PUBLIC PACKET

OREGON BOARD OF DENTISTRY

BOARD MEETING
JUNE 17, 2022

Oregon
Kate Brown, Governor

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

NOTICE OF REGULAR MEETING

PLACE: **BOARD OFFICE & VIRTUAL VIA ZOOM**
DATE: **June 17, 2022**
TIME: **8:00 a.m. – 3:00 p.m.**

Call to Order –Jose Javier, D.D.S., President **8:00 a.m.**

OPEN SESSION (Via Zoom)
https://us02web.zoom.us/j/83520614587?pwd=WVRPRFZDd0pjMkxxbTZwTlIFVmlTdz09
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 835 2061 4587 ● Passcode: 665486

Review Agenda
1. Approval of Minutes
   - April 22, 2022 Board Meeting Minutes

NEW BUSINESS
1. Association Reports
   - Oregon Dental Association
   - Oregon Dental Hygienists' Association
   - Oregon Dental Assistants Association

3. Committee and Liaison Reports
   - Committee & Liaison Assignments

4 Executive Director's Report
   - Board Member & Staff Updates
   - OBD Budget Status Report
   - Customer Service Survey
   - Board and Staff Speaking Engagements
   - Delegated Duties for Executive Director & Staff
   - OBD Bylaws
   - OBD Bylaw Amendment Proposed
   - AADA & AADB Annual Meetings
   - DANB Invitation – Stakeholder Forum
   - OBD 2023 Meeting Dates & Calendar
   - Newsletter

5. Unfinished Business and Rules
   - Dental Therapy Rules
     - Two Public Rulemaking Hearings held April 22 & May 18, 2022
     - Comments Received
   - Dental Implant FAQ Document updated based on feedback from April Board Meeting
   - Communication, outreach & education on dental implant rules
     - Oregon State Society of Orthodontists (OSSO) Feedback
     - Licensee Feedback on Implant Rules
   - OHA Interpreter Registry Rules

Notes:
(1) A working lunch will be served for Board members at approximately 12:00 p.m.
(2) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.
(3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

6. Correspondence
   - Dr. Markert Botox Rule Update Request

7. Other
   - Invitation to the Tribes to address the Board
   - Dental Pilot Project #100 - Extension Approved
   - Dental Pilot Project Advisory Committee Meeting #300

8. Articles & Newsletters (No Action Necessary)
   - National Commission May Newsletter

EXECUTIVE SESSION **11:00 a.m.**

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

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

LUNCH **12:00 p.m.**

OPEN SESSION (Via Zoom) **1:30 p.m.**

https://us02web.zoom.us/j/83520614587?pwd=WVRPRFZDd0pjMkxxbTZwTlIFVmlTdz09

Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 835 2061 4587 ● Passcode: 665486

Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues
    - Pacific University Request to Approve ITR Curriculum

ADJOURN **3:00 p.m.**

Notes:
(1) A working lunch will be served for Board members at approximately 12:00 p.m.
(2) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.
(3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

APPROVAL OF MINUTES

DRAFT 1

OREGON BOARD OF DENTISTRY
MINUTES
APRIL 22, 2022

MEMBERS PRESENT:	Alicia Riedman, R.D.H., President Jose Javier, D.D.S., Vice President Reza Sharifi, D.M.D. Amy B Fine, D.M.D. Jennifer Brixey Sheena Kansal, D.D.S. Gary Underhill, D.M.D Yadira Martinez, R.D.H. Chip Dunn Aarati Kalluri, D.D.S.
STAFF PRESENT:	Stephen Prisby, Executive Director Winthrop "Bernie" Carter, D.D.S., Dental Director/ Chief Investigator Angela Smorra, D.M.D., Dental Investigator Haley Robinson, Office Manager (portion of meeting) Shane Rubio, Investigator (portion of meeting) Samantha VandeBerg, Examination and Licensing Manager (portion of meeting) Ingrid Nye, Investigator (portion of the meeting) Kathleen McNeal, Office Specialist
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General
VISITORS PRESENT	Mary Harrison, ODAA; Amy Coplen, Pacific University
VIA TELECONFERENCE*:	Jen Lewis-Goff, Oregon Dental Association (ODA); Mary Harrison, Oregon Dental Assistants Association (ODAA); Teresa Haynes, Richael Cobler – CRDTS, Rod Hill, D.D.S. – CRDTS, Kari Kuntzelman, Shannon English, Mark Shoenbaum, Laura Brannon, Tom Holt, D.D.S., Kate Marcus, Katy Adishian, Sabrina Riggs, Kelle Adamek-Little, Emily Coates, Miranda Davis, D.D.S., Sharity Ludwig, R.D.H., Mary Wren, Lisa Rowley, R.D.H., Oregon Dental Hygienists' Assocation,

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

Call to Order: The meeting was called to order by the President at 8:00 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

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

NEW BUSINESS

Approval of Minutes
Dr. Fine moved and Ms. Martinez seconded that the Board approve the minutes from the March 30, 2022 Board Meeting as presented. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)
Jen Lewis-Goff called in to report on the Oregon Dental Conference which took place April 7-9. The ODA is working with partners to address the staffing challenges in the state. The ODA is collaborating with partners to provide funding for dental assistant scholarships.

Oregon Dental Hygienists' Association (ODHA)
Lisa Rowley called in to to state there was nothing to report.

Oregon Dental Assistants Association (ODAA)
Mary Harrison stated that she was happy have had DANB at the Oregon Dental Conference. The ODAA is working with DANB to update some of the dental assisting exams. The ODAA hopes to alleviate the problem of too few dental assistants in the state.

COMMITTEE AND LIAISON REPORTS

Dental Therapy Rules Oversight Committee Report
Ms. Brixey moved and Ms. Martinez seconded the addition of a dental therapist or dental therapy representative to the five OBD committees referenced. The motion passed unanimously. Mr. Prisby stated he would communicate this through the Dental Therapy Rules Oversight Committee and others to help recruit for the committees.

JCNDE
Chip Dunn volunteered as a public member to serve on the Joint Commission of National Dental Examinations.

EXECUTIVE DIRECTOR'S REPORT

Board and Staff Updates
On behalf of the OBD, Mr. Prisby thanked Dr. Amy B. Fine for her 8 years of service on the OBD from 2014 to 2022. As a resident of southern Oregon, the Dental Director at a FQHC and busy person, she brought an invaluable viewpoint, passion and scrutiny to Board actions and proceedings.

On behalf of the OBD, Mr. Prisby thanked Dr. Gary Underhill for his 8 years of service on the OBD from 2014 to 2022. As a private practitioner from eastern Oregon, a volunteer at a FQHC and a well-travelled person, he brought an important viewpoint, experience and perspective to Board actions and proceedings.

On behalf of the OBD, Mr. Prisby thanked Yadira Martinez for her 8 years of service on the OBD from 2014 to 2022. As a dental hygienist working at a FQHC in the Hillsboro community,

and a person who is involved in many other aspects of her community, she brought an excellent perspective and lens to Board actions and proceedings.

All three of these Board Members' second terms of service are ending in April, but all have graciously agreed to stay on until their replacements are in place, which is expected to occur in early June.

OBD Budget Status Report
Mr. Prisby presented the latest budget report. This report, which was from July 1, 2021 through February 28, 2022, showed revenue of $1,276,214.50 and expenditures of $1,078,344.71.

OBD 2023-2025 Budget Revenue Memo
The OBD forecasted revenue for the next budget cycle was presented.

Customer Service Survey
Mr. Prisby presented the legislatively mandated survey results from July 1, 2021 – March 31, 2022. The results of the survey showed that the OBD continued to receive positive ratings from the majority of those that submitted a survey.

2022 Dental License Renewal
The 2022 dental license renewal period closed on March 31, 2022. Mr. Prisby reported these results: 1709 renewed; 257 expired; 37 retired; 0 revoked; 2 resigned; and 4 deceased. Mr. Prisby reported that over the last five years, the average dental license renewal was 1716, so this latest dental license renewal was in line and shows the number of Oregon licensed dentists has been flat for a while now. There is no indication that it will be changing any time soon.

Board and Staff Speaking Engagements
Mr. Prisby and Haley Robinson made an in person presentation at the ODA's Oregon Dental Conference on Thursday, April 7, 2022 where they covered OBD operations and updates.

OBD staff, Dr. Bernie Carter, Dr. Angela Smorra and Ingrid Nye put together a recorded presentation on the OBD, the HPSP, enforcement issues and record keeping. This presentation was made available to ODC participants.

Mr. Prisby gave a "Board Updates" presentation to third year dental students at the OHSU School of Dentistry in Portland on Tuesday, April 12, 2022.

AADA & AADB Mid-Year Meetings
The American Association of Dental Administrators (AADA) Mid-Year Meeting was held on Thursday, April 7, 2022 as a virtual presentation. Mr. Prisby led the meeting as President of the AADA. The American Association of Dental Boards (AADB) Mid-Year Meeting was held April 8-9, 2022as a virtual presentation. Lori Lindley participated and led the Board Attorneys' Roundtable and Alicia Riedman, RDH, and Mr. Prisby attended the meeting. Mr. Prisby was elected Chair of the Western Caucus and provided the AADB membership with updates and news from the caucus.

OBD 2022 - 2025 Strategic Plan
The Board is now operating under the new plan approved at the February 25, 2022 Board Meeting. Priorities identified in the plan are already being worked on and it will be more systematically addressed and reported on in future board meetings.

Newsletter
The OBD published a December 2021 Newsletter which can be accessed with past newsletters on the OBD website. The OBD intends to publish a summer OBD Newsletter capturing relevant news and important updates for the first half of 2022.

UNFINISHED BUSINESS AND RULES

HB 2369
Ms. Martinez moved and Dr. Sharifi seconded that the Board move the amended rule due to the passage of House Bill 2369 to the Licensing, Standards and Competency Committee for further discussion. The motion passed unanimously.

HB 4096
Ms. Martinez moved and Dr. Fine seconded that the Board move the new rule due to the passage of House Bill 4096 to the Licensing, Standards and Competency Committee for further discussion. The motion passed unanimously.

Public Rulemaking Hearing
President Riedman opened the public rulemaking hearing at 9 am, as an open, transparent and public process. The Hearing was to take comments regarding 10 new rules and the amendments to 19 other rules being implemented with the new dental therapy licensure requirements required of the OBD with the passage of HB 2528 (2021).

Mary Harrison with the ODAA went on record to state their support of the work that was done and the presentation of the rules for dental therapy.

Amy Coplen, Program Director at Pacific University school of dental hygiene studies which was a training site for pilot project 300 stated their support of the work that was done and the presentation of the rules for dental therapy.

Dr. Miranda Davis discussed suggestions for the dental therapy program and would email them to the OBD for review.

Jen Lewis-Goff would be emailing recommendations for language about pathways to licensure for dental therapists.

President Riedman asked for other public comment and there was none. She closed the public rulemaking hearing at 9:16 am.

Mr. Prisby announced the next public rulemaking hearing will be on May 18, 2022. It will be a virtual meeting via Zoom.

Mr. Prisby shared that testing agencies CDCA-WREB and CRDTS had responded to a request for feedback for the Dental Therapy exams. Rod Hill, ERC chairman for CRDTS offered their help to develop a dental therapy exam that the OBD is comfortable with.

Dental Therapist Examinations
Dr. Underhill moved and Ms Martinez seconded that the Board accept CRDTS and CDCA-WREB as the testing agencies for the dental therapy licensure. The motion passed unanimously.

Mr. Prisby reviewed the Board-approved dental implant rules slated to be effective on July 1, 2022 and introduced dental implant FAQs document drafted by the OBD staff, and routed through the evaluators and legal council to offer clarity to the new rules. He was aware the ODA had some potential questions to be addressed. The updated and refined FAQ document would be in the June Board Book and next OBD Newsletter.

Dental Implant Rule Changes
Ms. Martinez moved and Dr. Javier seconded that the Board move approve the dental implant FAQs with the changes noted in the meeting and move the proposed dental implant rule changes to the Licensing, Standards, and Competency Committee for further review. The motion passed unanimously.

OTHER ISSUES

The OBD Tribal Relationship and Cooperation Policy went into effect on February 25, 2022.

Election of Officers
Dr. Fine moved and Dr. Sharifi seconded that the Board elect Dr. Jose Javier as Board President. The motion passed unanimously.

Dr. Underhill moved and Dr. Fine seconded that the Board elect Chip Dunn as Board Vice-President. The motion passed unanimously.

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

OPEN SESSION: The Board returned to Open Session at 12:45 p.m.

CONSENT AGENDA

2022-0102, 2022-0091, 2022-0082, 2022-0093

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

COMPLETED CASES

2022-0084, 2022-0053, 2022-0100, 2022-0090, 2022-0075, 2022-0096, 2022-0070

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

2021-0188
Ms. Martinez moved and Dr. Underhill seconded that for respondent #1, the Board move to close the matter with a Letter of Concern reminding Licensee to assure that he documents that 1) the patient clearly understands the findings and prognosis with the estimated number of years for tooth survival, and 2) the referring dentist is informed of the findings and prognosis, and it is documented as such in the patient treatment record notes. The motion passed unanimously.

SYLIVIA G. JIMENEZ, D.D.S.; 2021-0188
Ms. Martinez moved and Dr. Underhill seconded for respondent #2, the Board move to issue a Notice of Proposed Disciplinary Action, and offer Licensee a Consent Order incorporating a reprimand, pay patient SH restitution in the amount of $ 4,076.05; take and pass the Dental Jurisprudence Test; and complete four hours of Board approved continuing education in dental record keeping within six months. The motion passed unanimously.

2022-0025
Dr. Fine moved and Ms Martinez seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he thoroughly documents all required information while documenting radiographic images and administering dental anesthetics per the DPA; and maintains his continuing education verification records for at least two previous licensure cycles totaling four years. The motion passed unanimously.

2022-0047
Dr. Kansal moved and Dr. Sharifi seconded that the Board close the matter with a strongly worded Letter of Concern reminding Licensee that as long as her license remains active, she must maintain a current BLS for Healthcare Providers at all times, regardless of whether or not she is practicing dental hygiene. The motion passed unanimously.

BEATRICE E. DECA, D.M.D.; 2022-0089
Ms. Brixey moved and Dr. Javier seconded that the Board move to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand, a $3,000.00 civil penalty, complete two hours of Board approved continuing education in infection control and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed unanimously.

2022-0072
Dr. Kalluri moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee assure she complete all continuing education courses required for license renewal. The motion passed unanimously.

NICHOLAS M. GRASVIK D.M.D.; 2022-0030
Mr. Dunn moved and Dr. Underhill seconded that the Board move to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, $ 12,000.00

civil penalty, eight hours of Board approved continuing education in the area of infection control, and complete eight hours of Board approved continuing education in advanced full mouth restorative rehabilitation of complex dentitions; complete four hours of Board approved continuing education in dental record keeping; take and pass the Dental Jurisprudence Test; and submit monthly submission of spore testing results for a period of one year to the Board within six months. The motion passed unanimously.

2022-0094
Dr. Underhill moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that all recommended treatment is based on a clinical test application. The motion passed unanimously.

2022-0059
Ms. Martinez moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure when he submits for reimbursement of DurAcetyl metal free partials he does not code them as having a cast metal framework. The motion passed unanimously.

2022-0033
Dr. Fine moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure he improve his record keeping documentation by (1) ensuring an accurate accounting of all of materials used, (2) documenting if PARQ, or its equivalent, was discussed when treatment plan changes occur, and (3) including his initials and credentials when signing chart entries. The motion passed unanimously.

2022-0058
Dr. Kansal moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that any teeth that are to be extracted are identified and confirmed as the proper tooth. The motion passed unanimously.

2022-0086
Ms. Brixey moved and Mr. Dunn seconded that the Board close the matter with no further action. The motion passed unanimously except Dr. Javier recused.

2022-0021
Dr. Kalluri moved and Ms. Martinez seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he 1) continues to improve his documentation, especially documenting in the patient treatment record notes, required information he needs to document when sedation and general anesthesia procedures are performed by another qualified provider in his dental office; and 2) whenever he is prescribing controlled substances not to delegate those actions to staff office employees to complete those actions. The motion passed unanimously.

