, tips, monies, donations, or services.
2) A dentist, dental therapist or dental hygienist is not required to apply for licensure or other authorization from the Board in order to practice under this rule.
3) To practice under this rule, a dentist, dental therapist or dental hygienist shall submit, at least 10 days prior to commencing practice in this state, to the Board:
   (a) Out-of State volunteer application;
   (b) Proof that the practitioner is in good standing and is not the subject of an active disciplinary action;
   (c) An acknowledgement that the practitioner may provide services only within the scope of practice of the health care profession that the practitioner is authorized to practice and will provide services pursuant to the scope of practice of Oregon or the health care practitioner's licensing agency, whichever is more restrictive;
   (d) An attestation from dentist or hygienist that the practitioner will not receive compensation for practice in this state;
   (e) The name and contact information of the dental director of the coordinating organization or other entity through which the practitioner will practice; and
   (f) The dates on which the practitioner will practice in this state.
   Failure to submit (a)-(e) above will result in non-approval.
4) Misrepresentation as to information provided in the application for the temporary practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.
5) Practitioner acknowledges they are subject to the laws and rules governing the health care profession in Oregon and that the practitioner is authorized to practice and are subject to disciplinary action by the Board.
6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

Oregon
Kate Brown, Governor

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

Temporary Volunteer Status (Out-of-State Dentists/Dental Hygienists)
ORS 679.025(j)(B) and ORS 679.020(k) provides that licensure in Oregon is not required if the dentist/hygienist meets the following requirements:

A dentist/dental hygienist may practice, without compensation and in connection with a coordinating organization or other entity, dentistry/dental hygiene for 30 days each calendar year, provided they submit notification and the required documentation to the Oregon Board of Dentistry (OBD) at least 10 days prior to commencing practice in the State of Oregon.

The dentist/dental hygienist must submit to the OBD proof that their license(s) are active and in good standing, and that they are not the subject of active disciplinary action, information about the coordinating organization, and complete an attestation form acknowledging their understanding of the terms under which they may practice as a temporary volunteer dentist/hygienist.

Instructions

1. If you are a dentist/hygienist licensed in good standing in another state, and you wish to practice dentistry/dental hygiene as a volunteer dentist/hygienist, please compete the attestation (on the reverse), submit the required supplemental documentation, and return all required documents together to your coordinating organization for OBD review. The attestation must be notarized.

2. License verifications from all other jurisdictions in which applicant holds a license must be requested by the applicant and submitted directly to the applicant. **Do not open** the verifications from other jurisdictions. Include the verification(s) with your application, and submit all documents together to your coordinating organization. Verifications are required from every jurisdiction in which the applicant is currently licensed **or has held** licensure.

3. Include copies of all active and inactive licenses.

4. Upon receipt of the above from your coordinating organization, the OBD will contact your coordinating organization to confirm whether or not you have met the requirements to practice as a temporary volunteer dentist/hygienist.

Please refer any questions to the Examination & Licensing Manager at licensing@obd.oregon.gov or at 971-673-3200.

Rev. 03/2022

Current Passport Type Photo

Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
(971-673-3200)

Volunteer Status Attestation
(Out-of-State Dentist/Dental Hygienist)

Please print or type information

Name: _____ Degree: _____

Address: _____

Phone: _____ SSN: _____ DOB: _____

Dental/Dental Hygiene School(s): _____ Year of Graduation: _____

Name of coordinating organization or other entity for which you will be volunteering:

_____

Address where services are to be provided: _____

Organization contact person and phone number: _____

Date(s) of Services to be provided: _____

List all jurisdictions that you hold or have held a license to practice dentistry/dental hygiene:

Jurisdiction/Country:	**License No.:**	**Status:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I may provide services only within the scope of practice of dentistry/dental hygiene as defined by the Oregon Board of Dentistry or by the licensing agency that issued the license(s) above, whichever is more restrictive.

I attest that I will not receive compensation of any kind for practicing dentistry/dental hygiene in this state.

By signing below, I declare under penalty of perjury that all information given on this form is true and correct. I also attest that my licenses listed above are in good standing, and that I am not the subject of any active disciplinary action against any healthcare licenses held. I understand that any falsification could result in disciplinary action including, but not limited to, denial, suspension, or revocation of licensure.

_____
Legal Signature

_____
Type name as it appears on the application

Subscribed and sworn to before me this ____ day of _____, 20___.

_____
Notary Public Signature

Notary Public for _____

My Commission Expires: _____

818-021-0088
Volunteer License

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

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

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

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

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

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

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

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

From: Phetnouvong, Fiona <phet4123@pacificu.edu>
Sent: Wednesday, March 31, 2021 10:54 PM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Cc: Simonne Soudan <soud5365@pacificu.edu>; Amanda Musgrave <musg5639@pacificu.edu>
Subject: Proposal for Administration of Local Anesthesia

Fiona Phetnouvong
Kat Soudan
Amanda Musgrave
Pacific University
222 SE 8th Ave.
Hillsboro, OR 97123

March 31, 2021

Director Stephen Prisby
Executive Director for the Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

Hello Director Prisby,

As senior year students in the dental hygiene program at Pacific university, we have participated in an amazing year long collaboration with our advisory board members focused solely on creating a proposal for our capstone project.

We are delighted to share this capstone project with you, which proposes to allow dental assistants to expand their scope of practice to include the administration of local anesthesia. We respectfully submit this proposal for consideration by the Oregon Board of Dentistry.

We wish to express our utmost gratitude for this opportunity, and are incredibly thankful for your time and effort in considering our submission at this time. We look forward to our upcoming meeting with the Oregon Board of Dentistry.

Sincerely,
Fiona Phetnouvong, Kat Soudan, Amanda Musgrave

Dental Assistant Administration of Local Anesthesia - Oregon Students: Kat Soudan, Fiona Phetnouvong, Amanda Musgrave
Proposal
The creation of a Local Anesthesia Expanded Functions certificate that would allow administration of local anesthesia procedures, (placement of topical anesthetic, determination of the type of anesthetic needed, calculation of MRD, evaluation of indications and contraindications for local anesthesia, documentation of patient's medical history, loading and unloading of syringe, needle placement, delivery of local anesthetic, identification of a medical emergency, responding to medical emergencies), to appropriately educated dental assistants, under the indirect supervision of a dentist and/or dental hygienist that maintains their current anesthesia endorsement.
Justification
The creation of a Local Anesthesia Expanded Functions certificate in Oregon would provide an additional professional pathway for interested dental assistants. It would allow dental assistants to demonstrate their current knowledge, and expand on that through continuing education of head and neck anatomy, pharmacology, medical emergencies, and additional continuing education courses. Utilization of an Expanded Functions Dental Assistant that is able to administer local anesthesia would allow interested dentists to increase productivity in practice, provide effective quality care, increase practice income, serve more "at-risk" or low income patients, and improve significantly in time management. According to Kracher C, "As the dental delivery system evolves in the next 25 years, the demand for dental assistants to have more advanced clinical skills will increase, creating a need for their education to change. This

demand may grow as evidence accumulates that use of expanded function dental assistants can increase the profitability of a practice." This indicates the potential to serve greater numbers of patients in Oregon through the use of local anesthesia by an Expanded Functions Dental Assistant.

National Perspective

Several states allow educated dentists, dental hygienists and dental assistants to expand their scope of practice in many skills such as restorative, nitrous, IV sedation, gingival curettage, etc. During the development of this proposal we looked at the provisions in Oregon, Kentucky Minnesota, North Dakota, Oklahoma, South Dakota, and Washington State which currently authorize Dental Hygienists and Dental Assistants to initiate an IV line. In reference to the Dental Assisting National Board Inc; dental assistants can obtain certification to prepare for IV medication, sedation, or general anesthesia under the indirect supervision of a dentist or registered dental hygienist.

According to Mike DeWine, a U.S. Senator from the State of Ohio In December 1997, however, the Health Care Finance Administration (HCFA) issued a proposed rule that would eliminate the physician supervision requirement for Certified Registered Nurse Anesthetists (CRNA's). HCFA acknowledged that there has been no new studies comparing outcomes between patients who have received doctor-supervised anesthesia versus those who received anesthesia without the supervision of a doctor. Instead, the rationale offered for the proposed rule was essentially that the HCFA is interested in decreasing regulatory requirements and increasing state flexibility. HCFA argued that anesthesia regulations are an appropriate area to do so, given that the anesthesia-related death rate is extremely low. Patients can receive the same level of care at a lower cost, and have more available clinics to choose from if the practices have employees that have an expanded scope of practice.

Similarly, in dentistry, all members of the dental field are continually working to expand their scope of practice in order to provide these types of services. This speaks to confidence in the education and skill of expanded functions dental assistants afforded them by both the dental community and the patients they serve.

Recommendations

The Local Anesthesia Expanded Functions Advisory Board proposes the following criteria for dental assistants for application for the permit to deliver local anesthesia. Upon the completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course approved by the Board, a dental assistant may administer local anesthesia under the indirect supervision of a licensed dentist and/or dental hygienist that maintains their current anesthesia certificate in accordance with the Board's rules regarding anesthesia under the expanded functions certificate.

- Prerequisite Requirement:
  - Dental Assisting National Board (DANB), Certified Dental Assistant (CDA)

    and
  - Oregon Expanded Functions Certificate (OR-EFDA)
- Successful completion of an Oregon Board of Dentistry approved local anesthesia curriculum from a program accredited by the Commision on Dental Accreditation.
  - Curriculum should be not less than 65 hours of didactic and clinical instruction and successfully with a grade point average of 75% and above.
  - Proposed curriculum should include content in all of the following:
    - Theory of pain control

        - Selection of pain control modalities
        - Medical history and documentation
        - Dental history and documentation
        - Contraindications of local anesthesia
        - Head & Neck Anatomy
        - Neurophysiology
        - Pharmacology of local anesthetics
        - Pharmacology of vasoconstrictors
        - Psychological aspects of pain control
        - Systemic complications
        - Techniques of maxillary anesthesia
        - Techniques of mandibular anesthesia
        - Infection control
        - Local anesthesia medical emergencies
- Dental Assisting National Board (DANB), Certified Dental Assistant (CDA) annual requirements for recertification:
    - Must complete 12 hours of annual CE to main the CDA must include:
        - Bloodborne Pathogen Training (1 hour)
        - Infection Control Training (2 hours)
        - CPR Certificate Training
        - Clinical Education as it pertains to dentistry/dental assisting
- Applicants for the Local Anesthesia Expanded Functions certificate must successfully pass the Western Regional Examination Board both written and clinical within 18 months of the completion of required coursework.
- Dental Assistants must hold, maintain, and show evidence of current certification in basic or advanced cardiac life support.
    - Renewal requirement every 2 years

Conclusion

Expanded Functions Dental Assistants who are interested in expanding their scope of practice to include delivering local anesthesia is a highly considerable notion. Abiding by the rules and regulations to obtain this certification, it is clear that as part of dental health care, dental assistants are an essential contributor in adequate patient care. This certificate will assist in improving quality patient care, providing care to more individuals, increasing time management, increasing profit and increasing production. In dentistry, dental hygienists and dentists are regulated through the state legislature. To obtain their licensure, they have to pass state licensing exams and be regulated by their own state boards. There is no reason why dental assistant regulation is unable to be performed by those same organizations, after they have received additional education to allow them the ability to perform additional tasks- including local anesthesia. If dental assistants are properly educated in providing local anesthesia (just as dentists and hygienists are) they should be fully capable of providing local anesthesia for their patients just as dentists and hygienists are. “As the dental delivery system evolves over the next 25 years, the demand for dental assistants to have more advanced clinical skills will increase, creating a need for dental education to change.” (Kracher C, et al. 2017). The requirements to practice after obtaining credentials and licensure should follow the same exact protocols for renewal to continue in clinical practice.