2022-0055
Mr. Dunn moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that she (1) document endodontic diagnosis for teeth that she is recommending root canal therapy, and (2) ensure all root fragments are removed when performing extractions. The Board also recommends that the Licensee take additional

continued education related to atraumatic exodontia, surgical extraction of teeth, and case selection. The motion passed unanimously.

2022-0057
Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that (1) she adequately supervise pre-graduate dental students render to patients while on external rotations, (2) explains to the patient the procedures a dental student will be performing, (3) prior to inducing nitrous oxide sedation she evaluate the patient, and (4) maintain records of successful completion of CE for at least four licensure years consistent with the licensee's licensure cycle. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

GURMEET K. Case, D.D.S.; 2022-0060
Ms. Martinez moved and Mr. Dunn seconded that the Board move to affirm the Board's February 25, 2022, decision. The motion passed unanimously except Ms. Brixey recused.

DOUGLAS A. CHADWICK, D.D.S.; 2022-0015
Dr. Fine moved and Dr. Javier seconded that the Board move to accept Licensee's proposal and reduce the civil penalty to $3,000.00. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Request for reinstatement of an expired license - Marvin Strohschein, D.M.D.
Dr. Kansal moved and Dr. Javier seconded that the Board approve the reinstatement license for Dr. Strohschein,D.M.D. The motion passed unanimously.

2022-0006
Ms. Brixey moved and Dr. Javier seconded the Board release the investigative summary as requested. The motion passed unanimously.

RATIFICATION OF LICENSES
Dr. Kalluri moved and Dr. Javier seconded that the Board ratify the licenses presented in tab 16. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 12:57 p.m. Ms. Riedman stated that the next Board Meeting would take place on June 17, 2022.

_____
Jose Javier, D.D.S.
President

ASSOCIATION REPORTS

COMMITTEE REPORTS

Oregon Board of Dentistry Committee and Liaison Assignments

May 2022 - April 2023

STANDING COMMITTEES

Dental Therapy Rules Oversight

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

Committee:

Sheena Kansal, D.D.S., Chair
Alicia Riedman, R.D.H., E.P.P.
Jennifer Brixey
Kaz Rafia, D.D.S., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.
Amy Coplen, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, ODAA Rep.
Jason Mecum, DT Rep.
Kari Kuntzelman, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications

Purpose: To enhance communications to all constituencies

Committee:

Jose Javier, D.D.S., Chair
Michelle Aldrich, D.M.D.
Jennifer Brixey
Alayna Schoblaske, D.M.D., ODA Rep.
Lesley Harbison, R.D.H., ODHA Rep.
Linda Kihs, CDA, EFDA, OMSA, MADAA, ODAA Rep.
Kari Kuntzelman, DT Rep.

Subcommittees:

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

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Alicia Riedman, R.D.H., E.P.P., Chair
Terrence Clark, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey
David J. Dowsett, D.M.D., ODA Rep.
Lisa Rowley, R.D.H., ODHA Rep.
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.
Mark Kobylinsky, R.D.H., E.P.P., DT Rep.

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Reza Sharifi, D.M.D., Chair
Alicia Riedman, R.D.H., E.P.P.,
Terrence Clark, D.M.D.
Chip Dunn
Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Kristen Thomas, R.D.H., E.P.P., DT Rep.

Subcommittees:

Evaluators

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

Licensing, Standards and Competency

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

Committee:

Jose Javier, D.D.S., Chair
Sheena Kansal, D.D.S.
Sharity Ludwig, R.D.H., E.P.P.
Jennifer Brixey
Daren L. Goin, 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., E.P.P., DT Rep.

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Chip Dunn, Chair
Michelle Aldrich, D.M.D.
Alicia Riedman, R.D.H., E.P.P.
Sheena Kansal, D.D.S.
Philip Marucha, D.D.S., ODA Rep. Laura
Vanderwerf, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Sandra Galloway, D.M.D., DT Rep.

Anesthesia

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

Committee:

Chip Dunn., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D., M.C.R.
Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.
Normund Auzins, D.M.D.
Ryan Allred, D.M.D.
Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S.

LIAISONS

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

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

American Board of Dental Examiners (ADEX)

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

Oregon Dental Association – Jose Javier, D.D.S.
Oregon Dental Hygienists' Association – Alicia Riedman, R.D.H., E.P.P.
Oregon Dental Assistants Association – Sharity Ludwig, R.D.H., E.P.P.
Western Regional Exam Board (WREB)

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

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

Committee:

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

Subcommittee:
Budget/Legislative – *(President, Vice President, Immediate Past President)*

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

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
June 17, 2022

Board Member & Staff Updates

The Governor sent a number of names forward for consideration for open board and commission seats. The Senate Interim Committee On Rules and Executive Appointments met on June 1 and the Senate convened on June 3 to approve the board and commission members for appointment.

Three new OBD Board Members have been approved; with their terms all beginning June 10, 2022 and ending April 3, 2026. They are replacing Dr. Amy B. Fine, Dr. Gary Underhill and Yadira Martinez, RDH.

We are pleased to introduce our newest Board Members.

Sharity Ludwig is an Expanded Practice Dental Hygienist and the Director of Alternative Care Models for Advantage Dental. She completed her dental hygiene education at Oregon Institute of Technology in Klamath Falls and then went on to receive a master's degree in Healthcare Administration and Interprofessional Leadership from the University of California, San Francisco. Much of her career has been developing innovative strategies and processes for community based dental care, in addition to the development and implementation of models of care that incorporate oral health with a focus on the ever-changing needs of the healthcare industry to achieve the quadruple aim.

Terrence A. Clark, DMD, FAGD did his undergraduate work at Portland State University, then after graduating from OHSU, completed his residency at the OHSU Hospital and VA. He has been in private practice in Wilsonville, Oregon since 1987, with an emphasis on comprehensive dentistry for medically compromised patients. He has been a lecturer for the ADA on Ethics and Professionalism, and has presented at many dental schools and dental societies. He is an avid skier, hiker, and loves boating. His wife of 45 years is a native Oregonian, RN, and they are the proud parents of three children and ten grandchildren.

Michelle Aldrich, DMD, BSDH, D.ABDSM, was born and raised in La Grande and Union, Oregon, and graduated from OHSU dental hygiene program in 1992. It was at that time she decided to eventually return to dental school after her children were grown. She graduated from OHSU's dental program in 2008, and started a practice in Salem, OR. Dr. Aldrich has taken advanced training in dental sleep medicine, earning her diplomate from the American Board of Dental Sleep Medicine and started an additional business with the primary focus of the dental treatment of obstructive sleep apnea. She has lectured on that topic, including the published standards of care, to both dentists and dental hygienists in Marion and Polk Counties.

OBD Budget Status Report

Attached is the budget report for the 2021 - 2023 Biennium. This is a new report as an old legacy system was retired. This report, which is from July 1, 2021 through April 30, 2022, shows revenue of $1,738,745.97 and expenditures of $1,388,175.60. **Attachment #1**

Customer Service Survey
Attached are the legislatively mandated survey results from July 1, 2021 through May 31, 2022. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #2**

Board and Staff Speaking Engagements
Samantha VandeBerg and Ingrid Nye gave a License Application virtual presentation to the graduating Dental Hygiene Students at Lane Community College in Eugene on Monday, May 2, 2022.

Samantha VandeBerg and Ingrid Nye gave a License Application virtual presentation to the graduating Dental Hygiene Students at Mt. Hood Community College in Gresham on Monday, May 16, 2022.

Dr. Bernie Carter gave a Board Operations, Investigations and Protocols presentation to dentists and staff Permanente Dental Associates on Saturday, May 21, 2022.

Ingrid Nye gave a License Application virtual presentation to the graduating Dental Students at OHSU School of Dentistry in Portland on Monday, May 23, 2022.

Dr. Bernie Carter gave a Board Operations, Complaint Process, Investigations and Protocols presentation to the third year dental students at OHSU School of Dentistry on Tuesday, May 31, 2022.

Samantha VandeBerg and Ingrid Nye gave a License Application virtual presentation to the graduating Dental Hygiene Students at Pacific University in Hillsboro on Wednesday, June 1, 2022.

Memo - Delegated Duties for Executive Director & Staff
Every June the new President of the OBD takes the gavel for the first regular Board meeting after being voted President at the April Board Meeting for a 1-year term of office. Every June, I submit to the Board for reauthorization, this memo outlining delegated duties to me as executive director and OBD staff along with my job description.
Attachment #3 ACTION REQUESTED

OBD Bylaws
The OBD Bylaws were adopted in 2018 and are included for review.
Attachment #4

OBD Bylaw Amendment Proposed
A memo details a request that the Board consider updating the mission statement in the Bylaws. **Attachment #5 ACTION REQUESTED**

AADA & AADB Annual Meetings

The American Association of Dental Administrators and the American Association of Dental Boards will hold in person meetings this fall in Asheville, North Carolina October 6 - 9, 2022. This is welcome news and the Board plans for this and has the resources to send two Board members, our attorney and Executive Director to the meetings. I currently serve as President of the AADA. I ask that the Board approve my attendance at both meetings.
ACTION REQUESTED

DANB Invitation – Stakeholder Forum

The Dental Assisting National Board (DANB) has invited me to Chicago, Illinois to attend a forum on the future dental workforce. The forum is designed to bring together leaders in dentistry to share their perspectives and identify ways to work together to assure a robust, effective and adequately staffed dental assistant workforce. I ask that the Board approve my attendance at this meeting. **Attachment #6 ACTION REQUETSED**

OBD 2023 Meeting Dates & Calendar

The Board should consider adopting 2023 OBD Board Meeting dates so people can plan accordingly. **Attachment #7 ACTION REQUESTED**

Newsletter

A Summer OBD Newsletter is planned to be published in August.

Agency 834

Appn Year			2023		
			Monthly Activity	Biennium to Date	Budget
Fund	Budget Obj	Budget Obj Title			
3400	1000	REVENUES	46,122.41	1,738,745.97	3,452,000.00
	2500	TRANSFER OUT	14,224.00	16,294.00	226,800.00
	3000	PERSONAL SERVICES	104,641.48	865,176.44	2,187,917.00
	4000	SERVICES AND SUPPLIES	31,548.41	522,999.16	1,671,337.00
3400 Total			**196,536.30**	**3,143,215.57**	**7,538,054.00**
Grand Total			**196,536.30**	**3,143,215.57**	**7,538,054.00**

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2022
Load Date GI	5/20/2022

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	1000	REVENUES	0205	OTHER BUSINESS LICENSES	38,225.00	1,445,186.00	3,100,001.00
				0210	OTHER NONBUSINESS LICENSES AND FEES	1,600.00	7,150.00	10,000.00
				0410	CHARGES FOR SERVICES	98.00	12,528.00	18,000.00
				0505	FINES AND FORFEITS	5,000.00	263,326.70	250,000.00
				0605	INTEREST AND INVESTMENTS	929.41	6,964.50	60,000.00
				0975	OTHER REVENUE	270.00	3,590.77	13,999.00
			REVENUES Total			**46,122.41**	**1,738,745.97**	**3,452,000.00**
		2500	TRANSFER OUT	2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	14,224.00	16,294.00	226,800.00
			TRANSFER OUT Total			**14,224.00**	**16,294.00**	**226,800.00**
		3000	PERSONAL SERVICES	3110	CLASS/UNCLASS SALARY & PER DIEM	72,778.67	585,746.38	1,397,859.00
				3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,400.00
				3170	OVERTIME PAYMENTS	0.00	292.89	6,400.00
				3190	ALL OTHER DIFFERENTIAL	0.00	9,300.00	39,836.00
				3210	ERB ASSESSMENT	19.20	163.20	464.00
				3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	11,306.06	93,254.62	236,896.00
				3221	PENSION BOND CONTRIBUTION	3,407.90	28,417.14	75,620.00
				3230	SOCIAL SECURITY TAX	5,526.74	45,180.35	111,384.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2022
Load Date GI	5/20/2022

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	3000	PERSONAL SERVICES	3250	WORKERS' COMPENSATION ASSESSMENT	14.89	132.88	368.00
				3260	MASS TRANSIT	386.45	3,410.04	8,834.00
				3270	FLEXIBLE BENEFITS	11,201.57	99,278.94	305,856.00
			PERSONAL SERVICES Total			**104,641.48**	**865,176.44**	**2,187,917.00**
		4000	SERVICES AND SUPPLIES	4100	INSTATE TRAVEL	3,178.58	11,029.98	52,968.00
				4125	OUT-OF-STATE TRAVEL	0.00	0.00	7,888.00
				4150	EMPLOYEE TRAINING	0.00	5,690.54	56,553.00
				4175	OFFICE EXPENSES	2,737.38	24,558.21	95,153.00
				4200	TELECOMM/TECH SVC AND SUPPLIES	722.14	10,856.19	25,997.00
				4225	STATE GOVERNMENT SERVICE CHARGES	540.00	40,373.94	73,273.00
				4250	DATA PROCESSING	897.00	34,404.23	186,234.00
				4275	PUBLICITY & PUBLICATIONS	434.71	1,204.67	15,494.00
				4300	PROFESSIONAL SERVICES	8,770.00	149,525.16	270,498.00
				4315	IT PROFESSIONAL SERVICES	0.00	0.00	148,013.00
				4325	ATTORNEY GENERAL LEGAL FEES	0.00	96,704.05	306,725.00
				4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	735.00
				4400	DUES AND SUBSCRIPTIONS	20.99	4,831.90	10,874.00
				4425	LEASE PAYMENTS & TAXES	7,721.18	57,484.61	186,798.00
				4475	FACILITIES MAINTENANCE	0.00	0.00	608.00
				4575	AGENCY PROGRAM RELATED SVCS & SUPP	2,329.44	17,200.87	107,494.00
				4650	OTHER SERVICES AND SUPPLIES	1,631.29	35,695.09	95,453.00
				4700	EXPENDABLE	0.00	0.00	6,087.00

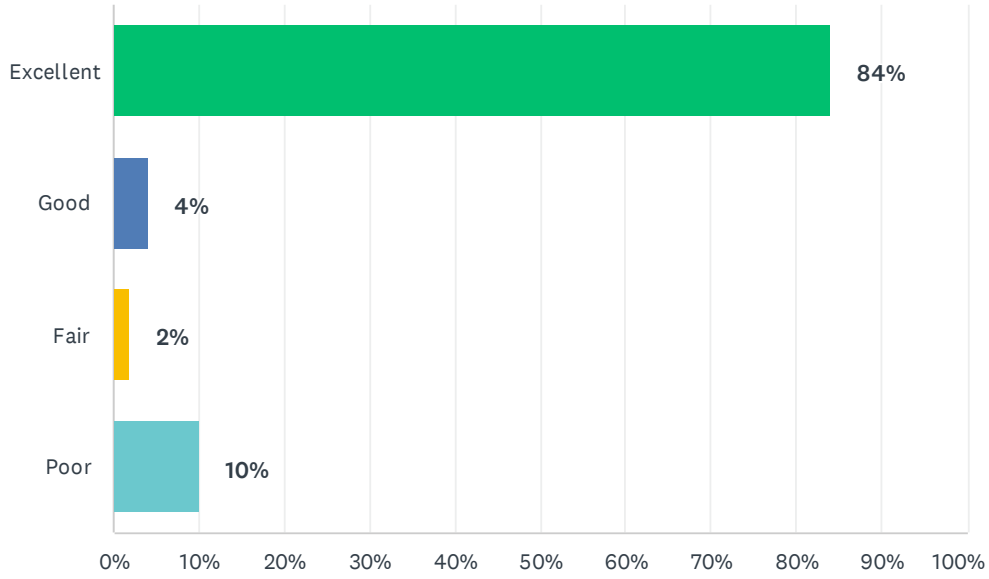
Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2022
Load Date GI	5/20/2022

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES		PROPERTY $250-$5000			
				4715	IT EXPENDABLE PROPERTY	2,565.70	33,439.72	24,492.00
			SERVICES AND SUPPLIES Total			**31,548.41**	**522,999.16**	**1,671,337.00**