Resources

Beazoglou TJ, Chen L, Lazar VF, Brown LJ, Ray SC, Heffley DR, Berg R, Bailit HL. Expanded function allied dental personnel and dental practice productivity and efficiency. J Dent Educ. 2012 Aug;76(8):1054-60. PMID: 22855591.

Kartha A, Restuccia JD, Burgess JF, Benzer J, Glasgow J, Hockenberry J, Mohr DC, Kaboli PJ, NP and PA Scope of Practice.*J. Hosp. Med* 2014;10;615-620. doi:10.1002/jhm.2231

Kracher C, Breen C, McMahon K, Gagliardi L, Miyasaki C, Landsberg K, Reed C. The Evolution of the Dental Assisting Profession. J Dent Educ. 2017 Sep;81(9):eS30-eS37. doi: 10.21815/JDE.017.031. PMID: 28864801.

Mitchell TV, Peters R, Gadbury-Amyot CC, Overman PR, Stover L. Access to care and the allied oral health care workforce in Kansas: perceptions of Kansas dental hygienists and scaling dental assistants. J Dent Educ. 2006 Mar;70(3):263-78. PMID: 16522755.

Phillips E, Shaefer HL, Aksu MN, Lapidos A. Is a mid-level dental provider model acceptable to potential patients? Community Dent Oral Epidemiol. 2016 Oct;44(5):426-34. doi: 10.1111/cdoe.12230. Epub 2016 May 5. PMID: 27146635.

Post JJ, Stoltenberg JL. Use of restorative procedures by allied dental health professionals in Minnesota. J Am Dent Assoc. 2014 Oct;145(10):1044-50. doi: 10.14219/jada.2014.61. PMID: 25270703.

Advisory Board
Lisa Rowley, CDA, RDH, MS, EFDH School of Dental Hygiene Studies Dental Hygiene Program Advocacy Director for ODHA
Dr. David Carsten DDS, MAGD, Dental Anesthesiologist, Assistant Professor OHSU School of Dentistry
Dr. Matthew Schapper, DMD

Corvallis Dental Health
Tina Clarke, RDH, MEd, Owner of TeacherTina RDH
Leslie Greer Lane Community College Dental Assisting Program & Co-op Coordinator
Jill Lomax EDM, CDA, EFDA-RF, FADAA Chemeketa Community College Dental Assisting Program Chair
Peggy Lewelling EFDA, CDA, RDH, BSDH, M.Ed. Portland Community College Full-Time Faculty | Dental Sciences
Stacey Gerger BS, CDA, EFDA Linn Benton Community College Department Chair of the Dental Assisting Department
Ginny Jorgensen, CDA, EFDA, EFODA Portland Community College Dental Assisting Program
Dawn DeFord, RDH

***Affiliations are listed for identification purposes only and are not necessarily an indication of endorsement.

From: Jill Lomax <jill.lomax@chemeketa.edu>
Sent: Tuesday, August 2, 2022 12:03 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Peggy Lewelling <peggy.lewelling15@pcc.edu>; Ginny Jorgensen <ginjorge53@gmail.com>
Subject: Local Anesthesia Functions of Dental Assistants Proposal

Greetings Mr. Prisby,

I am **Jill Lomax**, Program Chair of the Dental Assisting Program at Chemeketa Community College. My colleagues, **Peggy Lewelling and Ginny Jorgenson,** are instructors with the dental assisting programs at Portland Community College.

We are submitting to the Oregon Board of Dentistry a proposal that would allow dentists in Oregon to delegate administration of **local anesthesia** to their dental assistants. We hope that you will place this proposal on the agenda for the next OBD meeting on August 19th, 2022.

The following documents are attached for the Board's consideration:

Proposed Rule & Current Rules – This document outlines a proposed administrative rule 818-042-00XX Local Anesthesia Functions of Dental Assistants. For comparison purposes, this document also includes the current administrative rules for dental hygienists to perform local anesthesia and for dental assistants to perform restorative functions.

Frequently Asked Questions (FAQs) – This document provides additional information about this proposed administrative rule.

Dental Assistant Questionnaire – This document shows the results of a survey conducted by the Oregon Board of Dentistry in 2019 that asked dentists about the expanded functions they allow their dental assistants to do. Local anesthesia was the top answer on the list of duties that dentists would like to see added as an expanded function for dental assistants.

Both myself and Ginny Jorgenson will be able to attend the August 19th Board meeting to answer any questions.

Thank you in advance to the Oregon Board of Dentistry for considering this proposal.

Sincerely,

Jill Lomax, EdM, CDA, EFDA-RF, FADAA

Peggy Lewelling, EFDA, CDA, RDH, BSDH, MEd

Ginny Jorgenson, CDA, EFDA, EFODA, AAS

Jill Lomax, EdM, CDA, EFDA-RF, FADAA | Dental Assisting Program Chair

Chemeketa Community College | 4000 Lancaster Dr NE, Bld8/109G, Salem, OR 97305

p. 503.399.5084 | website: go.chemeketa.edu/dental

Local Anesthesia Functions of Dental Assistants
Proposed Oregon Administrative Rule (OAR)

Proposed Rule & Current Rules

Proposed Rule

818-042-00?? Local Anesthesia Functions of Dental Assistants

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

Current Rules

818-035-0040 Expanded Functions of Dental Hygienists

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

818-042-0095 Restorative Functions of Dental Assistants

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of

successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

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

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

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

Local Anesthesia Functions of Dental Assistants
Proposed Oregon Administrative Rule (OAR)

Frequently Asked Questions (FAQs)
Revised August 1, 2022

EDUCATION

- **Could a dental assistant be trained on-the-job to administer local anesthesia?**
  No, the dental assistant would need to successfully complete a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board. The Board approved program would be consistent with the course of instruction approved by the Board that is required for a dental hygienist to administer local anesthesia.

- **Would administration of local anesthesia be added to our dental assisting education programs?**
  No, at this time we anticipate that this training would be offered as a continuing education course to dental assistants who hold an EFDA Certificate and are working in a dental setting. This would be similar to the restorative functions training that is currently being provided for dental assistants who hold an EFDA Certificate.

- **Would the continuing education program be comparable to those that are offered for dental hygienists?**
  Yes, the continuing education program would need to be Board approved and would need to be comparable to the training that are offered for dental hygienists. The training program would include a review of dental anatomy, head & neck anatomy, pharmacology & management of medical emergencies.

CLINICAL PRACTICE

- **Do dentists want their dental assistants to be able to administer local anesthesia?**
  Yes, in 2019 the Oregon Board of Dentistry conducted a Dental Assistant Questionnaire that asked dentists about the expanded functions that they allow their dental assistants to do. The last question was “What duties would you like to see added to the expanded functions list?” Local anesthesia was the top answer on the list of duties that dentists would like to see added as an expanded function for dental assistants.

- **Why would a dentist want their dental assistants to be able to administer local anesthesia?**

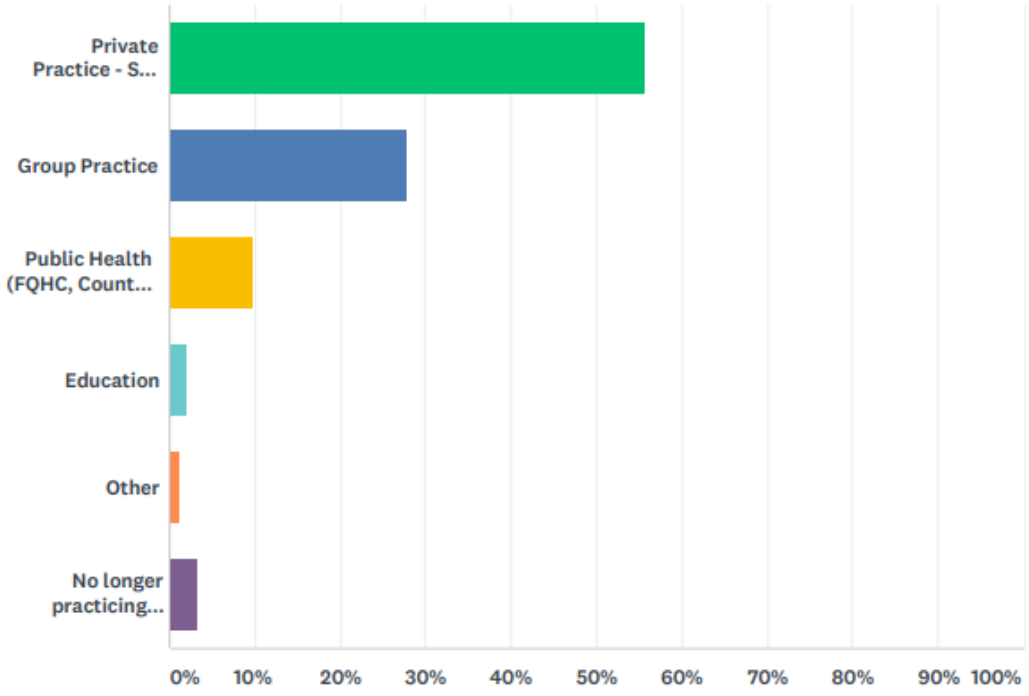
  Dental assistants help their dentists to provide restorative treatment for their patients. For a typical restorative appointment, the dental assistant seats the patient and places topical anesthetic on the soft tissue where the local anesthesia will be administered. After 1-2 minutes the dentist enters the treatment room and administers local anesthesia to the patient and then leaves the room for 5-10 minutes to allow the local anesthesia to take effect while the dental assistant places a rubber dam to isolate the teeth to be treated. Then the dentist returns to the room to begin the dental treatment. If the dental assistant could administer the local anesthesia, this would save time and make the process more efficient for both the dentist and the patient.

- **Would a dentist be required to allow a dental assistant to administer local anesthesia?**
  No, as with all dental assisting procedures the dentist would need to authorize a dental assistant to administer local anesthesia under indirect supervision.

- **Could a dental assistant administer local anesthesia without the dentist?**
  No, the dental assistant would only be able to administer local anesthesia under the indirect supervision of a dentist. The dentist would need to authorize the procedure and be on the premises when it is performed.

Q1 What type of setting do you primarily practice dentistry?