DAFR9210 Agency 834 - month end

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

Answered: 50 Skipped: 0

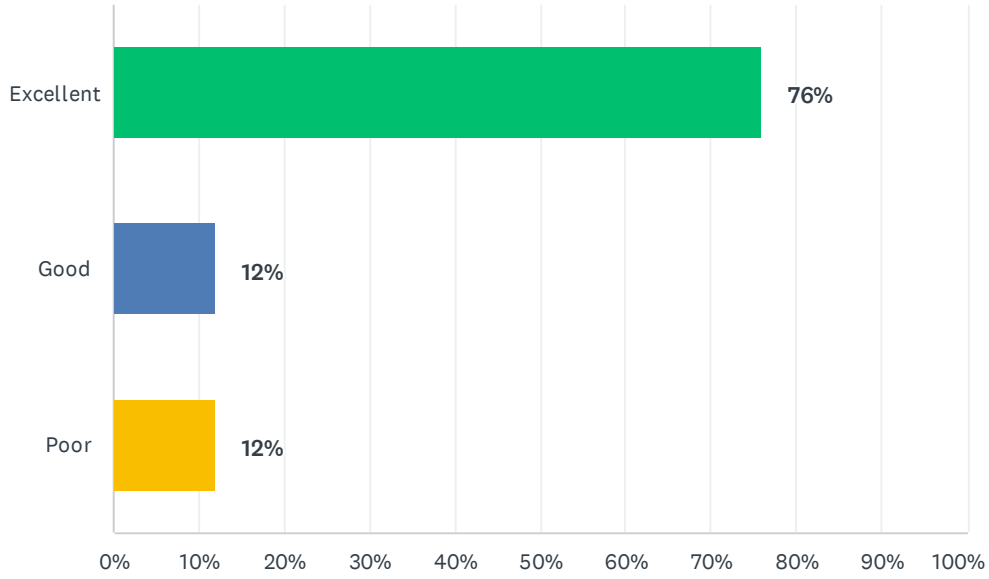


ANSWER CHOICES	RESPONSES	
Excellent	84%	42
Good	4%	2
Fair	2%	1
Poor	10%	5
TOTAL		50

Attachment #2

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

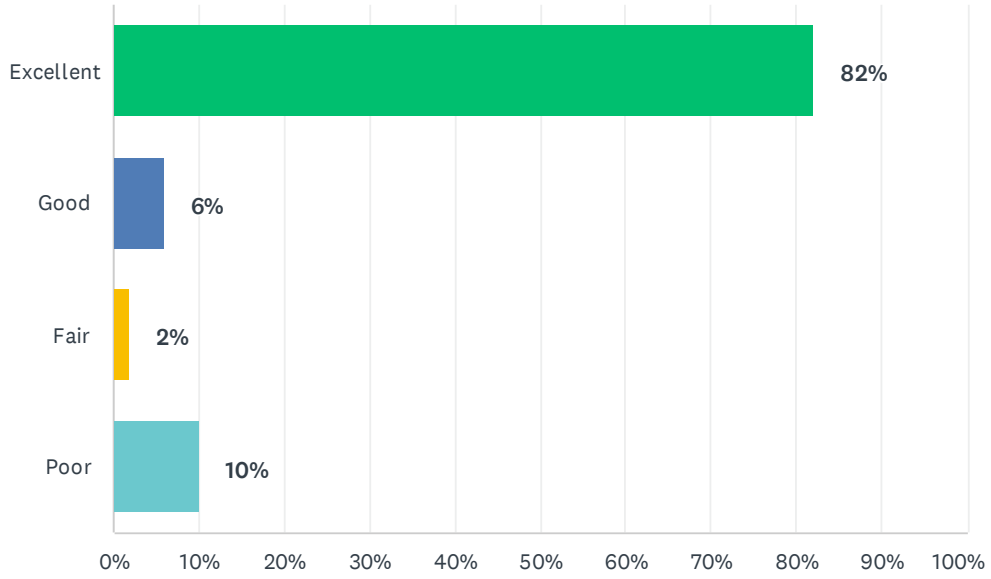
Answered: 50 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	76%	38
Good	12%	6
Poor	12%	6
TOTAL		50

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

Answered: 50 Skipped: 0

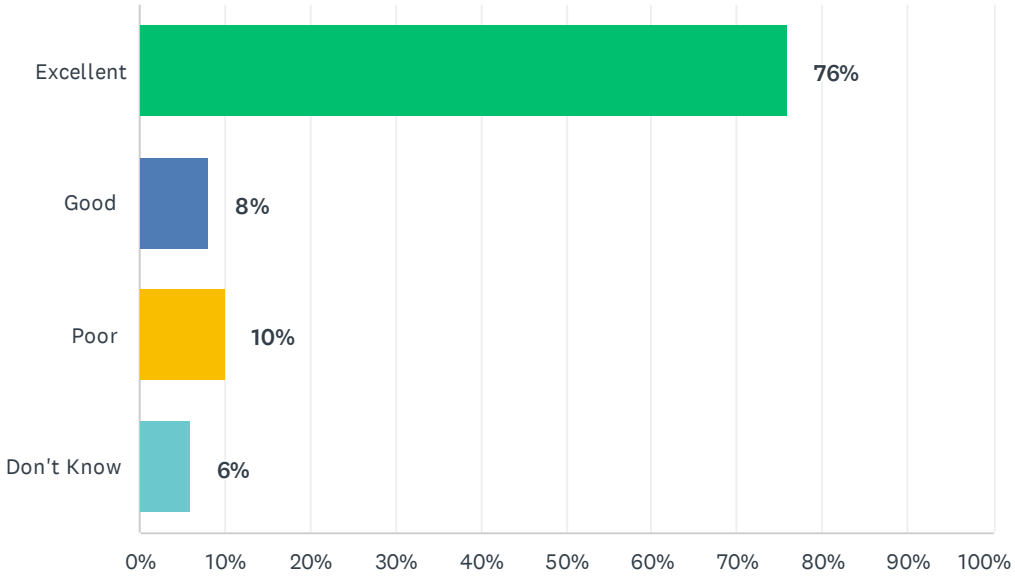


ANSWER CHOICES	RESPONSES	
Excellent	82%	41
Good	6%	3
Fair	2%	1
Poor	10%	5
TOTAL		50

Attachment #2

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

Answered: 50 Skipped: 0

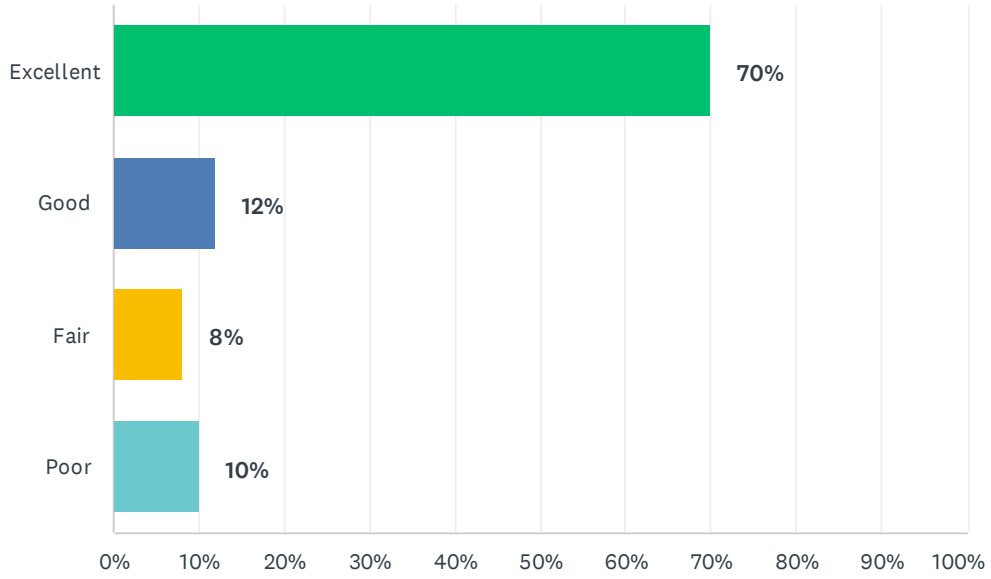


ANSWER CHOICES	RESPONSES	
Excellent	76%	38
Good	8%	4
Poor	10%	5
Don't Know	6%	3
TOTAL		50

Attachment #2

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

Answered: 50 Skipped: 0

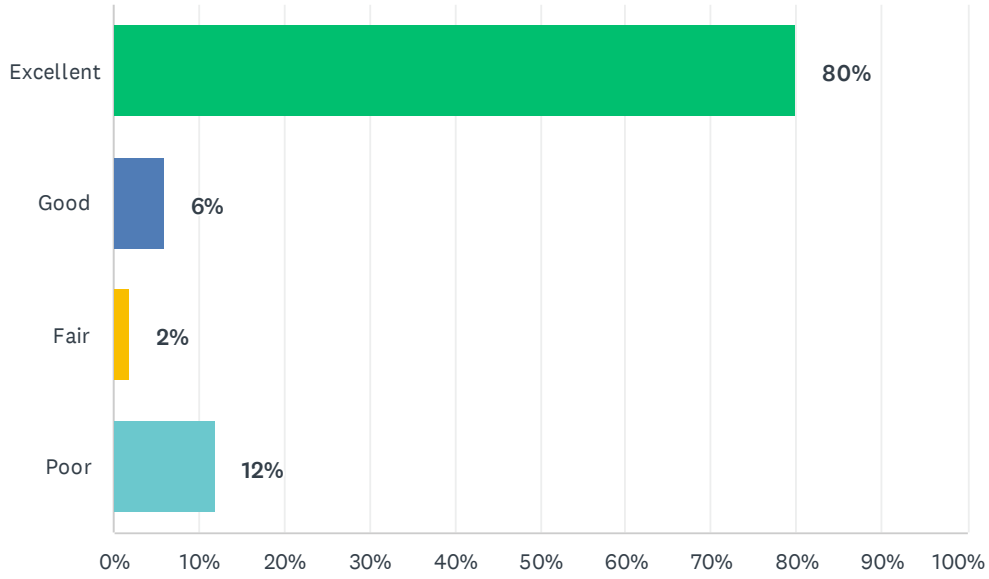


ANSWER CHOICES	RESPONSES	
Excellent	70%	35
Good	12%	6
Fair	8%	4
Poor	10%	5
TOTAL		50

Attachment #2

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

Answered: 50 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	80%	40
Good	6%	3
Fair	2%	1
Poor	12%	6
TOTAL		50

Attachment #2

Oregon
Kate Brown, Governor

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

TO: OBD Board Members

FROM: Stephen Prisby, Executive Director

DATE: June 8, 2022

SUBJECT: OBD Delegated Duties to Executive Director & Staff

Annually at every June Board Meeting, I ask that the Board review and approve delegated duties to the Executive Director and staff. The Board convenes this June 2022 Board Meeting with a new President and new Board Members. I attached the delegated duties that I would like the Board to affirm, as well as the executive director's current job description.

- Delegated Authority to Executive Director & Board Staff
- Executive Director's Job Description & Organization Chart

Delegated Authority to OBD Executive Director and Staff

Investigations:

- Manage the Board's Confidential Diversion Program, including initiating investigations
- Grant extensions to respond within ten days to a Board request for information
- Initiate investigations on any and all matters under the Board's jurisdiction and statutory authority including CE noncompliance, malpractice claims, PLR, etc…
- Manage the compliance and annual auditing functions on behalf of the Board

Notices/Consent Orders/Orders/Interim Consent Orders:

- Issue Amended Notice to address errors or correct allegations
- Approve ordered continuing education courses
- Approve ordered community service arrangements
- Approve ordered mentorships and mentors
- Grant extension to complete ordered continuing education
- Grant extension to complete ordered community service
- Grant extension to pay ordered civil penalties, refunds and restitution
- Offer & Accept Interim Consent Orders for subsequent ratification by the Board

New, Renewal, Reinstatement Applications & Volunteers:

- Executive Director determines whether an applicant/licensee with a criminal record or disciplinary action record(s) needs to go to the Board for issuing or renewing a license.
- Executive Director determines whether volunteer Dentists, Dental Hygienists and Dental Therapists requesting to volunteer in Oregon from outside Oregon meet requirements and standards. These requests will be elevated to the Board as needed.

Dental Therapy Collaborative Agreements:

- Executive Director and OBD Staff under direction determine if dental therapist applicants and collaborative agreements meet OBD standards.

Recommendation: In the matter of delegated duties, move to authorize the listed duties for the OBD Executive Director and Staff.

_____ _____

President Oregon Board of Dentistry Date

STATE OF OREGON
POSITION DESCRIPTION

Position Revised Date:
June 1, 2011

This position is:
☐ Classified
☐ Unclassified
☒ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc - Confidential

Agency: Oregon Board of Dentistry

Facility:

☐ New ☒ Revised

SECTION 1. POSITION INFORMATION

a. Classification Title:	Principal Exec Manager E	**b.** Classification No:	Z7008
c. Pos. Est. Date:	July 1, 2003	**d.** Position No:	0000521
e. Working Title:	Executive Director	**f.** Agency No:	834000
g. Section Title:		**h.** Budget Auth No:	000927450
i. Employee Name:	Stephen Prisby	**j.** Repr. Code:	MEAH

k. Work Location (City – County): Portland-Multnomah

l. Supervisor Name (Optional): Board President

m. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year
☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share

n. FLSA: ☒ Exempt ☐ Non-Exempt

If Exempt: ☒ Executive ☐ Professional ☐ Administrative

o. Eligible for Overtime: ☐ Yes ☒ No

SECTION 2. PROGRAM AND POSITION INFORMATION

a. Describe the program in which this position exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The Oregon Board of Dentistry is established by ORS 679.230 to license and regulate the practice of dentistry, dental therapy and dental hygiene in the State of Oregon. The Board examines and licenses dentists and dental hygienists, certifies dental assistants in radiology and expanded functions, and regulates the use of anesthesia in the dental office. There are approximately 8,000 Oregon licensed dentists and dental hygienists. The Board investigates complaints of alleged violations of the Dental Practice Act and enforces the provisions of ORS 679 and 680.010-680.205 and 680.990 and OAR 818-001-0000 through 818-042-0130. Services to these regulated individuals impact Oregonians statewide.

b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:

… direct all agency activities and represent the agency to the governor, legislature, other state/federal/local governmental and educational institutions, professional organizations, licensees, representatives of the dental community, citizen groups, the media and the general public.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark "N" for new duties, "R" for revised duties or "NC" for no change in duties. Indicate whether the duty is an "Essential" (E) or "Non-Essential" (NE) function.

% of Time	N/R/NC	E/NE	DUTIES
20	NC	E	Acts as the principal operations officer for the Board. Manages the Board office and is responsible for all personnel including recruitment, orientation, professional staff development and evaluation. Develops, prepares, and monitors agency budget, making adjustment as necessary to stay with legislatively adopted expenditure levels. Assures that all budget proposals and other fiscal documents are accurate and support Board goals; ensures establishment and implementation of sound audit procedures and internal controls. Develops administrative policies governing staff activities. Responsible for procurement and management of space, equipment and supplies to carry out agency mission.
20	NC	E	Functions as administrative agent for the Board. Prepares Board agendas and materials for Board and committee review. Assures that all hearings and meetings of the Board and its committees are noticed to the public and follow proper administrative procedure. Supervises preparation of minutes and maintenance of public records as required by law. Acts as Board spokesperson as delegated by the Board, serves as liaison between Board, Board committees and staff; conducts orientation of new Board members; and actively participates with Board in formulating policy. Assures that rulemaking proceedings are conducted in accordance with Oregon law and assures the optimum public input.
10	NC	E	Interfaces with other agencies whose activities affect the Board (i.e., Governor's Office, Department of Administrative Services, Secretary of State, other licensing boards within the state, related state and federal regulatory agencies (DEA, Board of Pharmacy, Radiation Control, Board of Nursing, OMAP, Boards of Dentistry in other states, etc.). Maintains liaison and effective relationships with Oregon Dental Association and its local components; Oregon Dental Hygienists' Association; Oregon Dental Assistants' Association; dental specialty organizations; dental and dental hygiene education programs at OHSU, School of Dentistry, and community colleges; regional and national dental, dental hygiene and dental assisting testing agencies, and the American Association of Dental Examiners. Represents the Board as a voting member of the American Association of Dental Administrators and the American Association of Dental Examiners.
10	NC	E	Supervises the review and approval of applications for initial licensure and renewal of licenses for dentists, dental therapists and dental hygienists. Oversees the administration of specialty examinations, the Board's jurisprudence examination, certification of dental assistants in expanded functions and the review and approval of anesthesia permits.

Note: *If additional rows of the below table are needed, place curser at end of a row (outside table) and hit "Enter".*

10	NC	E	Supervises the enforcement program assuring that complaints filed against licensees are handled in a fair and objective manner. Responsible for the investigation of complaints, preparation of Board orders, consultation with legal counsel, monitoring the flow of cases through the system to assure that priority issues are dealt with in a timely manner. Ensures the Boards enforcement procedures are followed and that licensees are provided with due process and confidentiality as required by Oregon law. Investigation of complaints frequently involves collaboration and cooperation with other regulatory agencies; i.e., Federal Drug Enforcement Agency, Department of Justice Medicaid Fraud Unit, Board of Pharmacy, Board of Nursing, Oregon Medical Board, and state and local law enforcement.
10	NC	E	Interprets and executes the provisions of the Dental Practice Act and rules of the Board and other regulations which determine the safe and legal practice of dentistry and dental hygiene in Oregon. Develops and recommends modification of the Dental Practice Act and rules of the Board. Prepares legislative concepts, appears before the Legislature in support of Board programs, presents and justifies the Board's budget to the Department of Administrative Services and the Legislature. Assures that Board Newsletter is produced on a regular basis, providing major articles and overseeing the format and distribution to licensees, legislators, professional organizations and other state Boards of Dentistry.
10	NC	E	Provides leadership and direction for a diversified staff of eight people. Supervise, hire, monitor performance, develop, coach, discipline and provide direction to employees. Respond to and resolve employee grievances. Assign and plan work. Promote safety training and practices in performance of all work activities. Implement Affirmative action and Diversity strategies and goals. Responsible for structuring activities that promote and foster a diverse workforce and discrimination/harassment-free workplace.
10	NC	E	Responsible for the monitoring of licensees under disciplinary action by the Board to assure compliance with the Board's Order. Work closely with treatment providers, substance abuse counselors, and the Oregon Dental Association Well-Being Committee to provide for evaluation, treatment, on-going care, and support of chemically impaired practitioners to ensure their safe return to work and maintenance of their sobriety and sound mental and physical health.
100%			

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

- Normal office environment.
- Some in-state and out-of-state travel which requires a valid Oregon Driver’s License or an acceptable alternative.

- Exposure to licensees under investigation and disciplinary action.
- Exposure to infectious situations when visiting dental offices.
- Contributes to a positive, respectful and productive work environment;
- Establishes/maintains effective working relations with all sections of the Board and the public;
- Maintains regular and punctual attendance;
- Supports participative decision making and cooperative interactions among all people;
- Prepares for meetings, bringing issues and solutions for the team to resolve;
- Participates in achieving a safe and healthy workplace;
- Ensures sensitive and confidential information is handled in a secure manner;
- Commits to support and help other team members;
- Shares in leadership and actively supports decisions made by the management team; and
- Adheres to all OBD policies, processes and procedures.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures.

- Oregon statutes (ORS 679 & 680) and rules (OAR 818) as they apply to dentists, dental hygienists and dental assistants
- Oregon statutes and rules as they apply to health care professions that interrelate with the Board and its licensees (pharmacy, nursing, medicine, denturists, etc.)
- Oregon Public Records Law
- Oregon Public Meetings Law
- Oregon Attorney General's Administrative Procedures Act
- Service Employees International Union Local 503, OPEU Contract
- Federal regulations regarding reporting adverse actions taken against licensees of the Board (National Practitioners Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB)
- Dept. of Administrative Services policy and procedures regarding personnel, purchasing, accounting, budgeting, etc.
- Historical records of the Board: court cases, contested case records, policies, Minutes of Board and committee meetings.

b. How are these guidelines used?

These laws, rules, policies, procedures, guidelines, etc. serve as references and provide general guidance to the daily administration of the Board and enforcement of the Dental Practice Act is consistent with the rules and regulations governing agency operations.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?

Who Contacted	How	Purpose	How Often?
Note: *If additional rows of the below table are needed, place curser at end of a row (outside table) and hit "Enter".*			
Board Members and the general public	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily
Executive Officers of other state Boards	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily
Licensees	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily

Dept. of Justice	Phone/writing/in person	Discuss issues of enforcement, interpretation of DPA and related laws and regulations	Daily
Officers and staff of Professional Associations	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Weekly
Educational Institutions	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Weekly
State Legislators, Office of the Governor and the Department of Administrative Services	Phone/writing/in person	Explain Board laws and rules, support Board sponsored legislation, and respond to constituent concerns.	As needed
National and Regional Testing Entities	Phone/writing	Discuss testing protocols	As needed
Other state and federal agencies	Phone/writing	Discuss issues of mutual concern	As needed
Media	Phone/writing/in person	Explain Board policy	As needed

SECTION 7. POSITION RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions.

- Establishes work priorities to carry out Board policy
- Determines adequacy and availability of human, fiscal and equipment resources
- Determines policy issues to be presented to Board for consideration/action
- Develops, justifies, and manages biennial budget
- Recruits, selects, manages, develops, and disciplines Board personnel as necessary
- Establishes agency operating policy and procedures within state guidelines

Inappropriate decisions can result in adverse publicity; a lack of effective communication with licensees, the public and professional organizations; ineffective use of agency resources; and failure to accomplish Legislative policy and Board priorities.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Classification Title	Position Number	How	How Often	Purpose of Review
Oregon Board of Dentistry President	Varies upon appointment	Meetings in person and annual evaluations	Monthly	Determine if the goals and objectives of the agency are being met.

Note: *If additional rows of the below table are needed, place curser at end of a row (outside table) and hit "Enter".*

SECTION 9. OVERSIGHT FUNCTIONS

THIS SECTION IS FOR SUPERVISORY POSITIONS ONLY

a. How many employees are directly supervised by this position? 3

How many employees are supervised through a subordinate supervisor? 4

b. Which of the following activities does this position do?

- ☒ Plan work
- ☒ Assigns work
- ☒ Approves work
- ☒ Responds to grievances
- ☒ Disciplines and rewards
- ☒ Coordinates schedules
- ☒ Hires and discharges
- ☒ Recommends hiring
- ☒ Gives input for performance evaluations
- ☒ Prepares & signs performance evaluations

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification:

You must possess an extensive knowledge of the principles and practices of management, including planning, organizing, directing, motivating, controlling, decision making and of budgeting as it relates to agency management. You must also have a strong working knowledge of Oregon's legislative process and administrative rules establishment and revision.

As primary representative of the agency to all outside entities, you must thoroughly understand public relations and be able to establish good working relationships both within the agency and with outside entities including professional organizations, lawmaking bodies and the press.

In addition, you must have a very extensive knowledge of the laws and rules governing dental practice in Oregon. You must also have a thorough working knowledge of operating a criminal justice agency including investigations, prosecutions, mediation and negotiation, conduction of hearings and appeals, confidentiality issues, and compliance and rehabilitation methods and monitoring.

You must be proficient in using computers and word processing software to personally produce reports, and be able to access and use information in the Board's database.

As an employee of the Oregon Board of Dentistry, you are responsible for protecting our business information. Protecting this information entails knowing the risk classification level of the information and following the established protection procedures. It also involves reading and understanding the agency's information security policies and participating in employee awareness training.

You are subject to a criminal records check, which may require fingerprints. If you are offered employment, the offer will be contingent upon the outcome of a criminal records check (FBI and/or LEDS). Any history of criminal activity will be reviewed and could result in the withdrawal of the offer or termination of employment.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

Operating Area	Biennial Amount ($00000.00)	Fund Type
Entire agency	$3.7 million	Other

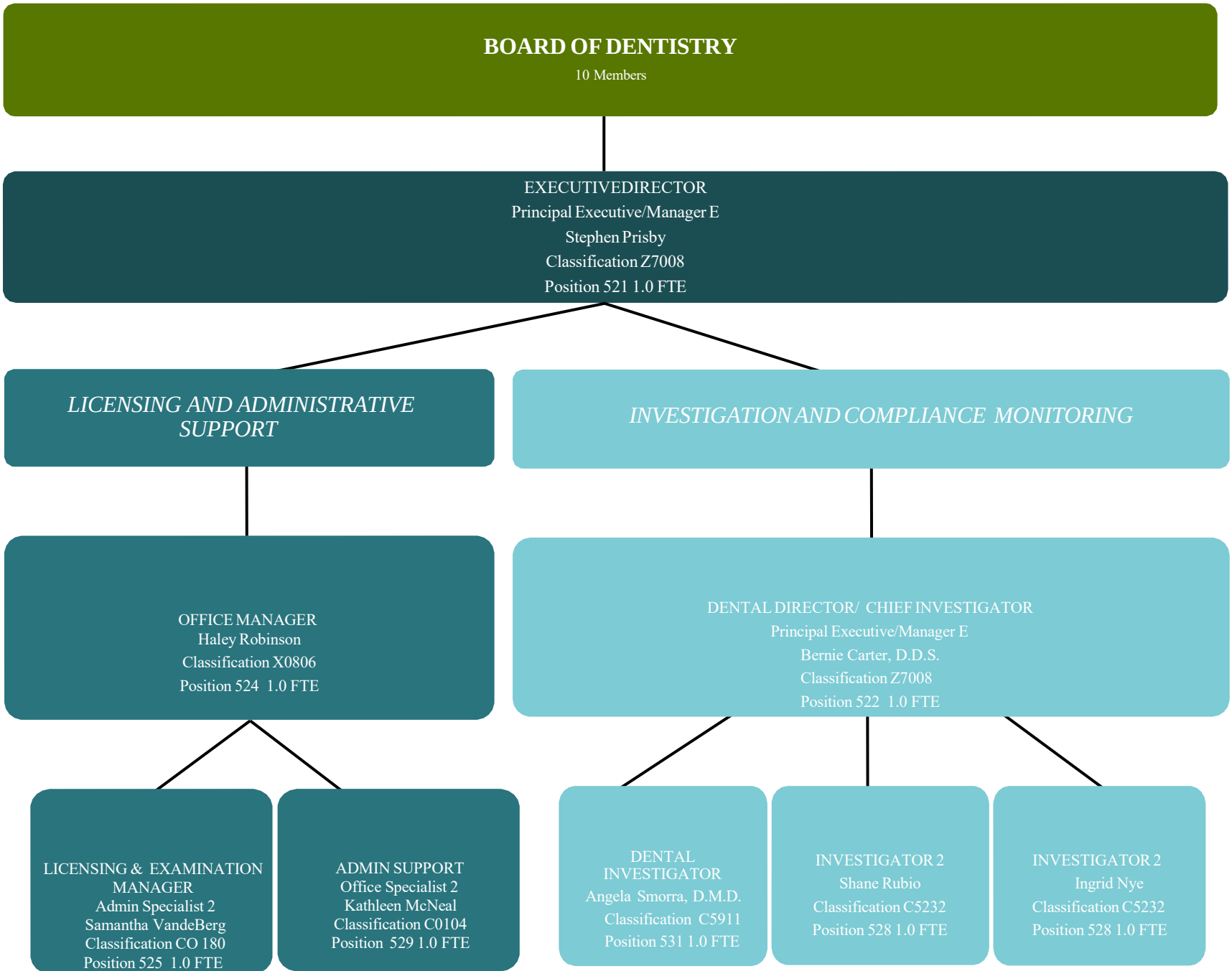
Note: *If additional rows of the below table are needed, place curser at end of a row (outside table) and hit "Enter".*

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee's name and position number.

SECTION 12. SIGNATURES

SIGNATURE ON FILE		SIGNATURE ON FILE	
Employee Signature	Date	Supervisor Signature	Date
Appointing Authority Signature	Date		



Attachment #3

Oregon Board of Dentistry Bylaws

Article I. Name

Sec. 1. The name of the agency shall be the Oregon State Board of Dentistry. The word "Board" or "OBD" wherever used shall mean the Oregon State Board of Dentistry unless otherwise specifically identified.

Article II. Mission

Sec. 1. The Mission of the Oregon Board of Dentistry (OBD) is to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.

Article III. Officers and Duties

Sec. 1. The President of the OBD shall preside at all meetings of the Board and shall have a vote on motions, if they so choose.
In addition, he/she shall perform the following duties:

a. The President shall be elected annually at the April Board Meeting.
b. He/she shall cause his/her signature to be placed upon all disciplinary orders approved by the Board.
c. He/she shall sign the all monthly time sheet and expense forms as well as any out of state trip request forms related to the Executive Director.
d. He/she shall appoint all standing and special committees. He/she shall cause whatever business may require attention to be brought before the Board.
e. He/she shall be in communication with the Executive Director regarding the agenda for any regular or special Board Meetings.
f. He/she shall perform all other duties incumbent on his/her office.

Sec. 2. The Vice-President of the OBD shall preside at any meetings of the Board that the President is not able to attend and shall have a vote on motions. In the event of a permanent vacancy in the Office of the President, the Vice-President shall become the President of the OBD until the next organizational meeting of the Board.
In addition, he/she shall perform the following duties:

a. The Vice-President shall be elected annually at the April Board Meeting.
b. He/she shall cause his/her signature to be place upon all disciplinary orders approved by the Board, if the president is unable to sign for any reason.
c. If a professional member of the Board is elected Vice-president he/she shall become the Senior Evaluator of the Board and preside at all meetings of the Evaluators and shall present all completed investigative reports to the Board for review and action.

Sec. 3. The President of the OBD shall appoint all committee and workgroup chairs for any committees and workgroups of the OBD. Chairs shall preside at all meetings of their committees and workgroups.
In addition, he/she shall perform the following duties:

a. Committee and Workgroup Chairs shall work with the Executive Director to establish a meeting date when necessary.
b. He/she shall be in communication with the Executive Director regarding the agenda for any committee and workgroup meetings.
c. Committee and Workgroup Chairs will report to the Board on any committee and workgroup meetings and any recommendations from the committee and workgroup to the Board.

Article IV. Voting

Sec. 1. Each member of the Board, any committee or workgroup, and other subordinate units of the Board shall have one vote in the respective body, at their respective meetings.

Sec. 2. Questions under consideration shall be decided by majority vote of a quorum of the board, committee or workgroup meeting for business.

Sec. 3. Attendance and votes by conference call telephone may be authorized by the Board subject to notice requirements of Public Meeting Laws.

Article V. Quorum

Sec. 1. The Board has 10 members as prescribed by ORS 679.230. Six Board members present at any given meeting or gathering represents a quorum of the Board.

Article VI. Procedures and Rules

Sec. 1. Whenever these bylaws are in conflict with the Oregon Revised Statutes and Oregon Administrative Rules of the OBD, the statutes and then the rules shall take precedence.

Sec. 2. The Board will use at its discretion any Standard Code of Parliamentary Procedure for the transaction of Board's affairs and the transaction of the affairs of any of its subordinate's bodies.

Article VII. Amendments

Sec. 1. The Board may adopt bylaws, or amend or repeal existing bylaws, at any regular meeting of the Board by a three quarters majority vote of the members present and constituting a quorum. Unless otherwise specified, amendments or suspension of the bylaws shall become effective when approved by the Board.

Sec. 2. The text of any proposed bylaw adoption, amendment, or repeal shall be filed in writing with the President and the Executive Director at least 10 days prior to a regular scheduled Board meeting at which it is to be acted upon or considered. The Executive Director will include the proposal in the board packet and place the topic as part of the Board's agenda.

Sec. 3. A new bylaw, or an amendment or repeal of an existing bylaw, may be proposed by any of the following: a Board Member, a committee authorized for that purpose by the Board or the Executive Director of the Board. A majority vote of the members present at a scheduled Board meeting shall approve the proposal. Such proposed bylaw, amendment, or repeal shall be filed and presented for adoption in accordance with the preceding sections of this article.

Oregon
Kate Brown, Governor

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

TO: OBD Board Members

FROM: Stephen Prisby, Executive Director

DATE: June 1, 2022

SUBJECT: Bylaw Amendment Proposed – Update Board Mission Statement

The Board may adopt bylaws, or amend or repeal existing bylaws, at any regular meeting of the Board by a three quarters majority vote of the members present and constituting a quorum. Unless otherwise specified, amendments or suspension of the bylaws shall become effective when approved by the Board.

The text of any proposed bylaw adoption, amendment, or repeal shall be filed in writing with the President and the Executive Director at least 10 days prior to a regular scheduled Board meeting at which it is to be acted upon or considered. The Executive Director will include the proposal in the board packet and place the topic as part of the Board's agenda.