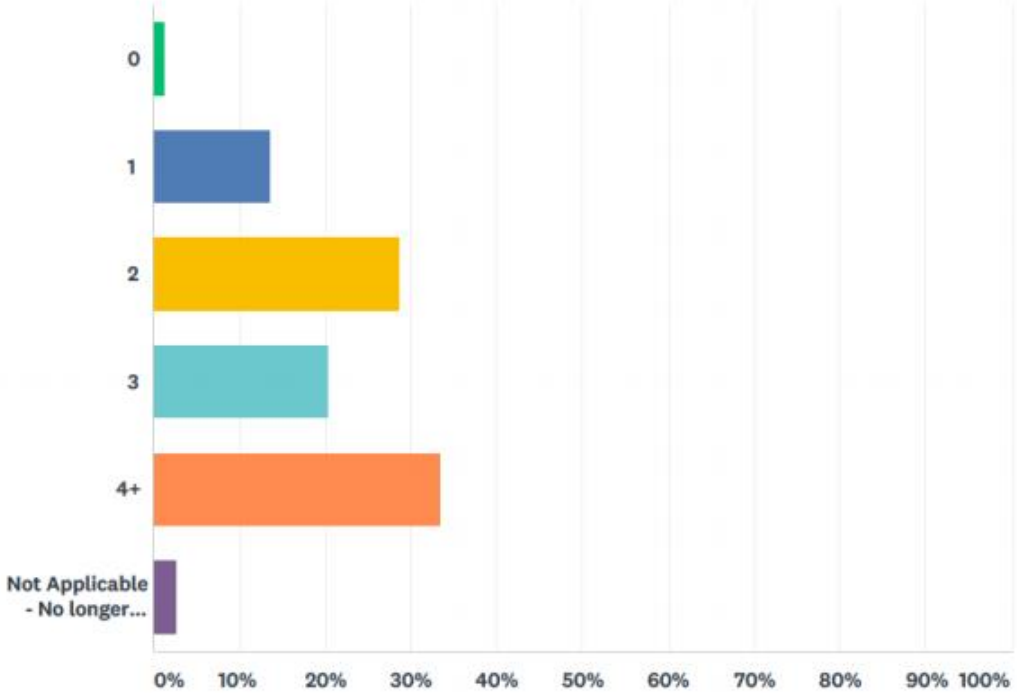
Answered: 472 Skipped: 0



ANSWER CHOICES	RESPONSES	
Private Practice - Sole Practitioner	55.72%	263
Group Practice	27.75%	131
Public Health (FQHC, County, Corrections, Community etc.)	9.75%	46
Education	2.12%	10
Other	1.27%	6
No longer practicing (Retired, Disabled etc.)	3.39%	16
TOTAL		472

Q2 How many dental assistants do you employ or work at your primary location?

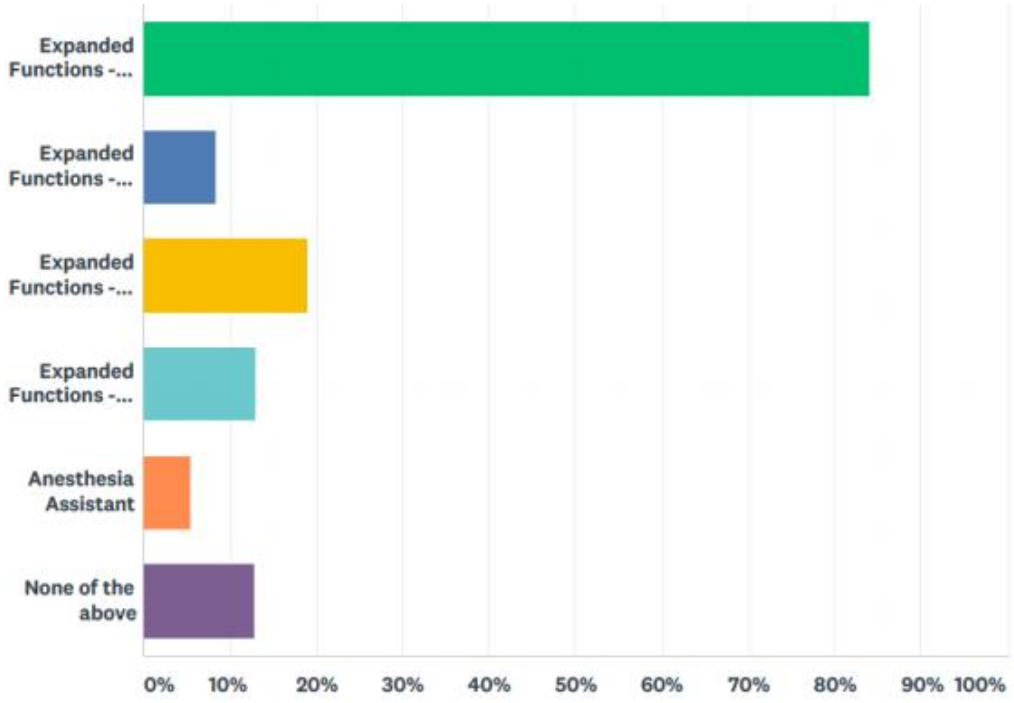
Answered: 469 Sk pped: 3



ANSWER CHOICES	RESPONSES	
0	1.28%	6
1	13.65%	64
2	28.57%	134
3	20.26%	95
4+	33.48%	157
Not App cab e - No onger pract c ng	2.77%	13
TOTAL		469

Q3 Which of the following Oregon certifications does your dental assistant(s) hold? (Check all that apply)

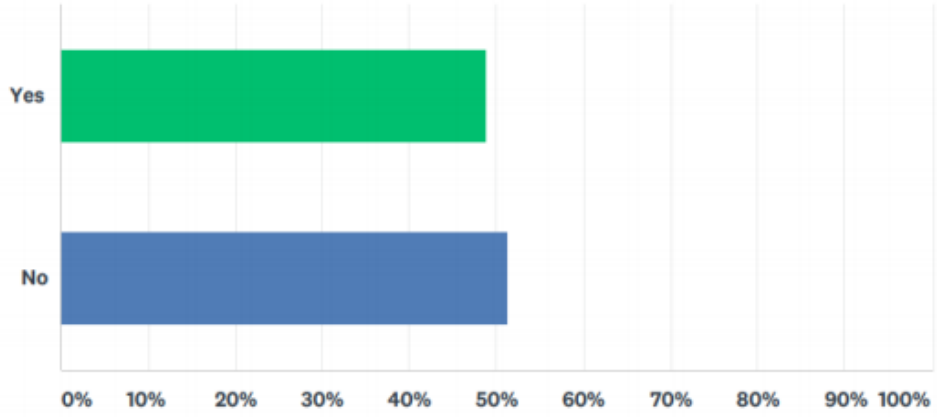
Answered: 461 Sk pped: 11



ANSWER CHOICES	RESPONSES	
Expanded Funct ons - Genera	84.16%	388
Expanded Funct ons - Genera w th Restorat ve Endorsement	8.46%	39
Expanded Funct ons - Orthodont c	19.09%	88
Expanded Funct ons - Prevent ve	13.02%	60
Anesthes a Ass stant	5.42%	25
None of the above	12.80%	59
Tota Respondents: 461		

Q4 Within your practice do you utilize the Dental Assisting National Board's (DANB) signoff sheet to train your dental assistant(s) to perform EFDA duties to obtain certification in Oregon?

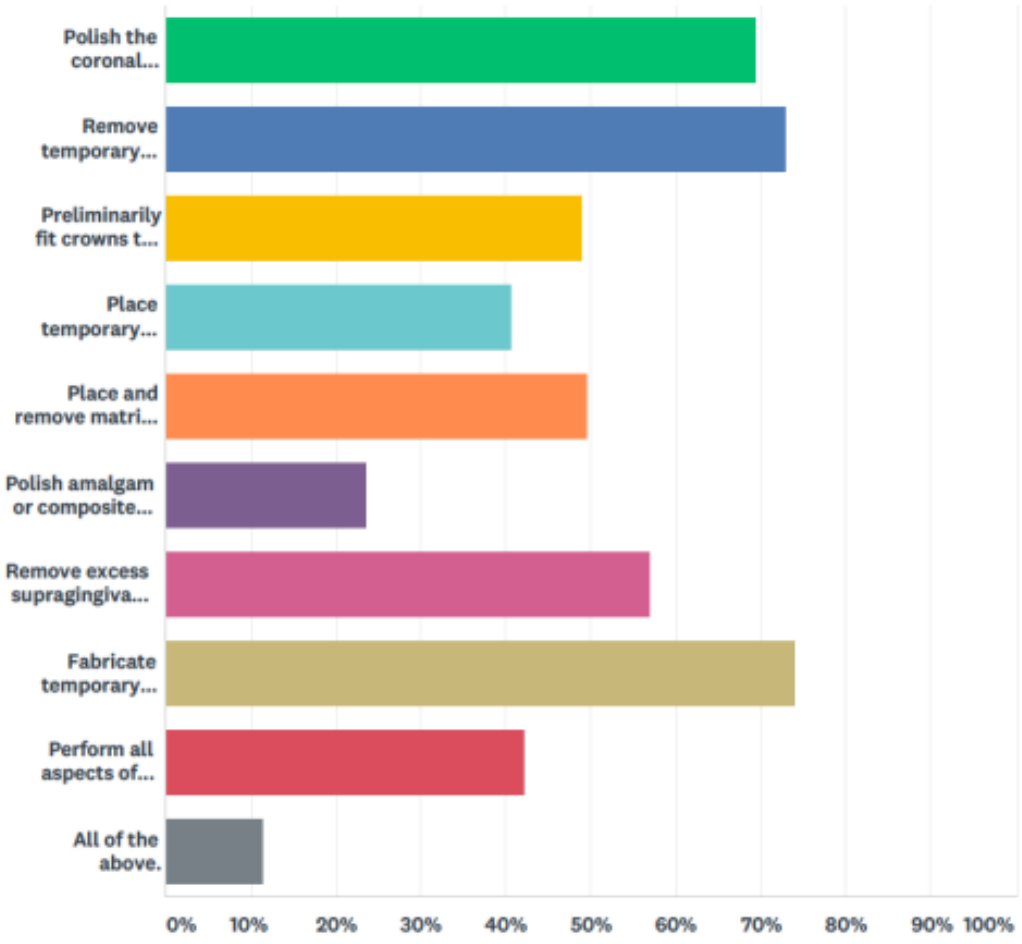
Answered: 462 Sk pped: 10



ANSWER CHOICES	RESPONSES	
Yes	48.70%	225
No	51.30%	237
TOTAL		462

Q5 Which expanded function duties do you allow your assistant(s) to perform once certified in Oregon? (Check all that apply)