Current Mission Statement in Bylaws

The Mission of the Oregon Board of Dentistry (OBD) is to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.

Proposed amendment to the Mission Statement in Bylaws

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

I suggest the Board make a motion and vote to update the mission statement in the bylaws to accurately match the new mission statement. The Board approved the new OBD 2022 - 2025 Strategic Plan at the Feb. 25, 2022 meeting, which updated the mission statement.

From: Marissa Williams <mwilliams@danb.org>
Sent: Tuesday, May 17, 2022 1:49 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Laura Skarnulis <lskarnulis@danb.org>; Hanna Aronovich <haronovich@danb.org>
Subject: Your invitation to the Dental Assistant Stakeholder Forum

Below is a message from CEO, Laura Skarnulis.

Dear Mr. Prisby,

You are invited to attend the Dental Assistant Stakeholder Forum on the Future Workforce, hosted by the Dental Assisting National Board (DANB) and the DALE Foundation.

When I joined DANB a year ago, I reached out to introduce myself to leaders of many dental organizations, and in nearly all of these conversations, the topic of the dental care workforce was raised as a pressing concern. In fact, DANB and the DALE Foundation consistently receive queries and requests from a variety of organizations looking for direction to address the dental assisting shortage. Workforce development is a critical issue for DANB and the DALE Foundation, as well, and one we believe we cannot resolve alone. Hence, we are holding a stakeholder forum.

The forum is an invitation-only event designed to bring together leaders in dentistry to share their perspectives and identify ways we can collectively work toward solutions to assure a robust, effective, and adequately staffed dental assistant workforce.

Please join us in Chicago on July 14 for a dynamic session in which we will explore key issues, identify opportunities, create initiatives, and define actions that we can take individually with our own organizations and collaboratively across the field of oral health care. This session is an opportunity for you to convene with other oral health care leaders and work together to uncover trends, gain insights and identify opportunities to collaborate. Forum participants will receive a summary report with insights and findings from the day.

Event Details
Dental Assistant Stakeholder Forum on the Future Workforce
Location: Chicago area
Date: July 14, 2022

Additional details will be forthcoming to those who confirm their attendance.

What to Expect
A Dynamic and Exploratory Session

 The event will be structured as a collaborative, working session in which we will explore perspectives, brainstorm possibilities, and identify optimal approaches and strategies. This will not be a conventional meeting, but rather a creative effort to discover and address shared concerns and shared objectives. Please plan on a dynamic day of dialog and exploration. The event will be facilitated by Langdon Morris, an award-winning innovation consultant and Senior Partner at InnovationLabs.

RSVP

Response Requested by June 1, 2022

In order to plan for the event, we request your response **by June 1, 2022.** If you are traveling from outside the Chicago area, we will be securing discounted hotel rates for participants.

Submit Your RSVP

I hope you will be able to join us for what is sure to be an engaging and inspiring session. Please reach out with any questions.

Sincerely,
Laura

Laura Skarnulis
Chief Executive Officer
P: 312-235-4228

DANB and the DALE Foundation
www.danb.org | www.dalefoundation.org

OREGON BOARD OF DENTISTRY
2022-2023
MEETING DATES

EVALUATORS	BOARD
February 10, 2022	February 25, 2022
N/A	March 30, 2022
April 8, 2022	April 22, 2022
June 3, 2022	June 17, 2022
August 5, 2022	August 19, 2022
October 7, 2022	October 21, 2022
December 2, 2022	December 16, 2022
February 10, 2023	February 24, 2023
April 14, 2023	April 28, 2023
June 2, 2023	June 16, 2023
August 11, 2023	August 25, 2023
October 13, 2023	October 27, 2023
December 1, 2023	December 15, 2023

2023 – Oregon Board of Dentistry

January

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

February

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

March

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

April

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

May

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

June

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

July

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

August

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

September

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

October

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

November

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

December

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

Office Closed Holiday Evaluator Meeting Board Meeting

2023 Holidays for United States

Jan 1 New Year's Day
Jan 2 New Year's Day (substitute)
Jan 16 Martin Luther King Jr. Day
Feb 14 Valentine's Day
Feb 20 President's Day
Apr 18 Tax Day
Apr 26 Administrative Professionals Day
May 14 Mother's Day
May 29 Memorial Day
Jun 18 Father's Day
Jun 19 Juneteenth Holiday
Jul 4 Independence Day
Sep 4 Labor Day
Oct 9 Indigenous Peoples' Day
Oct 31 Halloween
Nov 10 Veterans Day (substitute)
Nov 11 Veterans Day
Nov 23 Thanksgiving Day
Nov 24 Day after Thanksgiving Day
Dec 24 Christmas Eve
Dec 25 Christmas Day
Dec 31 New Year's Eve

UNFINISHED BUSINESS & RULES

OREGON BOARD OF DENTISTRY
PUBLIC RULEMAKING HEARINGS
April 22, 2022 from 9 am – 10 am
May 18, 2022 from 12 pm – 12:30 pm
(Both Hearings will end early if no one is signed up or indicate they have public testimony to give)
Written public comment is welcome & open from April 1, 2022– June 3, 2022 and may be submitted to information@obd.oregon.gov
1500 SW 1st Ave., Suite 770 Portland OR 97201

818-001-0002	Definitions
818-001-0082	Access to Public Records
818-001-0087	Fees
818-012-0020	Additional Methods of Discipline for Unacceptable Patient Care
818-012-0030	Unprofessional Conduct
818-021-0026	State and Nationwide Criminal Background Checks, Fitness Determinations
818-021-0052	Application for License to Practice Dental Therapy
818-021-0054	Application for License to Practice Dentistry Without Further Examination
818-021-0076	Continuing Education – Dental Therapists
818-021-0080	Renewal of License
818-021-0085	Renewal or Reinstatement of Expired License
818-021-0088	Volunteer License
818-021-0090	Retirement of License
818-021-0095	Resignation of License
818-021-0110	Reinstatement Following Revocation
818-026-0055	Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation
818-038-0001	Definitions
818-038-0005	Dental Therapy Education Program
818-038-0010	Authorization to Practice
818-038-0020	Scope of Practice
818-038-0025	Prohibited Acts
818-038-0030	Collaborative Agreements
818-038-0035	Record Keeping
818-042-0010	Definitions
818-042-0020	Dentists, Dental Therapists and Dental Hygienist Responsibility
818-042-0050	Taking of X-Rays – Exposing Radiographic Images
818-042-0060	Certification – Radiographic Proficiency
818-042-0090	Additional Functions of EFDAs
818-042-0114	Additional Functions of EFPDAs
Collaborative Agreement	Feedback also sought on the Draft - Collaborative Agreement

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) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
(6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(10) "Informed Consent" means the consent obtained following a thorough and easily understood
explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
(11) "Licensee" means a dentist**,** hygienist **or dental therapist.**
(12) "Volunteer Licensee" is a dentist**,** hygienist **or dental therapist** licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
(13) "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.
(14) "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.
(15) “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**,** dental hygiene **or dental therapy.**
(16) 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).
(17) “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.
(18) "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.
(19) "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.
(20) "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.

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; $0.20 per name and address for computer-generated lists on paper sorted by specific zip code;
(b) Data files submitted electronically or on a device:
(A) All Licensed Dentists — $50;
(B) All Licensed Dental Hygienists **and Dental Therapists** — $50;
(C) All Licensees — $100.
(c) Written verification of licensure — $2.50 per name; and
(d) Certificate of Standing — $20.

818-001-0087
Fees
(1) The Board adopts the following fees:
(a) Biennial License Fees:
(A) Dental —$390;
(B) Dental — retired — $0;
(C) Dental Faculty — $335;
(D) Volunteer Dentist — $0;
(E) Dental Hygiene —$230;
(F) Dental Hygiene — retired — $0;
(G) Volunteer Dental Hygienist — $0;
(H) Dental Therapy - $230;
(I) Dental Therapy - retired - $0;
(b) Biennial Permits, Endorsements or Certificates:

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

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

OAR 818-012-0030
Unprofessional Conduct
The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
(A) Legible copies of records; and
(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.
(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
(14) Violate any Federal or State law regarding controlled substances.
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry**,** dental hygiene **or dental therapy.**
(16) Practice dentistry**,** dental hygiene **or dental therapy** in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry**,** dental hygiene **or dental therapy.**
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration (DEA) registration.

818-021-0052
Application for License to Practice Dental Therapy
(1) An applicant to practice dental therapy, in addition to the requirements set forth in ORS 679.603 and 679.609, shall submit to the Board satisfactory evidence of:
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes all procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.
(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate.
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association.

818-021-0054
Application for License to Practice Dental Therapy Without Further Examination
(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679.603 and 679.609 and submits to the Board satisfactory evidence of:
(a) Having graduated from a dental therapy program accredited by the Commission on

Dental Accreditation of the American Dental Association; or
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes all procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; and
(c) Having passed the clinical dental therapy examination conducted by a regional testing agency, by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and
(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and
(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.
(2) Applicants must pass the Board's Jurisprudence Examination.

818-021-0026
State and Nationwide Criminal Background Checks, Fitness Determinations
(1) The Board requires fingerprints of all applicants for a dental**, dental therapy** or dental hygiene license to determine the fitness of an applicant. The purpose of this rule is to provide for the reasonable screening of dental and dental hygiene applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or hold a license that is issued by the Board.
(2) These rules are to be applied when evaluating the criminal history of all licensees and applicants for a dental**, dental therapy** or dental hygiene license and for conducting fitness determinations consistent with the outcomes provided in OAR 125-007-0260.
(3) Criminal records checks and fitness determinations are conducted according to ORS 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.
(a) The Board will request the Oregon Department of State Police to conduct a state and nationwide criminal records check. Any original fingerprint cards will subsequently destroyed.
(b) All background checks must include available state and national data, unless obtaining one or the other is an acceptable alternative.
(c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of the outcome or date of occurrence. Disclosure includes but is not limited to military, dismissed or set aside criminal records.
(4) If the applicant or licensee has potentially disqualifying criminal offender information, the Board will consider the following factors in making a fitness determination:
(a) The nature of the crime;
(b) The facts that support the conviction or pending indictment or that indicates the making of the false statement;

(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's present or proposed position, services, employment, license, or permit; and
(d) Intervening circumstances relevant to the responsibilities and circumstances of the position, services, employment, license, or permit. Intervening circumstances include but are not limited to:
(A) The passage of time since the commission of the crime;
(B) The age of the subject individual at the time of the crime;
(C) The likelihood of a repetition of offenses or of the commission of another crime:
(D) The subsequent commission of another relevant crime;
(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and
(F) A recommendation of an employer.
(e) Any false statements or omissions made by the applicant or licensee; and
(f) Any other pertinent information obtained as part of an investigation.
(5) The Board will make a fitness determination consistent with the outcomes provided in OAR 125-007-0260.
(a) A fitness determination approval does not guarantee the granting or renewal of a license.
(b) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason. Incomplete fitness determinations may not be appealed.
(6) The Board may require fingerprints of any licensed Oregon dentist**, dental therapist** or dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting a state or nationwide criminal records background check.
(7) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.
(8) Additional information required. In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee/applicant as necessary, such but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.
(9) Criminal offender information is confidential. Dissemination of information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).
(10) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted, to inspect the individual's own state and national criminal offender records and, if requested by the individual, provide the individual with a copy of the individual's own state and national criminal offender records.
(11) The Board shall determine whether an individual is fit to be granted a license or permit, based on fitness determinations, on any false statements made by the individual regarding criminal history of the individual, or any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as a part of an investigation. If an individual is determined to be unfit, then the individual may not be granted a license or permit. The Board may make fitness determinations conditional upon applicant's acceptance of probation, conditions, or limitations, or other restrictions upon licensure.
(12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy of completeness of criminal history information must be made in accordance with OAR 125-007-0030(7).

818-021-0076
Continuing Education — Dental Therapists

(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.
(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) At least two (2) hours of continuing education must be related to infection control.
(6) At least two (2) hours of continuing education must be related to cultural competency.
(7) At least one (1) hour of continuing education must be related to pain management.

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 licensee holding a current license. The licensee must complete the online renewal application and pay the 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**, dental therapy** or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085, "Reinstatement of Expired Licenses."
(1) Each dentist shall submit the renewal fee and completed online renewal application 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 online renewal application ~~form~~ by September 30 every other year. Dental hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years.

(3) Each dental therapist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Dental Therapists licensed in odd numbered years shall apply for renewal in odd numbered years and dental therapists licensed in even numbered years shall apply for renewal in even numbered years.
(4) The renewal application shall contain:
(a) Licensee's full name;
(b) Licensee's mailing address;
(c) Licensees business address including street and number or if the licensee has no business address, licensee's home address including street and number;
(d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number;
(e) Licensee's employer or person with whom the licensee is on contract;
(f) Licensee's assumed business name;
(g) Licensee's type of practice or employment;
(h) A statement that the licensee has met the continuing educational requirements for **their specific license** renewal set forth in OAR 818-021-0060 or **OAR** 818-021-0070 **or OAR 818-021-0076;**
(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.

818-021-0085
Renewal or Reinstatement of Expired License
Any person whose license to practice as a dentist**,** dental hygienist **or dental therapist** has expired, may apply for reinstatement under the following circumstances:
(1) If the license has been expired 30 days or less, the applicant shall:
(a) Pay a penalty fee of $50;
(b) Pay the biennial renewal fee; and
(c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.
(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
(a) Pay a penalty fee of $100;
(b) Pay the biennial renewal fee; and
(c) Submit a completed renewal application and certification of having completed the continuing education requirements.
(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
(a) Pay a penalty fee of $150;
(b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
(c) Pay a reinstatement fee of $500; and
(d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(4) If the license has been expired for more than one year but less than four years, the applicant shall:
(a) Pay a penalty fee of $250;
(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;

(c) Pay a reinstatement fee of $500;
(d) Pass the Board's Jurisprudence Examination;
(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(5) If a **Licensee** fails to renew or reinstate **their** license within four years from expiration, the **Licensee** must apply for licensure under the current statute and rules of the Board.

818-021-0088
Volunteer License
(1) An Oregon licensed dentist**, dental therapist** 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**, dental therapy** 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**, dental therapist,**
or dental hygienist.
(f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.
(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

818-021-0090
Retirement of License
(1) A **Licensee** who no longer practices in any jurisdiction may retire **their** license by submitting a request to retire such license on a form provided by the Board.
(2) A license that has been retired may be reinstated if the applicant:
(a) Pays a reinstatement fee of $500;
(b) Passes the Board’s Jurisprudence Examination;
(c) Passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant’s professional background and credentials;
(d) Submits evidence of good standing from all states in which the applicant is currently licensed; and
(e) Submits a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
(3) If the **Licensee** fails to reinstate **their** license within four years from retiring the license, the **Licensee** must apply for licensure under the current statute and rules of the Board.

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

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

818-026-0055
Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation
(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:
(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
(b) The permit holder, or an anesthesia monitor, monitors the patient; or
(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.
(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with **Board rules.**
(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
(b) The permit holder, or an anesthesia monitor, monitors the patient; and
(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with **Board rules.**
(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
(b) The permit holder, or an anesthesia monitor, monitors the patient; and
(c) The permit holder performs the appropriate pre- and post-operative evaluation and

discharges the patient in accordance with Board rules.

818-038-0001
Definitions
(1) “Dental Therapist” means a person licensed to practice dental therapy under ORS 679.603.
(2) “Dental Therapy” means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
(3) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(4) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(6) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
(7) “Collaborative Agreement” means a written and signed agreement entered into between a dentist and a dental therapist under ORS 679.618.

818-038-0005
Dental Therapy Education Program
The Board defines “Dental Therapy Education Program” as:
(1) A program accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the Board by rule;
(2) A dental pilot project as defined in ORS 679.600 and includes at least 500 hours of combined didactic and hands-on clinical dental therapy practice.
(3) A program determined by the Board to be substantially equivalent to subsection (1) or (2) of this paragraph with the same hour requirements as section 2.

818-038-0010
Authorization to Practice
(1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist’s practice.
(2) A dental therapist shall dedicate at least 51 percent of the dental therapist’s practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.
(3) A dental therapist may perform the procedures listed in OAR 818-038- 0020 so long as the procedures were included in the dental therapist’s education program or the dental therapist has received additional training in the procedure through a Board approved course.