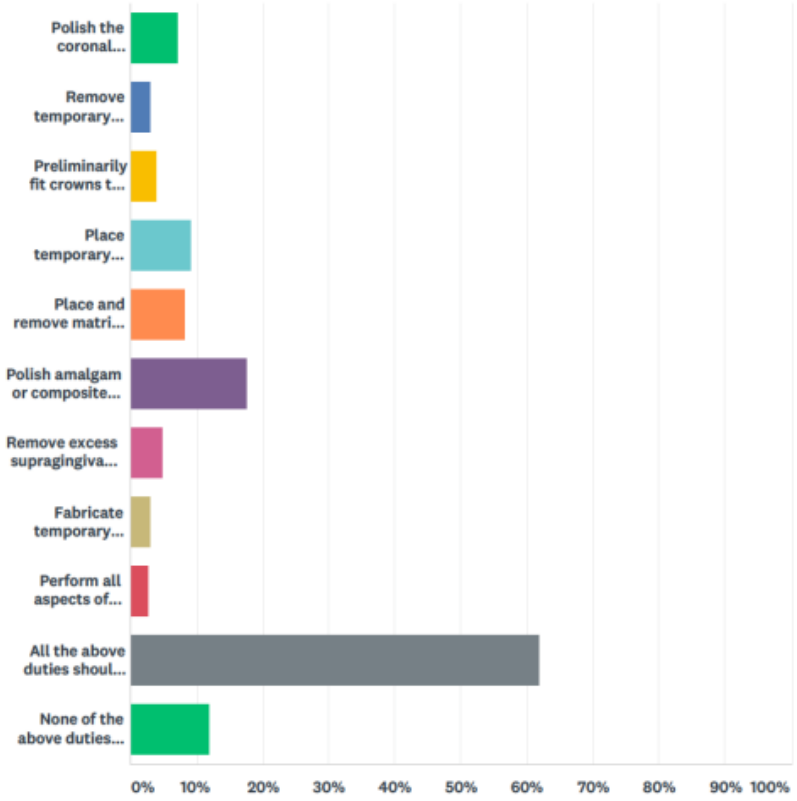
Answered: 409 Sk pped: 63



ANSWER CHOICES	RESPONSES	
Po sh the corona surfaces of teeth w th a brush or rubber cup as part of ora prophy ax s to remove sta ns.	69.44%	284
Remove temporary crowns for f na cementat on and c ean teeth for f na cementat on.	73.11%	299
Pre m nar y f t crowns to check contacts or to adjust occ us on outs de the mouth.	48.90%	200
P ace temporary restorat ve mater a (.e., z nc ox de eugeno based mater a).	40.59%	166
P ace and remove matr x reta ners for a oy and compos te restorat ons.	49.63%	203
Po sh ama gam or compos te surfaces w th a s ow speed hand p ece.	23.72%	97
Remove excess suprag ng va cement from crowns, br dges, bands or brackets w th hand nstrument.	56.97%	233
Fabr cate temporary crowns, and temporar y cement the temporary crown.	74.08%	303
Perform a aspects of teeth wh ten ng procedures.	42.30%	173
A of the above.	11.49%	47

Q6 Which EFDA duties, if any, do you consider obsolete? (Check all that apply)

Answered: 376 Sk pped: 96



ANSWER CHOICES	RESPONSES	
Po sh the corona surfaces of teeth w th a brush or rubber cup as part of ora prophy ax s to remove sta ns.	7.18%	27
Remove temporary crowns for f na cementat on and c ean teeth for f na cementat on.	2.93%	11
Pre m nar y f t crowns to check contacts or to adjust occ us on outs de the mouth.	3.99%	15
P ace temporary restorat ve mater a (.e., z nc ox de eugeno based mater a).	9.31%	35
P ace and remove matr x reta ners for a oy and compos te restorat ons.	8.24%	31
Po sh ama gam or compos te surfaces w th a s ow speed hand p ece.	17.55%	66
Remove excess suprag ng va cement from crowns, br dges, bands or brackets w th hand nstruments.	4.79%	18
Fabr cate temporary crowns, and temporar y cement the temporary crown.	2.93%	11
Perform a aspects of teeth wh ten ng procedures.	2.66%	10
A the above dut es shou d rema n as expanded funct on dut es.	61.97%	233
None of the above dut es shou d rema n expanded funct on dut es.	11.97%	45
Tota Respondents: 376		

Q7 What duties would you like to see added to the expanded functions list?

Answered: 181 Sk pped: 291

The majority of the answers showed that the dentists would like EFDA dental assistants to perform the following duties:

- Local Anesthesia
- Final Impressions
- Pack retraction cord (Already allowed)
- Soft relines (Already allowed)
- Start nitrous oxide
- Periodontal probing

818-035-0040
Expanded Functions of Dental Hygienists

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

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

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

From: HAYNES Teresa * OBD
To: SMORRA Angela * OBD; CARTER Bernie * OBD; NYE Ingrid * OBD; ROBINSON Haley * OBD
Cc: PRISBY Stephen * OBD
Subject: RE: Teeth Whitening for DAs
Date: Wednesday, June 29, 2022 9:48:24 AM

Angela,

I think that is good and clarifies it nicely!

Teresa

From: SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>
Sent: Wednesday, June 29, 2022 9:44 AM
To: HAYNES Teresa * OBD <Teresa.Haynes@obd.oregon.gov>; CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>; NYE Ingrid * OBD <ingrid.nye@obd.oregon.gov>; ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>
Cc: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: RE: Teeth Whitening for DAs

I also worked on adding language to make sure it was under indirect supervision, and also to specify Topical to remove the ability to interpret that a DA can perform internal bleaching of endodontically treated teeth. Ingrid and Teresa, what do you all think of these modifications in red?

(6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)~~(a)~~, OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits, except **when using topical teeth whitening agents, or** as provided in OAR 818-042-0070.

From: HAYNES Teresa * OBD <Teresa.Haynes@obd.oregon.gov>
Sent: Wednesday, June 29, 2022 8:41 AM
To: CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>; NYE Ingrid * OBD <ingrid.nye@obd.oregon.gov>; SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>; MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>; VANDEBERG Samantha * OBD <samantha.vandeberg@obd.oregon.gov>; ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>; RUBIO Shane * OBD <shane.rubio@obd.oregon.gov>
Cc: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: RE: Teeth Whitening for DAs

Hi Everyone,

I thought Ingrid did an excellent job in the language she came up with. I did send her a

suggestion that because dental hygienists can supervise dental assistants when the dentist isn't in the office that we should probably add that info to her language making it clear an assistant could do this under their supervision as well.

OAR 818-042-0020 "(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."

Teresa

Project Manager
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
Telephone: 971-673-3200
Cell: 503-709-0707
www.oregon.gov/dentistry

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

From: CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>
Sent: Wednesday, June 29, 2022 8:09 AM
To: NYE Ingrid * OBD <ingrid.nye@obd.oregon.gov>; SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>; MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>;

VANDEBERG Samantha * OBD <samantha.vandeberg@obd.oregon.gov>; ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>; RUBIO Shane * OBD <shane.rubio@obd.oregon.gov>; HAYNES Teresa * OBD <Teresa.Haynes@obd.oregon.gov>
Cc: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: RE: Teeth Whitening for DAs

Hi to all:
In my opinion the new wording is not complicated and is excellent. The emphasis on the new wording eliminates the previous prohibition phrase and focuses back on the dentist Licensee to train the DAs, which he/she is responsible and accountable for, to a level of acceptable patient care. This is very similar to how dental assistants in the Navy (they were called dental technicians) were trained to complete such procedures.

The Navy dental technicians completing prophies and scaling were limited to supragingival removal of stains and calculus (tartar), then polishing the teeth. More dental stuff, remember anything "brown" on teeth is either stain, calculus, or caries (decay).

I used to calibrate and train Navy dental technicians for years for their allowable procedures in this regard. I mention the stain issue since it has been used below per Ingrid. Also below, the removal of stains or deposits for private practice DAs should theoretically not be an issue. If teeth are ready for "tooth whitening" there should be no stains or deposits (hard accretions such as calculus) on the teeth. The stains and removal of deposits should have already been completed by the hygienist or dentist.

Bernie

Thank you,

Winthrop B. Carter, D.D.S.
Winthrop B. Carter, D.D.S.
Dental Director/Chief Investigator
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, Oregon 97201
Telephone: 971.673.3200
FAX: 971.673. 3202
www.oregon.gov/dentistry

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

Please consider the environment before printing this e-mail.

From: NYE Ingrid * OBD <ingrid.nye@obd.oregon.gov>
Sent: Tuesday, June 28, 2022 3:56 PM
To: SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>; CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>; MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>; VANDEBERG Samantha * OBD <samantha.vandeberg@obd.oregon.gov>; ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>; RUBIO Shane * OBD <shane.rubio@obd.oregon.gov>; HAYNES Teresa * OBD <Teresa.Haynes@obd.oregon.gov>
Cc: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: Teeth Whitening for DAs

Good morning distinguished colleagues,

As you are probably all aware we have a problem with the language in Division 42 related to teeth whitening. In 2019 the Board struck the rule that restricted teeth whitening to only EFDAs, but unfortunately, missed the language in OAR 818-042-0040 "Prohibited Acts" that says DAs cannot "remove stains or deposits". I have already added this matter to the Licensing Standards Meeting for fixing! But we're stuck with the wording as-is until (probably) January 1, 2023. Today in the Licensing meeting we workshopped what to say to anyone who calls/asks about whether or not EFDAs, and/or all DAs, are permitted to do teeth whitening, so we can make sure our messaging is consistent. Here is the language that I came up with, which Haley has approved. Please save for answering any questions about DAs doing whitening.

In 2019 the Board took action to remove teeth whitening from the list of dental assisting duties that require an EFDA certification. The Board continues to refine the language in the DPA to make it clear that their intention is to allow all dental assistants, not just EFDAs, to perform teeth whitening. As with all dental assisting duties, they would be permitted to perform this duty under the indirect supervision of a dentist, and within a dental clinic. The dentist is responsible for ensuring that dental assistants receive proper training to perform teeth whitening. Please note that per OAR 818-042-0040, dental assistants are prohibited from using any lasers, except for laser curing lights.

Thank you,

Ingrid Nye
Investigator
OREGON BOARD OF DENTISTRY
1500 S.W. 1ST AVENUE, SUITE #770 PORTLAND, OR 97201
PHONE: 971-673-3200 FAX: 971-673-3202
www.Oregon.gov/Dentistry

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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(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(19) Apply denture relines except as provided in OAR 818-042-0090(2).
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(22) Perform periodontal assessment.
(23) Place or remove healing caps or healing abutments, except under direct supervision.
(24) Place implant impression copings, except under direct supervision.
(25) Any act in violation of Board statute or rules.

818-042-0050
Taking of X-Rays — Exposing of Radiographic Images

(1) A 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 licensee 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 therapist, 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, dental therapist or dental hygienist that the assistant is proficient to take radiographic images.

(3) A dental therapist may not order a computerized tomography scan

818-042-0060
Certification — Radiologic Proficiency

(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:

(2) Submits an application on a form approved by the Board, pays the application fee and:

(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;

(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and

(c) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

The proposed solution to this issue is to remove the requirement for a licensee to complete subsection (b):

(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and

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, dental therapist, 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, dental therapist, 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.

(22) Perform periodontal assessment.

(23) Place or remove healing caps or healing abutments, except under direct supervision.

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

(25) Any act in violation of Board statute or rules.

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, dental therapist, 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, dental therapist, 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.

DANB
Dental Assisting National Board

This application packet includes applications for the following:

- **Oregon Radiologic Proficiency** (ORCR) certificate – Pathway I

When applying for a DANB-issued state certificate, you are responsible for reading, understanding, and complying with the policies and procedures in the ***State Candidate Handbook*****,** available at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx.

DANB accepts 2022 applications through Dec. 31, 2022.

Eligibility Pathways for Radiologic Proficiency Certificate in Oregon

Performance of radiography procedures by dental assistants is regulated by the Oregon Board of Dentistry (OBD) and requires that dental assistants earn a certificate in radiologic proficiency. The Dental Assisting National Board, Inc. (DANB), on behalf of the OBD, administers the Radiologic Proficiency Certificate program, a service that includes providing information regarding exams and certificates, distributing materials, administering the required exam, and issuing certificates.

A dental assistant must meet the following requirements to earn an Oregon Radiologic Proficiency Certificate:

Pathway I

1. Complete an Oregon Board of Dentistry-approved course of instruction in radiography

   Acceptable documentation includes:
   - Copy of transcript, diploma, radiology course completion certificate OR
   - Signed and dated letter (on letterhead) from a school/course provider verifying completion of the radiology course

AND

2. Pass the DANB Radiation Health and Safety (RHS®) exam

   Documentation of passing is already on file with DANB and does not need to be submitted.

AND THEN

3. Obtain verification from an Oregon licensed dentist or dental hygienist that the dental assistant is proficient to take radiographs within six months of first being authorized to take radiographs*

   **A dentist or dental hygienist may authorize a dental assistant who has completed the course and written exam requirements to perform radiographic procedures under the indirect supervision of a dentist, dental hygienist or dental assistant who holds an Oregon Radiologic Proficiency Certificate; the dental assistant must submit verification of proficiency within six months of first being authorized to perform radiography.*

AND THEN

4. Apply to DANB for the Oregon Radiologic Proficiency Certificate.

Pathway II

1. Be certified in radiography in another state that has training and certification requirements substantially similar to Oregon's requirements

   OR

   Obtain verification from a licensed dentist of having been employed for at least 1,000 hours (outside the state of Oregon) in the past two years as a dental assistant taking radiographs

AND THEN

2. Apply to DANB for the Oregon Radiologic Proficiency Certificate.

Inquiries regarding exams, certificates, eligibility requirements and applications should be addressed to DANB.

Inquiries regarding the state dental practice act should be addressed to: Oregon Board of Dentistry, 1500 SW 1st Ave., Ste. #770, Portland, OR 97201; 1-971-673-3200.

Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all DANB-administered national and state-specific exams, certificate and certification renewal applications. The candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination, a certificate and/or certification, in accordance with and subject to the procedures and policies of DANB and the regulations and requirements of any state agency on behalf of which DANB administers an exam or certificate program. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet, and the Candidate Handbook or State Candidate Handbook if applicable, covering eligibility for and the administration of exams, certificates, the certification process, and DANB policies, including but not limited to DANB's Code of Professional Conduct and DANB's Disciplinary Policy & Procedures. I agree to disqualification from the exam, to denial of an exam result, certificate or certification, and to forfeiture and return to DANB of any exam result, certificate granted me by DANB, in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or policies. I agree to comply with any investigation in which I am named, and I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my eligibility, credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam administered by DANB, any scoring relating thereto, the failure to issue me an exam result, certificate, or any demand for forfeiture or return of such exam result, certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said credentialing activities which include all DANB-administered exams and certificates. I UNDERSTAND THAT THE DECISION AS TO WHETHER I HAVE MET REQUIREMENTS FOR ADMISSION TO A DANB-ADMINISTERED EXAM OR RECEIPT OF A DANB-ADMINISTERED EXAM RESULT, CERTIFICATE OR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence and any state-specific certificates administered by DANB on behalf of a state, regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any DANB-administered credentials and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address, phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or information stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.
4. I understand that by providing my email address on the application form, or by providing it through my online DANB account, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the oral healthcare profession. I understand that DANB agrees not to provide my email address to any other third party, excluding federal, national or state regulatory bodies, without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at www.danb.org.
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/ or disciplinary action including rescinding exam results and denying or revoking certification. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.

2022 Oregon Radiologic Proficiency Certificate Application – Pathway I

This application will be accepted through Dec. 31, 2022.

Candidate must sign, date and submit all required documentation and nonrefundable certificate fee to DANB. **Incomplete applications will be denied.**

Required documents include:
a. Proof of completion of OBD-approved radiology course
b. Completed and signed Radiologic Proficiency Verification form (see page 5)

OR-RAD1 Certificate
3884c10

Mail or fax completed application and supporting documentation to DANB. Full payment is required at the time of application

Section A: Signature and Date (Please sign and date with a pen.)

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB and OBD policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the certificate fee accompanying the application.

Signature _____ Date _____

Section B: Candidate Information (Please type or print with a pen.)

Last Four SSN ____ Date of Birth ____ ____ ____

Name (**must match current ID exactly**):

Last _____ First _____ Middle Name/Initial _____

Prior Name (if applicable) _____ Email **(required)** _____

Home Address _____ City _____ State ____ Zip _____

Phone Numbers **(at least one is required)**:

Office _____ Home _____ Cell _____

Section C: Eligibility Requirements

CODA-Accredited Program Code _____

See https://www.danb.org/en/The-Dental-Community/Dental-Assistants/Dental-Assisting-Programs/CODA-Accredited-Dental-Assisting-Programs.aspx

Oregon Approved-Radiography Course Code _____

See https://www.oregon.gov/dentistry/Pages/dental-assistants.aspx for a list of instructors approved by the Oregon Board of Dentistry

Section D: Payment (Please type or print with a pen.)

☐ Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

☐ Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount **$50.00**

OR-CR Certificate
3884c10

Credit Card Number _____ CVV _____ Expiration ____ / ____

Cardholder's Name _____

Cardholder's Billing Address _____ City _____

State ____ Zip _____ Daytime Phone Number _____

Cardholder's Signature _____

By signing, the cardholder acknowledges intent to apply for the certificate shown above in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. (See the *Application Statements* for further requirements.)

2022 Radiologic Proficiency Verification Form

This form will be accepted through Dec. 31, 2022.

Must be filled out completely by dentist or dental hygienist licensed in the state of Oregon.

A dentist or dental hygienist may authorize a dental assistant who has completed the course and written exam requirements to perform radiographic procedures under the indirect supervision of a dentist, dental hygienist or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The applicant for the Oregon Clinical Radiologic Proficiency Certificate must submit this form within six months of first being authorized by a licensed dentist or dental hygienist to expose radiographs.

Section A: Dentist of Dental Hygienist's Information

Licensed Dentist's or Hygienist's Name

Email (required)

License Number

Phone number

Dental Practice Address

City

State

Zip

Section B: Work Experience

A licensed dentist or dental hygienist, licensed in the state of Oregon (license will be verified by DANB staff), can assess the proficiency of a dental assistant to take radiographs in the state of Oregon.

Candidate's Name

By signing this form, I attest that the above-named candidate is proficient in taking radiographs.

Dentist/Dental Hygienist's Signature

Date

DANB • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611
Questions? 800-367-3262 or danbmail@danb.org
Fax: 312-642-8507
Do not submit twice or you will be charged twice.

Application Checklist

Have you:

- ☐ Read the instructions and information in this application packet?
- ☐ Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 3)
- ☐ Enclosed a completed certificate application, including:
    - o Candidate Information section completed in its entirety?
    - o Signature and date?
    - o Proof of completion of a course of instruction in radiography?
    - o Completed and signed Radiologic Proficiency Verification form
- ☐ Enclosed the certificate fee or provided credit card information?
- ☐ Made a copy of your entire application packet for your records?
- ☐ Addressed your envelope OR prepared your information to be faxed?

Mail to:
Dental Assisting National Board, Inc. (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Fax credit card payments only to:
DANB
1-312-642-8507

If you have not:

• completed the application in full,
• enclosed, signed and dated your application,
• included required supporting documentation, and
• provided payment (check, money order, cashier's check) or payment information (credit card)

your application will be considered incomplete and will not be processed.

Incomplete certificate applications will be denied, and the $50 nonrefundable certificate fee will be retained by DANB.

Add to the Next (2021) Licensing, Standards and Competency Committee Meeting Agenda

At the October 7, 2020 Licensing, Standards and Competency Committee meeting. These 3 items were moved to this meeting's agenda. The logic behind it was that due to the covid-19 pandemic gripping the country, it was not a good idea to add more barriers into the rules because there already was a dental assistant worker shortage in Oregon. (SP)

At 10/7/2020 Lic Meeting- All 3 of these motions were made and at the 10/23/2020 Board Meeting the Board voted to move them to this Committee Meeting agenda.

Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0080 as presented to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

818-042-0080

Certification — Expanded Function Dental Assistant (EFDA)

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

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

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

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

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a**n 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.

Dr. Pham moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-042-0110 as amended to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

818-042-0110

Certification— Expanded Function Orthodontic Dental Assistant (EFODA)

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

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

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

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

(b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified

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

(4) patients. **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 orthodontic 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 orthodontic duties until EFODA certification is achieved.**

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0113 as presented to the next regularly scheduled Licensing, Standards and Competency Meeting for further review. The motion passed unanimously.

818-042-0113

Certification — Expanded Function Preventive Dental Assistants (EFPDA)

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

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

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

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

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the Coronal Polish (CP) 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 the coronal surfaces of teeth with a brush or rubber cup as part oforal prophylaxis to remove stains on six (6) patients. 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 preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

From: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Sent: Tuesday, January 5, 2021 1:17 PM
To: Adam Block <ablock@danb.org>
Subject: Re: Question RE: Phlebotomy by DAs

Adam,

The Board concluded that an Anesthesia Assistant with IV Therapy could perform phlebotomy for dental procedures such as PRF/PRP.

It is on the agenda to be discussed further at our next Licensing, Standards and Competency Committee meeting. No meeting date has been set yet, and realistically any change on this would not occur for over a year.

Please let me know if you have any questions.

Go Bears! (I am from Chicago).

Sincerely,
Stephen

Stephen Prisby
Executive Director
Oregon Board of Dentistry
1500 SW 1st Ave., Suite #770
Portland, Or 97201
p 971-673-3200
f 971-673-3202
www.Oregon.gov/Dentistry

From: Adam Block <ablock@danb.org>
Sent: Tuesday, January 5, 2021 9:20 AM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Subject: Question RE: Phlebotomy by DAs

Good morning Stephen,

We received a question from a stakeholder asking which states allow dental assistants to perform phlebotomy and whether there are educational requirements to do so.

I noted that Oregon requires an Anesthesia Assistant with IV Therapy Certificate to "complete a course in intravenous access or phlebotomy approved by OBD" to receive this certificate and to initiate IV infusion. However, the list of allowable functions for this level of Anesthesia Assistant does not include phlebotomy (i.e. drawing blood). I don't see anything in the scope of practice that seems like it's a synonym for phlebotomy or would encompass phlebotomy. I conclude from this that the Anesthesia Assistant with IV Therapy Certificate is **not** allowed to perform phlebotomy. Is that a correct conclusion?