818-038-0020
Scope of Practice
(1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:
(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;
(b) Comprehensive charting of the oral cavity;
(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
(d) Exposing and evaluation of radiographic images;
(e) Dental prophylaxis, including subgingival scaling and polishing procedures;
(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
(g) Administering local anesthetic;
(h) Pulp vitality testing;
(i) Application of desensitizing medication or resin;
(j) Fabrication of athletic mouth guards;
(k) Changing of periodontal dressings;
(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;
(m) Emergency palliative treatment of dental pain;
(n) Preparation and placement of direct restoration in primary and permanent teeth;
(o) Fabrication and placement of single-tooth temporary crowns;
(p) Preparation and placement of preformed crowns on primary teeth;
(q) Indirect pulp capping on permanent teeth;
(r) Indirect pulp capping on primary teeth;
(s) Suture removal;
(t) Minor adjustments and repairs of removable prosthetic devices;
(u) Atraumatic restorative therapy and interim restorative therapy;
(v) Oral examination, evaluation and diagnosis of conditions within the scope of practice of the dental therapist and with the supervising dentist's authorization;
(w) Removal of space maintainers;
(x) The dispensation and oral or topical administration of:
(A) Nonnarcotic analgesics;
(B) Anti-inflammatories; and
(C) Antibiotics; and
(y) Other services as specified by the Oregon Board of Dentistry by rule.
(2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
(a) Placement of temporary restorations;
(b) Fabrication of soft occlusal guards;
(c) Tissue reconditioning and soft reline;
(d) Tooth reimplantation and stabilization;
(e) Recementing of permanent crowns;
(f) Pulpotomies on primary teeth;
(g) Simple extractions of:
(A) Erupted posterior primary teeth; and

(B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
(h) Brush biopsies; and
(i) Direct pulp capping on permanent teeth.
(3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.
(4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.
(b) A dental therapist may supervise up to two individuals under this subsection.

818-038-0025
Prohibited Acts
A dental therapist may not:
(2) Place or Restore Dental Implants or any other soft tissue surgery except as described in 818-038-0020
(3) Prescribe any drugs, unless permitted by ORS 679.010
(4) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(5) Perform any dental therapy procedure unless it is documented in the collaborative agreement and rendered under appropriate Oregon Licensed Dentist supervision.
(6) Operate a hard or soft tissue Laser.
(7) Treat a patient under moderate, deep or general anesthesia.
(8) Order a computerized tomography scan

818-038-0030
Collaborative Agreements
(1) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.
(2) A dental therapist may enter into a collaborative agreement with more than one dentist if each collaborative agreement includes the same supervision and requirements of scope of practice.
(3) The collaborative agreement must include at least the following information:
(a) The level of supervision required for each procedure performed by the dental therapist;
(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;
(c) The practice settings in which the dental therapist may provide care;
(d) Any limitation on the care the dental therapist may provide;
(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;
(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;
(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs by the dental therapist, (as described in ORS 679.621) including circumstances under which the dental therapist may dispense and administer drugs;
(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and
(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice (in accordance with ORS 679.618), including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.
(2) (a) In addition to the information described in subsection (3) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III.

818-038-0035
Record Keeping
(1) A dental therapist shall annually submit a signed copy of their collaborative agreement (s) to the Oregon Board of Dentistry. If the collaborative agreement(s) are revised in between annual submissions, a signed and dated copy of the revised collaborative agreement(s) must be submitted to the board as soon as practicable after the revision is made.
(2) The annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.
(3) A dental therapist shall purchase and maintain liability insurance.

818-042-0010
Definitions
(1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, **dental therapist**, dental technician or another dental assistant~~. or renders assistance under the supervision of a dental hygienist providing dental hygiene services.~~
(2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to perform expanded function duties.
(3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board to perform expanded orthodontic function duties.
(4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(6) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

818-042-0020
Dentist, Dental Therapist and Dental Hygienist Responsibility
(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has

demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.
(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.
(3) A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services. ~~and a dentist has authorized it.~~
(4) The supervising dentist**, dental therapist** or dental hygienist is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.
~~(4)~~ (5) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

818-042-0050
Taking of X-Rays — Exposing Radiographic Images
(1) A **~~dentist~~ Licensee** may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:
(a) A dental assistant certified by the Board in radiologic proficiency; or
(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.
(2) A dentist**, dental therapist** or dental hygienist may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist**, dental 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 licensed dentist**, dental therapist** or dental hygienist that the assistant is proficient to take radiographs.

818-042-0090
Additional Functions of EFDAs
Upon successful completion of a course of instruction in a program accredited by the Commissi on on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant ma y perform the following functions under the indirect supervision of a dentist**, dental therapist** or dental hygienist providing that the procedure is checked by the dentist**, dental therapist** 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**, dental therapist** or dental hygienist.
(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
(3) Place retraction material subgingivally.

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**, dental therapist** or dental hygienist providing that the procedure is checked by the dentist**, dental therapist** 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**, dental therapist** or dental hygienist.

DRAFT

Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement

I, (print your name)_____, a licensed Dentist pursuant to ORS 679.020 or exempt from licensure pursuant to ORS 679.025, license number _____, have entered into a Collaborative Agreement with (print your name)_____, an Oregon licensed Dental Therapist, license number DT_____. The Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure within the scope of dental therapy:

_____
_____
_____
_____

Please define the practice settings in which the dental therapist may provide care:

_____
_____
_____

Please describe any limitation on the care the dental therapist may provide:

_____
_____
_____

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

_____
_____
_____
_____
_____

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

_____
_____
_____
_____
_____

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care, (attach copy of guidelines):

_____
_____
_____
_____
_____

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care:

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

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III:

General Supervision: requires 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.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires 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.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: _____

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	**GS**	**IS**	**DS**	**Not Allowed**
Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390				
Comprehensive charting of the oral cavity				
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis				
Exposing and evaluation of radiographic images				
Dental prophylaxis, including subgingival scaling and polishing procedures				
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants				
Administering local anesthetic				
Pulp vitality testing				
Application of desensitizing medication or resin				
Fabrication of athletic mouth guards				
Changing of periodontal dressings				
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth				
Emergency palliative treatment of dental pain				
Preparation and placement of direct restoration in primary and permanent teeth				

Fabrication and placement of single-tooth temporary crowns				
Preparation and placement of preformed crowns on primary teeth				
Indirect pulp capping in permanent teeth				
Indirect pulp capping on primary teeth				
Suture removal				
Minor adjustments and repairs of removable prosthetic devices				
Atraumatic restorative therapy and interim restorative therapy				
Oral examination, evaluation and diagnosis of conditions within the supervising dentist' s authorization				
Removal of space maintainers				
The dispensation and oral or topical administration of: o Non-narcotic analgesics o Anti-inflammatories o Antibiotics				

The below listed duties may be performed under **indirect supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **indirect supervision**, please initial here: _____

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both.

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	**Review Before**	**Review After**	**IS**	**DS**	**Not Allowed**
Placement of temporary restorations **Additional comments:**					
Fabrication of soft occlusal guards **Additional comments:**					
Tissue reconditioning and soft relines **Additional comments:**					

Tooth reimplantation and stabilization **Additional comments:**					
Recementing of permanent crowns **Additional comments:**					
Pulpotomies on primary teeth **Additional comments:**					
Simple extractions of: o Erupted posterior primary teeth; and **Additional comments:**					
Simple extractions of: o Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss **Additional comments:**					
Brush biopsies **Additional comments:**					
Direct pulp capping on permanent teeth **Additional comments:**					

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dentist's Signature: _____ Date: _____

Address: _____

_____

Cell phone #_____ Email _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dental Therapist's Signature:_____ Date: _____

Address: _____

_____

Cell phone #_____ Email _____

STOP – Did you remember to attach your….

1. Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?
2. Medical emergency guidelines?
3. Quality assurance plan?
4. Protocols for when a patient requires treatment outside the dental therapist's scope of practice?

ORS 679.618 Collaborative agreement required to practice dental therapy; required provisions; duties of dentist.

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

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

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

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

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

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

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

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

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

(i) Protocols for the dispensation and administration of drugs, as described in ORS 679.621, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

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

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

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

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

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

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

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

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

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

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

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

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

CONFEDERATED TRIBES OF
WARM SPRINGS
1855

Confederated Tribes of Warm Springs, Oregon
PO Box C
Warm Springs, OR 97761
Phone: 541-553-1161
Fax: 541-553-1924

Transmitted via email:

Information@obd.oregon.gov

June 2, 2022

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

RE: Comments on Dental Therapy Proposed Rulemaking

Dear Mr. Prisby,

On behalf of the Confederated Tribes of Warm Springs, we submit our comments and recommendations on the Oregon Board of Dentistry (OBD) proposed rulemaking related to Dental Therapy, filed on March 31, 2022. We commend the OBD for developing these strong rules that aptly interpret the intent of 2021 Session House Bill 2528.

I. Background

Dental Therapy is an innovative approach to address oral health disparities. Tribes have begun to implement Dental Therapy in a meaningful way that will break down structural barriers to care and address social determinants of health such as education attainment and economic stability. Dental Health Aide Therapists (DHATs) are highly trained primary oral health care providers. In Oregon, DHATs provide reliable and culturally responsive oral health care for American Indian and Alaska Native people.

II. Specific Recommendations

We make the following suggested changes to ensure the rules meet the intent of the legislation:

a. Amend OAR 818-021-0052(1)(b) Application for License to Practice Dental Therapy

The legislation is clear in its intent to allow dental therapists who participated in a dental therapy pilot project to obtain licensure and its intention to not disrupt the care these dental therapists are providing in our underserved communities. However, the language in OAR 818-021-0052(1)(b) could have the unintentional effect of prohibiting pilot #100 participants from obtaining licensure due to small differences in the scope of practice of dental therapists in different states.

While all dental therapists must learn the procedures included in the Commission on Dental Accreditation (CODA) standards, states are free to authorize additional procedures and many have, including Oregon. As such, even CODA-accredited education programs in other states may not teach all the procedures included in the Oregon scope. That is why Section 10 of the legislation states "[a] dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an

education program described in section 3(1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry."

In order to better reflect the text and intent of the legislation, we recommend amending OAR 818-021-0052(1)(b) to ensure all dental therapy pilot participants are able to obtain licensure and continue providing care to their communities.

> ***Amend OAR 818-021-0052(1)(b)*** (new language is underlined; deleted language is in brackets and all-caps):
>
> OAR 818-021-0052(1)(b) **Remove:** [HAVING SUCCESFULLY COMPLETED OR GRADUATED FROM A BOARD-APPROVED DENTAL THERAPY EDUCATION PROGRAM THAT INCLUDES ALL PROCEDURES OUTLINED IN OAR 818-038-0020, AND INCLUDES AT LEAST 500 HOURS OF DIDACTIC AND HANDS-ON CLINICAL DENTAL THERAPY PRACTICE]
>
> **Add:**
>
> OAR 818-021-0052(1)(b) <u>Having successfully completed or graduated from a Board-approved dental therapy education program that meets the requirements of the statute and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; or</u>
>
> <u>(1)(c) Having conducted clinical practice through the Oregon Health Authority Dental Pilot Project #100 Program after completing the necessary training as required by that program.</u>

b. Options for non-CODA Accredited Education Programs

We applaud the Board for including a pathway via OAR 818-021-0052(1)(b) for dental therapists who graduated from education programs that were not yet CODA accredited. The language in this subsection is necessary because CODA did not establish standards for dental therapy education programs until 2015, over a decade after dental therapists began working in the U.S. and at a time when three dental therapy education programs were already in operation.

Due to the time it takes to navigate the accreditation process and COVID-induced delay this language ensures that as other programs are able to navigate the CODA process, Oregon can welcome previously

trained dental therapists to alleviate access to care issues. To date, only one dental therapy education program has been able to obtain CODA accreditation.

We are in support of language in OAR 818-021-0052(1)(b) that creates a pathway for dental therapists who graduated prior to CODA accreditation. This ensures that Oregon has access to more dental therapists and gives more education options to Oregon students while the state is developing its own education programs.

c. Amend OAR 818-021-0054 Application for License to Practice Dental Therapy without Further Examination

We support the creation of a pathway to licensure for experienced dental therapists without further examination in 818-021-0054. The Community Health Aide Program (CHAP) Board requirements are equal to or exceed the requirements of state licensure. CHAP is the federal authority under which dental therapists practice in Alaska and the program has been expanded to the lower 48, including Washington, Oregon, and Idaho.

The Tribes in Oregon, Washington and Idaho have come together to create a Federal CHAP Board for our region which will be certifying dental therapists who work in the Tribal system. ***We urge the Board to also include dental therapists who have been certified by a CHAP Board as eligible in addition to dental therapists who have been licensed in other states.***

Amend OAR 818-021-0054(1) **(<u>new language is underlined</u>):**

<u>(b) Having been certified a dental therapist by a Federally Recognized CHAP Board; or</u>

Thank you for the opportunity to comment on the proposed Dental Therapy Rules. If you have any questions, please contact Michael Collins at michael.collins@wstribes.org.

Sincerely,

E. Austin Greene Jr.
Confederated Tribes of Warm Springs
Health & Welfare Committee Chairman
P.O. Box C
Warm Springs, OR 97761

BURNS PAIUTE TRIBE
WADATIKA HEALTH CENTER
100 PASIGO STREET
BURNS, OREGON 97720
PHONE (541) 573-7312
FAX (541) 573-4217
MEDICAL RECORDS FAX (541) 573-1298

June 3, 2022

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

RE: Comments on Dental Therapy Proposed Rulemaking

Dear Mr. Prisby,

On behalf of the Burns Paiute Tribe, we submit our comments and recommendations on the Oregon Board of Dentistry (OBD) proposed rulemaking related to Dental Therapy, filed on March 31, 2022. We commend the OBD for developing these strong rules that aptly interpret the intent of 2021 Session House Bill 2528.

I. Background

Dental Therapy is an innovative approach to address oral health disparities. Tribes have begun to implement Dental Therapy in a meaningful way that will break down structural barriers to care and address social determinants of health such as education attainment and economic stability. Dental Health Aide Therapists (DHATs) are highly-trained primary oral health care providers. In Oregon, DHATs provide reliable and culturally responsive oral health care for American Indian and Alaska Native people.

II. Specific Recommendations

We make the following suggested changes to ensure the rules meet the intent of the legislation:

a. Amend OAR 818-021-0052(1)(b) Application for License to Practice Dental Therapy

The legislation is clear in its intent to allow dental therapists who participated in a dental therapy pilot project to obtain licensure and its intention to not disrupt the care these dental therapists are providing in our underserved communities. However, the language in OAR 818-021-0052(1)(b) could have the unintentional effect of prohibiting pilot #100 participants from obtaining licensure due to small differences in the scope of practice of dental therapists in different states.

While all dental therapists must learn the procedures included in the Commission on Dental Accreditation (CODA) standards, states are free to authorize additional procedures and many have, including Oregon. As such, even CODA-accredited education programs in other states may not teach all the procedures included in the Oregon scope. That is why Section 10 of the legislation states "[a] dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3(1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry."

In order to better reflect the text and intent of the legislation, we recommend amending OAR 818-021-0052(1)(b) to ensure all dental therapy pilot participants are able to obtain licensure and continue providing care to their communities.

Amend OAR 818-021-0052(1)(b) (new language is underlined; deleted language is in brackets and all-caps):

OAR 818-021-0052(1)(b) **Remove:** [HAVING SUCCESFULLY COMPLETED OR GRADUATED FROM A BOARD-APPROVED DENTAL THERAPY EDUCATION PROGRAM THAT INCLUDES ALL PROCEDURES OUTLINED IN OAR 818-038-0020, AND INCLUDES AT LEAST 500 HOURS OF DIDACTIC AND HANDS-ON CLINICAL DENTAL THERAPY PRACTICE]

Add:
OAR 818-021-0052(1)(b) Having successfully completed or graduated from a Board-approved dental therapy education program that meets the requirements of the statute and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; or

(1)(c) Having conducted clinical practice through the Oregon Health Authority Dental Pilot Project #100 Program after completing the necessary training as required by that program.

b. Options for non-CODA Accredited Education Programs

We applaud the Board for including a pathway via OAR 818-021-0052(1)(b) for dental therapists who graduated from education programs that were not yet CODA accredited. The language in this subsection is necessary because CODA did not establish standards for dental therapy education programs until 2015, over a decade after dental therapists began working in the U.S. and at a time when three dental therapy education programs were already in operation.