If you can provide any insight into whether this function – i.e., phlebotomy – may be performed by dental assistants in Oregon, it would be most appreciated.

Thank you and happy new year!

Adam Block
Government Relations Associate
ablock@danb.org

Dental Assisting National Board, Inc.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611
P: 1-800-367-3262, ext. 357
F: 312-642-8507
www.danb.org

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.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.020(1), 679.025(1) & 679.250(7)
History:
OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17
OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06
OBD 1-2001, f. & cert. ef. 1-8-01

818-042-0117
Initiation of IV Line
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. **A Certified Anesthesia Dental Assistant may also perform phlebotomy for dental procedures.**
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.020(1), 679.025(1) & 679.250(7)
History:
OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06
OBD 1-2001, f. & cert. ef. 1-8-01

From: Rebekah Allison
To: ROBINSON Haley * OBD
Subject: OBD approved IV or Phlebotomy Course
Date: Tuesday, June 7, 2022 3:15:03 PM
Attachments: image002.png
image003.png
image004.png
image006.png

Haley,

I continue to struggle with my attempts to get my Anesthesia Dental Assistants enrolled in an intravenous access or phlebotomy course that is approved by the OBD. Below is a list of the board approved courses and my bulleted lists explains the problems I am having with each option.

- The two courses at PCC have either not been offered or have been canceled for over a year
- Becksford Health Services' website is "under repair" and I have no way of contacting them to find out anything about the courses they offer or they ways in which a person can take a course
- Resuscitation Group only provides IV initiation training if you enroll in their Anesthesia Assistant Training Program, which my assistants don't need because they have already passed their DAANCE training and have their AnA through the OBD
- Dr. Jeffery Kobernick is not currently offering any training but his receptionist says that he hopes to offer something "in the future"

I'd like to understand what options we have if none of the board approved courses are active?

Board Approved IV or Phlebotomy Courses – Anesthesia Dental Assistants

Course Title	Program	Approved
Intro to IV Therapy	Portland Community College	8/22/2002
Phlebotomy Skills	Portland Community College	10/2006
Phlebotomy	Becksford Health Services (formerly Medtexx Medical Corp)	10/10/2008
IV Therapy	Becksford Health Services (formerly Medtexx Medical Corp)	10/10/2008
Anesthesia Assistant Training Program	Resuscitation Group (Vancouver, WA) https://www.resuscitationgroup.com/	2/15/2019
Anesthesia Assistant Training Program/IV Access Course	Dr. Jeffrey Kobernik	4/24/2020

Thank you for any help you might be able to provide!

[redacted] **Rebekah Allison** (She/Her)

Practice Administrator
Office: 503-652-8080 Direct: 503-652-7878
Email: rallison@ciosc.net

Clackamas Implant & Oral Surgery Center
11211 SE Sunnyside RD | Clackamas, OR 97015
www.clackamasoralsurgery.com

Memorandum

DATE: June 3, 2022

TO: Oregon Board of Dentistry Meeting- June 17, 2022 Attendees

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

SUBJECT: Phlebotomy & Blood Draw Procedures

Enclosures:

(1) Proposed draft rule change
(2) Current DPA DA
(3) Email Communications related to PRF/PRP
(4) Phlebotomy definition- Oxford Dictionary
(5) Current list of OBD Approved IV Therapy Courses

Dear Oregon Board of Dentistry;

The Board staff have fielded a few inquiries to determine if the Dental Practice Act allows dental assistants and dental hygienists to perform blood draws and phlebotomy procedures prior to harvesting PRF/PRP. As it stands now, an anesthesia assistant, who has completed one of the OBD approved IV therapy courses may perform phlebotomy procedures related to PRP/PRF and autologous blood concentrate. The Board discussed this at our October 23, 2020 Board Meeting and concluded that an Anesthesia Assistant with IV Therapy could perform phlebotomy for dental procedures such as PRF/PRP; at that time, the Board also referred the matter to the next Licensing Standards and Competency Committee. Since that date, the Licensing Standards and Competency Committee has not met, however, a meeting is scheduled to take place later this year. It will be beneficial for the Board, and the Committee, to review the qualifications, training, and/ or credentials it will require of DAs, DTs and DHs prior to them performing phlebotomy procedures.

PRF/PRP is primarily used in dentistry promote healing after oral surgery procedures. Medical spas advertise procedures in which PRP/PRF is combined with dermal fillers to improve facial volume. Medical spas also advertise the use of PRP with facial micro needling. As the Board does not individually approve Botox courses (other than to evaluate that the Licensee completed 20 hours of hands on clinical courses related to Botulinum/ dermal fillers with a AGD PACE, or ADA CERP approved provider) the Board cannot be certain which techniques and treatment modalities are being taught in all courses.

The Oxford dictionary defines phlebotomy as the “surgical opening or puncture of a vein in order to withdraw blood or *introduce a fluid*, or (historically) as part of the procedure of letting blood.” While the current DPA doesn’t allow a DA, DH, or DT to perform injections aimed at improving facial esthetics, I have had communication from multiple dental hygienists asking if the DPA allows them to perform Botox and dermal injections. Any proposed rules should precisely define the allowed procedure as a *phlebotomy blood draw,* in an effort to discourage interpretation that the DPA now allows introduction of fluids/ injectable components of products other than local anesthetics by qualified DH’s and DT’s. The Board may also consider specifying products

obtained through a phlebotomy blood draw are only intended to be used by the dentist, for procedures within the scope of practice of dentistry.

Additional input from the Board prior to this being forwarded to the next Licensing Standards & Competency Committee would be appreciated.

Warm Regards,
Angela M. Smorra D.M.D.

Enclosure (1) Draft Rules Language:

Dental Assistants (Division 42):

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.

Dental Hygienists (Divison 35):

OAR 818-035-0030(1)(d) allows dental hygienists to "Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained". If the Board/Committee wishes to define the training required for a DH to initiate an IV infusion line and/or perform a phlebotomy blood draw, rules would need to be crafted for Division 35 that spell out the specific training and supervision that is required.

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.

Dental Therapists (Division 38):
Currently, there is no rule within Division 38 that grants Dental Therapists the authority to perform all functions delegable to dental assistants and expanded function dental assistants, although there is overlap in some of the duties that were enshrined in statute and translated into rule in Division 38. The Board may want to consider adding rules that allow Dental Therapists the same freedom to function as dental assistants that is currently allowed for Dental Hygienists as in OAR 818-035-0030(1)(d) above. Alternatively, the Board may want to include in Division 38 the same language as suggested above, specifically outlining the training required to initiate an IV infusion line and/or perform a phlebotomy blood draw:

… 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.

Enclosure (2): Current DPA 818-042-0015, 818-042-0016, 818-042-0017

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. (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.

818-042-0116 Certification – Anesthesia Dental Assistant The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of: (1) Successful completion of: (a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or (b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or (c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or (d) The Resuscitation Group – Anesthesia Dental Assistant course; or (e) Other course approved by the Board; and (2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS/CPR course, or its equivalent.

818-042-0117 Initiation of IV Line 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.

Enclosure (3): Email Communications related to PRF/PRP

From: Dominique Endres <dominique_endres@yahoo.com>
Sent: Monday, May 16, 2022 10:45 AM
To: CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>
Subject: Inquiring about necessary certifications for PRP/PRF

Good Morning,

It was a pleasure speaking to you on the phone today. As per our discussion, I am currently an EFDA who is interested in getting phlebotomy certified in order for my doctor to incorporate PRP/PRF into our practice. We do not currently have IV sedation options available, only local anesthetic. I would not be drawing blood for any sort of IV line, only for centrifuge purposes. In reviewing the rules that we discussed over the phone, it sounds as though the information is specific to drawing blood for IV line purposes. So my question is, do I need to have a phlebotomy certificate as well as be an IV DA in order to draw blood for PRP/PRF? I look forward to hearing your response.

Thank You,
Dominique J.

From: Adam Block <ablock@danb.org>
Sent: Tuesday, January 5, 2021 9:20 AM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Subject: Question RE: Phlebotomy by DAs

Good morning Stephen,

We received a question from a stakeholder asking which states allow dental assistants to perform phlebotomy and whether there are educational requirements to do so.

I noted that Oregon requires an Anesthesia Assistant with IV Therapy Certificate to "complete a course in intravenous access or phlebotomy approved by OBD" to receive this certificate and to initiate IV infusion. However, the list of allowable functions for this level of Anesthesia Assistant does not include phlebotomy (i.e. drawing blood). I don't see anything in the scope of practice that seems like it's a synonym for phlebotomy or would encompass phlebotomy. I conclude from this that the Anesthesia Assistant with IV Therapy Certificate is **not** allowed to perform phlebotomy. Is that a correct conclusion?

If you can provide any insight into whether this function – i.e., phlebotomy – may be performed by dental assistants in Oregon, it would be most appreciated.

Thank you and happy new year!

Adam Block
Government Relations Associate
ablock@danb.org

Dental Assisting National Board, Inc.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611
P: 1-800-367-3262, ext. 357
F: 312-642-8507
www.danb.org

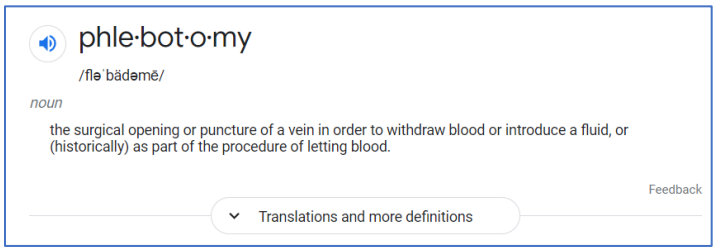
Hello Adam,

The Board discussed this at our October 23, 2020 Board Meeting and concluded that an Anesthesia Assistant with IV Therapy could perform phlebotomy for dental procedures such as PRF/PRP. It is on the agenda to be discussed further at our next regularly scheduled Licensing Standards and Competency Committee meeting. Please let me know if you have any questions.

Thank you,

Haley Robinson
Office Manager
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
Telephone: 971-673-3200
FAX: 971-673-3202
www.oregon.gov/dentistry

Enclosure (4): Oxford Dictionary Phlebotomy definition



phle·bot·o·my

/flə ˈbädəmē/

noun

the surgical opening or puncture of a vein in order to withdraw blood or introduce a fluid, or (historically) as part of the procedure of letting blood.

Feedback

Translations and more definitions

Enclosure (5): Current list of OBD Approved IV Therapy Courses- DANB website

Oregon Anesthesia Dental Assistant with IV Therapy

Current OBD-Approved IV Therapy Course Providers

Program: **Portland Community College**
Course Title: Intro to IV Therapy
Course Approved: August 2002

Program: **Portland Community College**
Course Title: Phlebotomy Skills
Course Approved: October 2006

Program: **Becksford Health Services**
(Previously under the name Medtexx Medical Corp)
Course Title: Phlebotomy
Course Approved: October 2008

Program: **Becksford Health Services**
(Previously under the name Medtexx Medical Corp)
Course Title: IV Therapy
Course Approved: October 2008

Program: **The Resuscitation Group**
Course Title: Anesthesia Assistant Training Program
Course Approved: February 2019

Program: **Dr. Jeffrey Kobernik**
Course Title: Anesthesia Assistant Training Program/IV Access Course
Course Approved: April 2020

List last updated December 2021.

From: NYE Ingrid * OBD
To: PRISBY Stephen *OBD; ROBINSON Haley * OBD; VANDEBERG Samantha * OBD
Subject: FW: Tweaks to rules
Date: Monday, July 26, 2021 10:36:28 AM
Attachments: image001.png
image002.png

Please see below for my nitpicking about the rules from last year. If it is true that SOS won't let us have a (1) without a (2) then I would revise my suggestions from this:

Additional Functions of EFPDAs
~~(1)~~ 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 dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist 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 dentist or dental hygienist.
Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7)
Hist.: OBD 2-2018, f. 10/04/18, ef. 1/1/19

To this:

Additional Functions of EFPDAs
~~(1)~~ 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 dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:
~~(2)~~ 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 dentist or dental hygienist.
Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7)
Hist.: OBD 2-2018, f. 10/04/18, ef. 1/1/19

Basically the issue is that, the way it is now, it looks like (1) and (2) are separate, when really,

(2) should be a subsection of (1), and (1) should not have a number at all. Alternately, it should all be one big block of text, with no numbers at all. Everywhere we see this type of language elsewhere in the rules, we have it formatted one of those two ways. Please see OAR 818-042-0090 for an example of when it has been numbered correctly, and OAR 818-042-0117 of when we have not used numbers at all:

818-042-0090
Additional Functions of EFDAs

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 Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:

(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 dentist or dental hygienist.

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

(3) Place retraction material.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)
Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 6-2014, f. 7-2-2014, cert. ef. 8-1-2014; OBD 6-2015, f. 7-9-15, cert. ef. 10-01-15; OBD 2-2018, f. 10/04/18, ef. 1/1/19

818-042-0117
Initiation of IV Line

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.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.020(1), 679.025(1) & 679.250(7)
Hist.: OBD 1-2001, f. & cert. ef. 1-8-01; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06

Thanks!!

Ingrid Nye

Investigator
Pronouns: she, her, hers

OREGON BOARD OF DENTISTRY
1500 S.W. 1ST AVENUE, SUITE #770
PORTLAND, OR 97201
PHONE: 971-673-3200
FAX: 971-673-3202
www.Oregon.gov/Dentistry

IMPORTANT NOTICE ABOUT COVID-19/NOVEL CORONAVIRUS: At this time, the Oregon Board of Dentistry (OBD) intends to remain fully operational, with OBD staff reporting to work. However, the OBD anticipates the possibility that individual staff members may abruptly be absent from work and unable to respond to email, possibly for long periods of time, due to a quarantine after exposure to COVID-19, an illness, or a need to care for a family member. **Please allow 1-2 business days for a response to your email**. If you have not received a response, please email information@oregondentistry.org or call 971-673-3200 and any available OBD staff member will respond. Thank you for your patience.

THE OBD OFFICE IS CURRENTLY CLOSED TO THE PUBLIC.
EXAMINATION & LICENSING MANAGER CURRENT OFFICE HOURS: MONDAY – THURSDAY, 6:00AM – 4:30PM.
OBD TELEPHONE HOURS: MONDAY – FRIDAY, 7:30AM – 4:00PM.

Your opinion matters! Please complete our brief Satisfaction Survey at:
https://www.surveymonkey.com/r/OBDSurveyLink

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Please consider the environment before printing this e-mail.

From: Ingrid Nye
Sent: Friday, March 13, 2020 8:39 AM
To: Teresa Haynes <Teresa.Haynes@state.or.us>
Subject: Tweaks to rules

OAR 818-042-0113
Certification — Expanded Function Preventive Dental Assistants (EFPDA)
The Board may certify a dental assistant as an expanded function preventive dental assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) If the assistant submits a completed application, pays the fee and provides evidence of;
(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant examination, or the Coronal Polish (CP) 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 the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six **(6)** patients.
Stat. Auth.: ORS 679
Stats. Implemented: ORS 679
Hist.: OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

OAR 818-042-0114
Additional Functions of EFPDAs
~~(1)~~ 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 dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist 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 dentist or dental hygienist.
Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7)
Hist.: OBD 2-2018, f. 10/04/18, ef. 1/1/19

OAR 818-001-0002
Definitions
As used in OAR Chapter 818:
. . . . . .
(17) "BLS for Healthcare Providers or its Equivalent" the ~~CPR~~ **BLS** certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial ~~CPR~~ **BLS** course must be a hands-on course; online ~~CPR~~ **BLS** courses will not be approved by the Board for initial ~~CPR~~ **BLS** certification. After the initial ~~CPR~~ **BLS** certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A ~~CPR~~ **BLS** certification card with an expiration date must be received from the ~~CPR~~ **BLS** provider as documentation of ~~CPR~~ **BLS** certification. The Board considers the ~~CPR~~ **BLS** expiration date to be the last day of the month that the ~~CPR~~ **BLS** instructor indicates that the certification expires.

Ingrid Nye

Examination & Licensing Manager
Oregon Board of Dentistry

1500 S.W. 1ST AVENUE, SUITE #770
PORTLAND, OR 97201
PHONE: 971-673-3200
FAX: 971-673-3202
www.Oregon.gov/Dentistry

Your opinion matters! Please complete our brief Satisfaction Survey at:
https://www.surveymonkey.com/r/OBDSurveyLink

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Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, Oregon 97208-4395
(971) 673-3200

APPLICATION FOR APPROVAL AS AN INSTRUCTOR
IN RADIOLOGIC PROFICIENCY FOR DENTAL ASSISTANTS
Instructor Permit Fee $40

NAME OF PERSON CONDUCTING COURSE:
(NAME OF SCHOOL AFFILIATED WITH, IF APPLICABLE)

_____

_____

MAILING ADDRESS: _____

City_____State _____ Zip_____

Phone _____

PLEASE LIST QUALIFICATIONS BELOW AND SUBMIT COPIES OF CURRENT LICENSES AND/OR CERTIFICATES THAT APPLY:

_____

_____

_____

INSTRUCTOR QUALIFICATIONS:

Instructors should have background in and current knowledge of dental radiology, and shall have passed either the American Dental Association's National Board examination or the Radiation Health and Safety examination conducted by the Dental Assisting National Board (DANB). Instructor must have one of the following credentials:

- Dentist with an Oregon license;
- Dental Hygienist with an Oregon license; or
- Dental Assistant holding an Oregon Certificate of Radiological Proficiency and continuous employment for the past two years as a chairside assistant or in an educational setting with taking of radiographs as a primary function.

You may obtain information about the written Radiation Health and Safety Examination from DANB by calling 1-800-367-3262.

I certify this application is correct and agree to teach the course to the goals and objectives outline provided in the course description.

_____ _____
Date Signature

OREGON BOARD OF DENTISTRY
1600 SW 4th AVENUE
SUITE 770
PORTLAND, OR 97201
971-673-3200

RADIATION USE AND SAFETY COURSE FOR DENTAL ASSISTANTS

I. COURSE DESIGN and REQUIRED COMPONENTS

This course should be presented in a series of lectures and discussion followed by a practical application of principles in the dental setting.

All persons taking radiographs shall follow the correct infection control protocol.

This course offers instruction regarding operator training as required by the State of Oregon, Health Division, "Rules for the Control of Radiation:"

> OAR 333-106-055 (1) *The registrant shall assure that individuals who will be operating the X-ray equipment shall have adequate training in radiation safety. Adequate training in radiation safety means instruction in the following subjects:*
>
> *(a) Nature of X-rays*
> *(b) Interaction of X-rays with matter*
> *(c) Radiation units*
> *(d) Principles of the X-ray machine*
> *(e) Biological effects of X-ray*
> *(f) Principles of radiation protection*
> *(g) Low dose techniques*
> *(h) Applicable radiation regulation including those portions of Divisions 100, 101, 103, 106, 111 and 120.*
> *(i) Darkroom and film processing*
> *(j) Film critique"*

Required Course Components

This course must include sufficient material and allotted time to adequately cover the requirements of OAR 333-106-055 as explained above and sufficient information regarding techniques of dental radiology to assure that the dental assistant can practice safely in the dental office and in accordance with all Oregon laws and rules regarding operation of x-ray machines and taking of radiographs on actual patients.

This course is only one of three parts necessary to receive an Oregon Certificate of Radiological Proficiency. Oregon Administrative Rule 818-042-0060 states the three steps to obtaining a certificate:

- *Complete 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;*

- *Pass a clinical examination*; and*

- *Pass the Dental Radiation Health and Safety (RHS) examination administered by the Dental Assisting National Board, Inc. (DANB).*

  ** Instructions regarding Oregon's clinical examination can be obtained from DANB (1-800-367-3262).*

Suggested Texts:

"Radiographic Imaging for Dental Auxiliaries", Third Edition, Miles.
"Fundamentals of Dental Radiography", Third Edition, Manson-Hing.
"Radiology for Dental Auxiliaries", Seventh Edition, Frommer.

II. INSTRUCTOR QUALIFICATIONS

Instructors should have background in and current knowledge of dental radiology, and shall have passed either the American Dental Association's National Board examination or the Radiation Health and Safety examination conducted by the Dental Assisting National Board (DANB). Instructor must have one of the following credentials:

- Dentist with an Oregon license;
- Dental Hygienist with an Oregon license; or
- Dental Assistant holding an Oregon Certificate of Radiological Proficiency and continuous employment for the past two years as a chairside assistant or in an educational setting with taking of radiographs as a primary function.

III. APPROVED CURRICULUM

A. THE DISCOVERY AND HISTORY OF X-RADIATION

Instructional Goals**:**
The goal is to develop knowledge and understanding of the discovery, adaptation and use of x-radiation and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Name the discoverer of x-radiation and the date this discovery was made;
2. Describe the early use and experimentation with x-radiation for dentistry in America and Europe; and
3. Describe the physiological effects of x-radiation on those who first worked with radiation and the effects on operators today.

B. RADIATION PHYSICS

Relates to OAR 333-106-055 (1) (a) Nature of x-rays; (b) Interaction of x-rays with matter; and (f) Principles of radiation protection.

Instructional Goals:
The goal is to develop understanding and knowledge of the physical properties of radiation and its interaction with other matter and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Describe the detailed structure of an atom;
2. Explain the ionizing process and name two types of ionizing radiation;
3. Describe the characteristics of electromagnetic radiation and relate this information to a diagram or picture of the spectrum;
4. Explain the inverse square law and how it is applied in dental radiology;
5. Compare the properties of x-radiation with those of light;
6. Describe the difference of x-ray absorption between lead and acrylic; and
7. Explain the difference between primary and secondary radiation.

C. BIOLOGICAL EFFECTS OF RADIATION AND X-RAY PROTECTION

Relates to OAR 333-106-055 (1) (e) Biological effects of x-rays; (g) Low does techniques; and (h) Applicable radiation regulation.