Due to the time it takes to navigate the accreditation process and COVID-induced delay this language ensures that as other programs are able to navigate the CODA process, Oregon can welcome previously trained dental therapists to alleviate access to care issues. To date, only one dental therapy education program has been able to obtain CODA accreditation.

We are in support of language in OAR 818-021-0052(1)(b) that creates a pathway for dental therapists who graduated prior to CODA accreditation. This ensures that Oregon has access to more dental therapists and gives more education options to Oregon students while the state is developing its own education programs.

c. Amend OAR 818-021-0054 Application for License to Practice Dental Therapy without Further Examination

We support the creation of a pathway to licensure for experienced dental therapists without further examination in 818-021-0054. The Community Health Aide Program (CHAP) Board requirements are equal to or exceed the requirements of state licensure. CHAP is the federal authority under which dental therapists practice in Alaska and the program has been expanded to the lower 48, including Washington, Oregon, and Idaho.

The Tribes in Oregon, Washington and Idaho have come together to create a Federal CHAP Board for our region which will be certifying dental therapists who work in the Tribal system. ***We urge the Board to also include dental therapists who have been certified by a CHAP Board as eligible in addition to dental therapists who have been licensed in other states.***

> ***Amend OAR 818-021-0054(1)*** **(<u>new language is underlined</u>):**
> <u>(b) Having been certified a dental therapist by a Federally Recognized CHAP Board; or</u>

Thank you for the opportunity to comment on the proposed Dental Therapy Rules. If you have any questions, please contact Twila Teeman, Health Director at 541-573-8049.

Respectfully,

Twila Teeman

Twila Teeman, BSN
Health Director
Wadatika Health Center
Burns Paiute Tribe

NPAIHB

Member Tribes of the Northwest Portland Area Indian Health Board:

Burns Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

2121 SW Broadway
Suite 300
Portland, OR 97201
Phone: (503) 228-4185
npaihb.org

Transmitted via email:
Information@obd.oregon.gov

June 3, 2022

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

RE: Comments on Dental Therapy Proposed Rulemaking

Dear Mr. Prisby,

On behalf of the Northwest Portland Area Indian Health Board, we submit our comments and recommendations on the Oregon Board of Dentistry (OBD) proposed rulemaking related to Dental Therapy, filed on March 31, 2022. Established in 1972, the NPAIHB is a tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, representing the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. NPAIHB works closely with the Indian Health Service Portland Area Office, operating a variety of important health programs on behalf of our member tribes, including the Northwest Tribal Epidemiology Center.[1]

We commend the OBD for developing these strong rules that aptly interpret the intent of 2021 Session House Bill 2528.

I. Background

Dental Therapy is an innovative approach to address oral health disparities. Tribes have begun to implement Dental Therapy in a meaningful way that will break down structural barriers to care and address social determinants of health such as education attainment and economic stability. Dental Health Aide Therapists (DHATs) are highly-trained primary oral health care providers. In Oregon, DHATs provide reliable and culturally responsive oral health care for American Indian and Alaska Native people.

II. Specific Recommendations

We make the following suggested changes to ensure the rules meet the intent of the legislation:

[1] A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."

a. Amend OAR 818-021-0052(1)(b) Application for License to Practice Dental Therapy

The legislation is clear in its intent to allow dental therapists who participated in a dental therapy pilot project to obtain licensure and its intention to not disrupt the care these dental therapists are providing in our underserved communities. However, the language in OAR 818-021-0052(1)(b) could have the unintentional effect of prohibiting pilot #100 participants from obtaining licensure due to small differences in the scope of practice of dental therapists in different states.

While all dental therapists must learn the procedures included in the Commission on Dental Accreditation (CODA) standards, states are free to authorize additional procedures and many have, including Oregon. As such, even CODA-accredited education programs in other states may not teach all the procedures included in the Oregon scope. That is why Section 10 of the legislation states "[a] dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3(1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry."

In order to better reflect the text and intent of the legislation, we recommend amending OAR 818-021-0052(1)(b) to ensure all dental therapy pilot participants are able to obtain licensure and continue providing care to their communities.

Amend OAR 818-021-0052(1)(b) (new language is underlined; deleted language is in brackets and all-caps):

OAR 818-021-0052(1)(b) **Remove:** [HAVING SUCCESFULLY COMPLETED OR GRADUATED FROM A BOARD-APPROVED DENTAL THERAPY EDUCATION PROGRAM THAT INCLUDES ALL PROCEDURES OUTLINED IN OAR 818-038-0020, AND INCLUDES AT LEAST 500 HOURS OF DIDACTIC AND HANDS-ON CLINICAL DENTAL THERAPY PRACTICE]

Add:
OAR 818-021-0052(1)(b) Having successfully completed or graduated from a Board-approved dental therapy education program that meets the requirements of the statute and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; or

(1)(c) Having conducted clinical practice through the Oregon Health Authority Dental Pilot Project #100 Program after completing the necessary training as required by that program.

b. Options for non-CODA Accredited Education Programs

We applaud the Board for including a pathway via OAR 818-021-0052(1)(b) for dental therapists who graduated from education programs that were not yet CODA accredited. The language in this subsection is necessary because CODA did not establish standards for dental

therapy education programs until 2015, over a decade after dental therapists began working in the U.S. and at a time when three dental therapy education programs were already in operation.

Due to the time it takes to navigate the accreditation process and COVID-induced delay this language ensures that as other programs are able to navigate the CODA process, Oregon can welcome previously trained dental therapists to alleviate access to care issues. To date, only one dental therapy education program has been able to obtain CODA accreditation.

We are in support of language in OAR 818-021-0052(1)(b) that creates a pathway for dental therapists who graduated prior to CODA accreditation. This ensures that Oregon has access to more dental therapists and gives more education options to Oregon students while the state is developing its own education programs.

c. Amend OAR 818-021-0054 Application for License to Practice Dental Therapy without Further Examination

We support the creation of a pathway to licensure for experienced dental therapists without further examination in 818-021-0054. The Community Health Aide Program (CHAP) Board requirements are equal to or exceed the requirements of state licensure. CHAP is the federal authority under which dental therapists practice in Alaska and the program has been expanded to the lower 48, including Washington, Oregon, and Idaho.

The Tribes in Oregon, Washington and Idaho have come together to create a Federal CHAP Board for our region which will be certifying dental therapists who work in the Tribal system. ***We urge the Board to also include dental therapists who have been certified by a CHAP Board as eligible in addition to dental therapists who have been licensed in other states.***

> ***Amend OAR 818-021-0054(1)*** **(<u>new language is underlined</u>):**
> <u>(b) Having been certified a dental therapist by a Federally Recognized CHAP Board; or</u>

Thank you for the opportunity to comment on the proposed Dental Therapy Rules. If you have any questions, please contact Candice Jimenez, Health Policy Specialist, cjimenez@npaihb.org or Laura Platero, Executive Director at lplatero@npaihb.org.

Respectfully,

Nickolaus Lewis
Chair, Northwest Portland Area Indian Health Board
Councilman, Lummi Indian Business Council

CONFEDERATED TRIBES OF
COOS, LOWER UMPQUA AND SIUSLAW INDIANS
TRIBAL GOVERNMENT
1245 Fulton Avenue - Coos Bay, OR 97420
Telephone: (541)888-9577 Toll Free 1-888-280-0726 Fax: (541)888-2853

June 1, 2022

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

SENT VIA EMAIL (Information@obd.oregon.gov)

RE: Comments on Dental Therapy Proposed Rulemaking

Dear Mr. Prisby:

On behalf of the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians ("CTCLUSI"), we submit our comments and recommendations on the Oregon Board of Dentistry ("OBD") proposed rulemaking related to Dental Therapy, filed on March 31, 2022. We commend the OBD for developing these strong rules that aptly interpret the intent of 2021 Session House Bill 2528.

1. Background

Dental Therapy is an innovative approach to address oral health disparities. Tribes have begun to implement Dental Therapy in a meaningful way that will break down structural barriers to care and address social determinants of health such as education attainment and economic stability. Dental Health Aide Therapists ("DHATs") are highly trained primary oral health care providers. In Oregon, DHATs provide reliable and culturally responsive oral health care for American Indian and Alaska Native people.

2. Specific Recommendations

CTCLUSI offers the following suggested changes to ensure the rules meet the intent of the legislation:

a. Amend OAR 818-021-0052(1)(b) Application for License to Practice Dental Therapy

The legislation is clear in its intent to allow dental therapists who participated in a dental therapy pilot project to obtain licensure and its intention to not disrupt the care these dental therapists are providing in our underserved communities. However, the language in OAR 818-021-0052(1)(b) could have the unintentional effect of prohibiting pilot #100 participants from obtaining licensure due to small differences in the scope of practice of dental therapists in different states.

While all dental therapists must learn the procedures included in the Commission on Dental Accreditation ("CODA") standards, states are free to authorize additional procedures and many have, including Oregon. As such, even CODA-accredited education programs in other states may not teach all the procedures included in the Oregon scope. That is why Section 10 of the legislation states "[a] dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3(1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry."

In order to better reflect the text and intent of the legislation, we recommend amending OAR 818-021-0052(1)(b) to ensure all dental therapy pilot participants are able to obtain licensure and continue providing care to their communities.

Amend OAR 818-021-0052(1)(b) (new language is underlined; deleted language is in brackets and all-caps):

OAR 818-021-0052(1)(b) **Remove:** [HAVING SUCCESFULLY COMPLETED OR GRADUATED FROM A BOARD-APPROVED DENTAL THERAPY EDUCATION PROGRAM THAT INCLUDES ALL PROCEDURES OUTLINED IN OAR 818-038-0020, AND INCLUDES AT LEAST 500 HOURS OF DIDACTIC AND HANDS-ON CLINICAL DENTAL THERAPY PRACTICE]

Add:
OAR 818-021-0052(1)(b) <u>Having successfully completed or graduated from a Board-approved dental therapy education program that meets the requirements of the statute and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; or</u>

<u>(1)(c) Having conducted clinical practice through the Oregon Health Authority Dental Pilot Project #100 Program after completing the necessary training as required by that program.</u>

b. Options for non-CODA Accredited Education Programs

We applaud the Board for including a pathway via OAR 818-021-0052(1)(b) for dental therapists who graduated from education programs that were not yet CODA accredited. The language in this subsection is necessary because CODA did not establish standards for dental therapy education programs until 2015, over a decade after dental therapists began working in the U.S. and at a time when three dental therapy education programs were already in operation.

Due to the time it takes to navigate the accreditation process and COVID-induced delay this language ensures that as other programs can navigate the CODA process, Oregon can welcome previously trained dental therapists to alleviate access to care issues. To date, only one dental therapy education program has been able to obtain CODA accreditation.

We are in support of language in OAR 818-021-0052(1)(b) that creates a pathway for dental therapists who graduated prior to CODA accreditation. This ensures that Oregon has access to

more dental therapists and gives more education options to Oregon students while the state is developing its own education programs.

c. *Amend OAR 818-021-0054 Application for License to Practice Dental Therapy without Further Examination*

We support the creation of a pathway to licensure for experienced dental therapists without further examination in OAR 818-021-0054. The Community Health Aide Program ("CHAP") Board requirements are equal to or exceed the requirements of state licensure. CHAP is the federal authority under which dental therapists practice in Alaska and the program has been expanded to the lower 48, including Washington, Oregon, and Idaho.

The Tribes in Oregon, Washington, and Idaho have come together to create a Federal CHAP Board for our region which will be certifying dental therapists who work in the Tribal system. ***We urge the Board to also include dental therapists who have been certified by a CHAP Board as eligible in addition to dental therapists who have been licensed in other states.***

Amend OAR 818-021-0054(1) **(<u>new language is underlined</u>):**
<u>(b) Having been certified a dental therapist by a Federally Recognized CHAP Board; or</u>

Thank you for the opportunity to comment on the proposed Dental Therapy Rules. If you have any questions, please contact Iliana Montiel, Interim Director of Health & Human Services at 541-888-7526.

Sincerely,

Brad Kneaper, Chair
The Confederated Tribes of Coos,
Lower Umpqua, and Siuslaw Indians

Good Afternoon,

My name is Iliana Montiel and I am a Tribal Council member for CTCLUSI. I am also the Interim Director of Health & Human Services.

Thank You for the opportunity to comment on these rules and we appreciate how inclusive of a process this rulemaking has been**. CTCLUSI** shares with the Board the goals of promoting quality oral health care for all Oregon communities and have especially appreciated the Board's attention to promoting equity as it developed these rules.

Licensing dental therapists to provide care to our community is an important issue. We currently have two dental therapists in the Pilot #100 that we hope to get licensed in Oregon.

They have been serving our community since 2017 and it's so amazing to see how our tribal youth love to come to the clinic to see them. My grandson is 2 years old and has been seen 3-4 times by our DHATs. He trusts them and that is so important in getting our littles in.

Our Elders have expressed that these dental therapists have given them a renewed optimism for the future of healthcare in our community.

We support the draft rules in general with one notable exception. The two dental therapists that work in our clinic, graduated from the Alaska Dental Therapy Education Program. As the draft rules stand now, they would not be eligible for state licensure. We urge the board to add a subsection to ensure that dental therapists who have successfully graduated from a program that meets the statute requirements are eligible to be licensed. This section can be found in 818-021-0052, subsection 1b.

Thank you for considering this important change and allowing us to bring comments forward.

Iliana Montiel
Interim Director of Health & Human Services
Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
1245 Fulton Ave.
Coos Bay, OR 97420
Phone 541-888-7526
Cell 541-217-4613
Email: imontiel@ctclusi.org

Reply
Forward

5-18-22

Coquille Indian Tribe Testimony Oregon Board of Dentistry Hearing

Good Afternoon Mr. Prisby -

My name Kelle Little and I am the Chief Operating Officer of the Health and Wellness Division of the Coquille Indian Tribe. Today I am providing testimony as a representative of the Coquille Indian Tribe at the direction of the Coquille Tribal Council Chairperson Brenda Meade who could not attend. I have served at the Health Director and now COO for the Coquille Tribe for over 15 years and been an active participant in the Oregon Pilot DHAT Pilot Project.

- The Coquille Tribe recognizes that the Board has reserved space at each meeting related to Dental Therapy for Tribes to share their comments. We appreciate this inclusion in the process.
- I would also like to express to the Board our overall support for the draft rules as they stand.
- The topic of Dental Therapy is near and dear to the Coquille Tribe, as we have sponsored two Tribal Members who received education at the Alaska Dental Therapy Education Program We have also built a dental clinic to keep them employed. For the Tribe it is important that Oregon recognize these providers, and that they may become licensed in Oregon.
- There is one section of the rules as they are currently drafted that would prohibit our dental therapists from receiving a license in the state. That is section 818-021-0052, section 1b. This section is written in an unnecessarily rigid way that would essentially prevent our dental therapists from receiving a state license. We request that the wording of this section be changed to allow for a dental therapy education program that meets the requirements of the statute. This would allow for the variation that is so common among education programs while still requiring that a provider only perform procedures that they have been trained to perform.
- Thank you for this opportunity to speak to the Board. We look forward to continuing to work collaboratively toward quality oral health care in Oregon.

Thank you.

Confederated Tribes of Siletz Indians
Central Administration
P.O. Box 549, Siletz, Oregon 97380
(541) 444-2532 • 1-800-922-1399 • FAX: (541) 444-8334

Transmitted via email:
Information@obd.oregon.gov

May 31, 2022

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

RE: Comments on Dental Therapy Proposed Rulemaking

Dear Mr. Prisby,

On behalf of the Confederated Tribes of Siletz Indians, we submit our comments and recommendations on the Oregon Board of Dentistry (OBD) proposed rulemaking related to Dental Therapy, filed on March 31, 2022. We commend the OBD for developing these strong rules that aptly interpret the intent of 2021 Session House Bill 2528.

I. Background

Dental Therapy is an innovative approach to address oral health disparities. Tribes have begun to implement Dental Therapy in a meaningful way that will break down structural barriers to care and address social determinants of health such as education attainment and economic stability. Dental Health Aide Therapists (DHATs) are highly-trained primary oral health care providers. In Oregon, DHATs provide reliable and culturally responsive oral health care for American Indian and Alaska Native people.