Instructional Goals**:**
The goal is to develop understanding of the biological effects of x-radiation, knowledge of protective devices and skill in the use of “Regulations for Control of Radiation" of the State of Oregon and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Describe the short and long range biological effects of radiation on living cells and tissues according to:
    a. least and most sensitive tissues
    b. acute and chronic exposure
    c. latent period
    d. cumulative effects;

2. Describe the nature, application and protective results of the following:
    a. long versus short cone
    b. collimator
    c. aluminum filter
    d. speed factor of the film
    e. lead apron with or without a cervical collar;
3. Describe the implications of film distance;
4. Describe the appropriate design and wall structure of operatories;
5. Describe proper operator techniques needed to prevent operator exposure;
6. Explain the use of the film badge;
7. Explain the importance of an accurate and recent health history and describe conditions that would limit patient exposure;
8. Describe precautions necessary for a pregnant patient or operator at various stages of the pregnancy;
9. Demonstrate an understanding of the need to reduce errors and film retakes; and
10. Explain the reasons for a "radiation survey" and list the "Oregon State Safety Rules."

D. THE DENTAL X-RAY UNIT

Relates to OAR 333-106-055 (1) (c) Radiation units; and (d) Principles of the x-ray machine.

Instructional Goals:
The goal is to develop understanding and knowledge of the components that are essential for generation and control of x-radiation and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Identify the primary source of energy for an x-ray machine;
2. Define voltage and amperage;
3. Explain the use of the transformer;
4. Label all the components of the x-ray tube on a diagram;
5. Explain how high voltage electrical current affects the cathode and anode;
6. Identify the main source of electrons in the x-ray tube and explain why a transformer is needed;
7. Describe "thermionic emission effect;"
8. Label a diagram showing the conversion of electrical energy to x-radiation; and
9. Explain radiation units, i.e., sieverts and grays.

E. DENTAL X-RAY MACHINE FUNCTION/OPERATION

Relates to OAR 333-106-055 (1) (d) Principles of the x-ray machine.

Instructional Goals**:**
The goal is to develop knowledge and skill in the function and operation of the three basic parts of the x-ray machine: the control panel, tube head and indicating device and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Demonstrate and explain the operation of the control panel and exposure switch, timer calibration in impulses;
2. Demonstrate horizontal and vertical angulation;
3. Discuss the advantages and disadvantages of the following indicating devices:
    a. closed cone
    b. short and long cylinder
    c. rectangular indicator
4. Demonstrate manipulation of the indicating device.

F. DENTAL X-RAY FILM

Relates to OAR 333-106-055 (1) (g) Low does techniques.

Instructional Goals**:**
The goal is to develop knowledge of the characteristics of the x-ray film base and emulsion and skill in handling the different sizes of screen and non-screen films, storage and record keeping and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Identify screen and non-screen film and describe their use;
2. Identify various sizes of intra and extra oral film and describe the appropriate uses for each size;
3. Describe the advantages and disadvantages of low, high and ultra speed films;
4. Define and describe film base and emulsion;

5. Explain the reaction of the emulsion to exposure to an x-ray beam;
6 Identify other sources of energy that also affect film emulsion;
7. Differentiate between paper and polyester packets and explain the color coding;
8. Describe film shelf-life according to storage conditions;
9. Describe the uses of double-file packets; and
10. Explain the use and composition of duplicating film.

G. INTRA-ORAL RADIOGRAPHIC TECHNIQUES

Instructional Goals:
The goal is to develop skill in the intra-oral placement of film and cone positioning, using both paralleling and bisecting techniques, to produce diagnostic quality radiographs of both adult and child dentition and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Demonstrate an understanding of tooth anatomy and alignment., Especially as it relates to the long axis of teeth, proximal contacts, occlusal relationships, root positions and root length;
2. Demonstrate knowledge and correct placement of various types of film holders and tabs;
3. Select appropriate film size for specific exposures and according to the patient's mouth;
4. Select the appropriate exposure time, ma and kvp based upon physiological variables;
5. Demonstrate proper film placement and cone positioning for each film in a full-mouth series according to paralleling and bisecting techniques;
6. Demonstrate the ability to adapt film placement and cone positioning when oral anatomy interferes with standard techniques;
7. Utilize all safety techniques previously learned to reduce radiation exposure to both the operator and patient;
8. Identify exposure errors in processed film;
9. Describe measures needed to correct exposure errors; and
10. Demonstrate all of the above points by exposing 4 fmx's on dexter.

H. THE DARKROOM

Relates to OAR 333-106-055 (1) (i) Darkroom and film processing.

Instructional Goals**:**
The goal is to become familiar with darkroom equipment and supplies and to develop skill in darkroom maintenance and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Explain the nature and purpose of the safe light and describe the results of light "leaks";
2. Describe the structure, arrangement and general contents of processing tanks;
3. Describe the chemical components of developing and fixing solutions, explaining the differences between powder and liquid concentrates;
4. Describe how solutions become exhausted and how often additional chemicals can be added to old solutions to replenish them;
5. Explain the need for changing solutions and cleaning tanks;
6. Explain the need for water circulation and temperature control;
7. Demonstrate use of film holders; and
8. Describe the advantages and disadvantages of automatic film processing.

I. FILM PROCESSING AND MOUNTING

Relates to OAR 333-106-055 (1) (i) Darkroom and film processing.

Instructional Goals:
The goal is to develop knowledge and skill in the processing and mounting of dental radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. List the four basic steps in film processing;
2. Describe the effects of time and temperature variables during processing on dental x-ray film;
3. Demonstrate the ability to properly unwrap and clamp film to processing holders, properly labeling each holder;
4. Properly process exposed film according to the process described in items “1” and “2” above;
5. Identify processing errors when present and how to correct them;
6. Select an appropriate film mount for the number and type of processed radiographs;
7. Mount dental radiographs correctly to arch, quadrant and tooth sequence;
8. Identify and correct errors in film mounting and explain possible consequences of those errors; and
9. Describe the use and maintenance of view boxes.

J. RADIOGRAPHIC INTERPRETATION

Relates to OAR 333-106-055 (1) (j) Film critique.

Instructional Goals:
The goal is to develop knowledge and skill in identifying diagnostic qualities of radiographs; recognition of normal and abnormal oral conditions; and to understand the ethical and legal implications of radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Describe and identify the following radiographic qualities and list the basic factors which can influence these qualities:
    a. density
    b. contrast
    c. image sharpness and shape
    d. shadow casting
2. When given a film that is not diagnostic relative to factors listed in item number 1 (above), identify the errors and describe the causes;
3. Relate exposure errors to radiographic interpretations;
4. Identify major oral landmarks and normal oral conditions on radiographs; and
5 Describe the legal and ethical implications of dental radiographs according to:
    a. the dental history and record
    b. treatment planning
    c. ownership
    d. patient identification
    e. referral/ consultation
    f. disagreement/ legal action

K. ADDITIONAL RADIOGRAPHIC TECHNIQUES

Instructional Goals:
The goal is to develop knowledge and skill in additional radiographic techniques and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to demonstrate techniques used for periapical film placement other than the use of a film holder with cone guide and describe advantages and disadvantages of each of the following:

1. Cotton roll/ hand-held,
2. Hemostat,
3. Bite blocks (wood and plastic); and
4. Snap-a-Ray

L. BASIC SKILL DEVELOPMENT

Instructional Goals:
The student will be able to ensure mastery of previously learned information and skills and increase proficiency and efficiency and to relate this information directly and/ or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Correctly identify major oral landmarks as seen on any intra or extra oral film;
2. Analyze the quality of dental radiographs relative to exposure and development and describe corrections as needed;
3. Demonstrate the ability to expose periapical and bitewing film on manikins, using techniques previously taught;
4. Increasing accuracy and speed on all skills; and
5. Demonstrate the ability to solve problems independently.

M. DENTAL RADIOGRAPHY FOR PATIENTS

Instructional Goals:
The goal is to apply all previously learned knowledge and skills to the exposure and development of patient dental radiographs and to relate this information directly and/or indirectly to "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Read and correctly interpret an order from a dentist requesting patient x-rays;
2. Read, interpret and correctly respond to items found in the patient's medical and dental histories as related to radiology;
3. Demonstrate consistent application of standards as described in the Oregon Health Division publication “Oregon Rules for the Control of Radiation;”
4. Demonstrate consistent understanding and application of the principles of safety and the prevention of disease transmission;
5. Demonstrate understanding of the Oregon rules and regulations that apply to dental radiography;
6. Demonstrate professional courtesy and standards when working with patients;

7. Place, expose, develop and mount radiographs utilizing increasing proficiency and efficiency, especially as related to:
    a. correct patient management
    b. selection of film and technique
    c. unit settings
    d. correct film placement and exposure to reduce the number of needed retakes
    e. correct processing and mounting of film;

8. Identify errors and make corrections on needed retakes;
9. Record all important information in the patient's chart at the time of appointment and obtain necessary signatures;
10. Demonstrate film placement and stabilization in edentulous areas; and
11. Select and expose films utilizing various film placement and tube angulation to meet a specific problem, i.e.:
    a. crowded or overlapping teeth
    b. excessively long roots
    c. impacted teeth
    d. small mouth/constricted arch
    e. shallow palate/floor of the mouth
    f. presence of tori
    g. small child, age 4 or under

N. ALTERNATIVE RADIOGRAPHIC TECHNIQUES

Instructional Goal:
The goal is to develop knowledge and skill in alternative radiographic techniques and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:
1. Describe occlusal film technique according to type of film, placement and exposure Angulation;
2. Identify and describe situations where occlusal film would be appropriate;
3. Compare diagnostic usefulness of occlusal film compared to periapical film. Identify the various essential parts of a panoramic machine;
4. Describe the advantages and disadvantages of panoramic film;
5. Load and unload panoramic film cassettes;

6· Properly position patients of varying ages and sizes in the panoramic chair and unit and expose the film;
7. Identify panoramic film problems and describe needed corrective measures;
8. Describe additional extra-oral film techniques and their uses;
9. Describe dental radiographic procedures used in endodontics procedures and explain how root images can be separated; and
10. Correctly expose radiographs using distal oblique and mandibular third molar techniques.

O. PATIENT MANAGEMENT

Instructional Goal:
The goal is to develop awareness and skill in patient management needed to obtain diagnostic dental radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Explain the importance of communicating with the patient at an understandable level, including:
    a. explaining why disabled patients and geriatric patients must be treated with courtesy and respect;
    b. describing "show and tell" method of communication.
    c. explaining why the operator should pay attention to the patient during radiography.

2. Discuss patient management problems and techniques associated with:
    a. the very young
    b. the elderly
    c. patients who are afraid or uncooperative
    d. the handicapped patient.
3. Discuss the questions patients ask about dental radiography and how some questions can be answered by the auxiliaries and others only by the dentist.

P. BASIC RADIOGRAPHIC INTERPRETATION

Instructional Goal:
The goal is to develop introductory level knowledge and skill in the interpretation of radiographic findings and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Identify unerupted and missing teeth of both primary and permanent dentition;
2 Identify in general terms the type of dental work present in the mouth;
3. Locate and describe oral lesions according to radiolucency, capacity, size and location; and
4. Demonstrate correct charting and recording of radiographic findings as directed by the dentist.