II. Specific Recommendations

We make the following suggested changes to ensure the rules meet the intent of the legislation:

a. Amend OAR 818-021-0052(1)(b) Application for License to Practice Dental Therapy

The legislation is clear in its intent to allow dental therapists who participated in a dental therapy pilot project to obtain licensure and its intention to not disrupt the care these dental therapists are providing in our underserved communities. However, the language in OAR 818-021-0052(1)(b) could have the unintentional effect of prohibiting pilot #100 participants from obtaining licensure due to small differences in the scope of practice of dental therapists in different states.

While all dental therapists must learn the procedures included in the Commission on Dental Accreditation (CODA) standards, states are free to authorize additional procedures and many have, including Oregon. As such, even CODA-accredited education programs in other states may not teach all the procedures included in the Oregon scope. That is why Section 10 of the legislation states "[a] dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3(1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry."

In order to better reflect the text and intent of the legislation, we recommend amending OAR 818-021-0052(1)(b) to ensure all dental therapy pilot participants are able to obtain licensure and continue providing care to their communities.

Amend OAR 818-021-0052(1)(b) (new language is underlined; deleted language is in brackets and all-caps):

OAR 818-021-0052(1)(b) **Remove:** [HAVING SUCCESFULLY COMPLETED OR GRADUATED FROM A BOARD-APPROVED DENTAL THERAPY EDUCATION PROGRAM THAT INCLUDES ALL PROCEDURES OUTLINED IN OAR 818-038-0020, AND INCLUDES AT LEAST 500 HOURS OF DIDACTIC AND HANDS-ON CLINICAL DENTAL THERAPY PRACTICE]

Add:
OAR 818-021-0052(1)(b) Having successfully completed or graduated from a Board-approved dental therapy education program that meets the requirements of the statute and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; or

(1)(c) Having conducted clinical practice through the Oregon Health Authority Dental Pilot Project #100 Program after completing the necessary training as required by that program.

b. Options for non-CODA Accredited Education Programs

We applaud the Board for including a pathway via OAR 818-021-0052(1)(b) for dental therapists who graduated from education programs that were not yet CODA accredited. The language in this subsection is necessary because CODA did not establish standards for dental therapy education programs until 2015, over a decade after dental therapists began working in the U.S. and at a time when three dental therapy education programs were already in operation.

Due to the time it takes to navigate the accreditation process and COVID-induced delay this language ensures that as other programs are able to navigate the CODA process, Oregon can welcome previously trained dental therapists to alleviate access to care issues. To date, only one dental therapy education program has been able to obtain CODA accreditation.

We are in support of language in OAR 818-021-0052(1)(b) that creates a pathway for dental therapists who graduated prior to CODA accreditation. This ensures that Oregon has access to more dental therapists and gives more education options to Oregon students while the state is developing its own education programs.

c. Amend OAR 818-021-0054 Application for License to Practice Dental Therapy without Further Examination

We support the creation of a pathway to licensure for experienced dental therapists without further examination in 818-021-0054. The Community Health Aide Program (CHAP) Board requirements are equal to or exceed the requirements of state licensure. CHAP is the federal authority under which dental therapists practice in Alaska and the program has been expanded to the lower 48, including Washington, Oregon, and Idaho.

The Tribes in Oregon, Washington and Idaho have come together to create a Federal CHAP Board for our region which will be certifying dental therapists who work in the Tribal system. ***We urge the Board to also include dental therapists who have been certified by a CHAP Board as eligible in addition to dental therapists who have been licensed in other states.***

> ***Amend OAR 818-021-0054(1)*** **(new language is underlined):**
> (b) Having been certified a dental therapist by a Federally Recognized CHAP Board; or

Thank you for the opportunity to comment on the proposed Dental Therapy Rules. If you have any questions, please contact Ashley Taylor, DDS Dental Director at Siletz Community Health Clinic at ashleyt@ctsi.nsn.us or 541-444-9681.

Sincerely,

Kurtis Barker
General Manager
Confederated Tribes of Siletz Indians
Kurtisb@ctsi.nsn.us
541-444-8204

The Confederated Tribes of the Grand Ronde Community of Oregon

Grand Ronde Health & Wellness Center
Phone (503) 879-2002 or (800) 775-0095
Fax (503) 879-2015

Administration
9605 Grand Ronde Road
Grand Ronde, OR 97347

June 3, 2022

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

RE: Comments on Dental Therapy Proposed Rulemaking

Dear Mr. Prisby,

On behalf of the Confederated Tribes of Grand Ronde, we submit our comments and recommendations on the Oregon Board of Dentistry (OBD) proposed rulemaking related to Dental Therapy, filed on March 31, 2022. We commend the OBD for developing these strong rules that aptly interpret the intent of 2021 Session House Bill 2528.

I. Background

Dental Therapy is an innovative approach to address oral health disparities. Tribes have begun to implement Dental Therapy in a meaningful way that will break down structural barriers to care and address social determinants of health such as education attainment and economic stability. Dental Health Aide Therapists (DHATs) are highly-trained primary oral health care providers. In Oregon, DHATs provide reliable and culturally responsive oral health care for American Indian and Alaska Native people.

II. Specific Recommendations

We make the following suggested changes to ensure the rules meet the intent of the legislation:

a. Amend OAR 818-021-0052(1)(b) Application for License to Practice Dental Therapy

The legislation is clear in its intent to allow dental therapists who participated in a dental therapy pilot project to obtain licensure and its intention to not disrupt the care these dental therapists are providing in our underserved communities. However, the language in OAR 818-021-0052(1)(b) could have the unintentional effect of prohibiting pilot #100 participants from obtaining licensure due to small differences in the scope of practice of dental therapists in different states.

> While all dental therapists must learn the procedures included in the Commission on Dental Accreditation (CODA) standards, states are free to authorize additional procedures and many have, including Oregon. As such, even CODA-accredited education programs in other states may not teach all the procedures included in the Oregon scope. That is why Section 10 of the legislation states "[a] dental therapist may perform the procedures listed in section 9 of this 2021 Act so long

as the procedures are included in an education program described in section 3(1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry."

In order to better reflect the text and intent of the legislation, we recommend amending OAR 818-021-0052(1)(b) to ensure all dental therapy pilot participants are able to obtain licensure and continue providing care to their communities.

Amend OAR 818-021-0052(1)(b) (new language is underlined; deleted language is in brackets and all-caps):

OAR 818-021-0052(1)(b) **Remove:** [HAVING SUCCESFULLY COMPLETED OR GRADUATED FROM A BOARD-APPROVED DENTAL THERAPY EDUCATION PROGRAM THAT INCLUDES ALL PROCEDURES OUTLINED IN OAR 818-038-0020, AND INCLUDES AT LEAST 500 HOURS OF DIDACTIC AND HANDS-ON CLINICAL DENTAL THERAPY PRACTICE]

Add:
OAR 818-021-0052(1)(b) Having successfully completed or graduated from a Board-approved dental therapy education program that meets the requirements of the statute and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; or

(1)(c) Having conducted clinical practice through the Oregon Health Authority Dental Pilot Project #100 Program after completing the necessary training as required by that program.

b. Options for non-CODA Accredited Education Programs

We applaud the Board for including a pathway via OAR 818-021-0052(1)(b) for dental therapists who graduated from education programs that were not yet CODA accredited. The language in this subsection is necessary because CODA did not establish standards for dental therapy education programs until 2015, over a decade after dental therapists began working in the U.S. and at a time when three dental therapy education programs were already in operation.

Due to the time it takes to navigate the accreditation process and COVID-induced delay this language ensures that as other programs are able to navigate the CODA process, Oregon can welcome previously trained dental therapists to alleviate access to care issues. To date, only one dental therapy education program has been able to obtain CODA accreditation.

We are in support of language in OAR 818-021-0052(1)(b) that creates a pathway for dental therapists who graduated prior to CODA accreditation. This ensures that Oregon has access to more dental therapists and gives more education options to Oregon students while the state is developing its own education programs.

c. Amend OAR 818-021-0054 Application for License to Practice Dental Therapy without Further Examination

We support the creation of a pathway to licensure for experienced dental therapists without further examination in 818-021-0054. The Community Health Aide Program (CHAP) Board requirements are equal to or exceed the requirements of state licensure. CHAP is the federal authority under which dental therapists practice in Alaska and the program has been expanded to the lower 48, including Washington, Oregon, and Idaho.

The Tribes in Oregon, Washington and Idaho have come together to create a Federal CHAP Board for our region which will be certifying dental therapists who work in the Tribal system. ***We urge the Board to also include dental therapists who have been certified by a CHAP Board as eligible in addition to dental therapists who have been licensed in other states.***

> ***Amend OAR 818-021-0054(1)*** **(new language is underlined):**
> (b) Having been certified a dental therapist by a Federally Recognized CHAP Board; or

Thank you for the opportunity to comment on the proposed Dental Therapy Rules. If you have any questions, please contact me at Kelly.rowe@grandronde.org.

Sincerely,

Kelly Rowe
Executive Director Health Services

Oregon Board of Dentistry
1500 SW 1st Ave
Suite 770
Portland, OR 97201

Delivered via email: Stephen.prisby@state.or.us

May 25, 2022

Re: Comments on Proposed Dental Therapy Rules

Dear Members of the Oregon Board of Dentistry:

The Oregon Dental Association (ODA) represents over 2100 practicing dentists in Oregon. ODA was heavily involved in negotiating HB 2528 throughout the 2021 Session and has been actively involved in subsequent Rules Advisory Committee meetings.

Education Pathways

ODA writes today to provide comments on the proposed rules revision to OAR 818 dated 3/31/2022. As one of the main parties negotiating the language in HB 2528, ODA asserts that HB 2528 includes one primary education pathway for Dental Therapists to practice in Oregon—through completion of a Commission on Dental Accreditation (CODA)-accredited program. However, in recognition of current pilot projects and the handful of practicing providers (many educated by Pacific University, a non-CODA approved dental therapy program), the bill language allows for pilot project participants to be grandfathered in through 2025. This option was to create flexibility for existing providers in Oregon and allow time for Pacific University to become a CODA accredited program (which was the timeline presented by them). It was never intended to be a separate pathway for out of state dental therapists to be licensed in Oregon. This pathway and the grandfathered option are clearly outlined in legislative intent as the only education pathways for dental therapists in Oregon.

ODA believes that language in proposed OAR 818-021-0052 and 818-038-0005 (3) conflicts with legislative intent. To maintain consistency with legislative intent and good-faith negotiations between stakeholders during the 2021 Session, the ODA requests removal of the third education pathway in the proposed rules:

> OAR 818-038-0005
> Dental Therapy Education Program
> The Board defines "Dental Therapy Education Program" as:¶
> (1) A program accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the Board by rule;¶
> (2) A dental pilot project as defined in ORS 679.600 and includes at least 500 hours of combined didactic and hands-on clinical dental therapy practice.¶
> ~~(3) A program determined by the Board to be substantially equivalent to subsection (1) or (2) of this paragraph with the same hour requirements as section 2.~~
> Statutory/Other Authority: ORS 679, ORS 679.600
> Statutes/Other Implemented: ORS 679.621, ORS 679.600, ORS 679.603
>
> OAR 818-021-0052
> Application for License to Practice Dental Therapy
> (1) An applicant to practice dental therapy, in addition to the requirements set forth in ORS 679.603 and 679.609, shall submit to the Board satisfactory evidence of: ¶
> (a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; ~~or~~ ¶

~~(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes all procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.¶~~
(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate. ¶
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years. ¶
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association.

We also suggest that the Board clarify the time-limited language for OAR 818-038-0005, reflecting the grandfathering of Oregon dental pilot projects. It is our understanding that those who completed pilot projects #100 and #300 before 2025 would qualify for licensure for dental therapy. Those who qualified for licensure under this pathway prior to sunset, would be able to maintain qualification for licensure moving forward. Outside of this small group of grandfathered individuals, beginning in 2025 all applicants would be required to graduate from a CODA accredited program, either in Oregon or another state.

OAR 818-038-0005
Dental Therapy Education Program
The Board defines "Dental Therapy Education Program" as:¶
(1) A program accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the Board by rule;¶
(2) A dental pilot project as defined in ORS 679.600 and includes at least 500 hours of combined didactic and hands-on clinical dental therapy practice.¶
~~(3) A program determined by the Board to be substantially equivalent to subsection (1) or (2) of this paragraph with the same hour requirements as section 2.~~

(3) Beginning January 1, 2025, no new applicants may qualify for licensure under section 2, unless they completed training within pilot project #100 or #300 prior to 2025.
Statutory/Other Authority: ORS 679, ORS 679.600
Statutes/Other Implemented: ORS 679.621, ORS 679.600, ORS 679.603

Making the above suggested edits and limiting education pathways to CODA accredited programs (and grandfathering of pilot projects) will ensure that individuals applying for licensure have consistent training, lessens administrative work for the Board, and aligns with legislative intent.

Thank you for your consideration.

Sincerely,

Dr. Calie Roa
ODA President

From: OBD Info * OBD
To: ROBINSON Haley * OBD
Subject: Fw: Dental Therapy
Date: Wednesday, May 25, 2022 10:12:39 AM

From: Daniel Gailis <dgailis@gmail.com>
Sent: Wednesday, May 25, 2022 9:59 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Dental Therapy

Dear Board of Dentistry,

I am writing in concern about the recent Dental Therapy Rules and also a concern for the future of our profession as a Dentist of Oregon.

As for comments on the Rule Changes, I fully believe that DT's SHOULD NOT be allowed to prescribe antibiotics. Most Dentists cannot even prescribe antibiotics appropriately let alone someone who has no clue about the proper reason for their use. I can see it now....You have a toothache?...Here take some Amoxicillin. Bring on Antibiotic resistance! Dental Therapists will be even worse! You cannot tell me that they will have the proper science background, training, and education to prescribe drugs. This should be a no go.

I also do not believe that DT's should be allowed to do any extractions. Period. The rules make this a grey area with what is classified to fall under their scope of practice. The mobility classification will create even more of a grey area so as to which teeth can be extracted and which cannot...Is that molar class 2 mobile?...Sure it is class 2 mobile especially if I push hard enough..., let's pull it! Who is going to make this call? The DT's themselves? The potential for complications is too high and I strongly believe that DT's should not be allowed to extract ANY teeth. They don't know what they don't know! You have to draw a clear line and being able to extract some teeth is not clear. It has to be All or NONE. Sure anyone can extract a highly mobile periodontally involved tooth but there will be no oversight to regulate this other than a retrospective review of chart notes and x-rays which will never happen because of the lack of resources to monitor such by the board of dentistry.

Now for my concerns with Dental Therapists in general. I know there was a big push by the state legislature to approve the use of Dental Therapists, but we need to be fully involved and regulate such changes for many reasons. It appears that with the development of the DT rules, that is what the Board is trying to do. However, I want to reiterate that we cannot take this topic lightly. We cannot let our profession of Dentistry go down the same path as our Medical colleagues with the use of Nurse Practitioners and Physician Assistants that are regulated by their own Nurse or PA entities, and not by the Medical Boards and or Medical Community. PA's have truly wreaked havoc on the quality of our medical care and they continue to do so without proper checks and balances. A PA is not a Medical Doctor! Nor should they think of themselves as one as they do not have the training and knowledge of their MD counterparts. "They don't know what they DON'T KNOW" and that is scary! My point is that Dental Therapists cannot be allowed to follow suit.

I was born and raised around the medical field. My father is a Physician, my Mom a Nurse, a

couple of Uncles are Physicians, and my older Sister is a Physician as well, and I cannot tell you how many of them are outraged with the poor management and sometimes care that surrounds many (not all) of the PA's and FNP's that are providing "care" to our communities. They have two years of training and are allowed to go practice like a real Doctor. That is not okay. Dental Therapists should not be allowed to practice like a real Dentist either!

My main concern is that Dental Therapy needs to have much more regulation than has been put forth. Sure it is a good start but the "Allowed Treatment" being put forth for a DT sure looks an awful lot like a Dentist but WITHOUT the proper training and knowledge of going through 4 years of dental school. Dental Therapists are NOT Dentists and should not be allowed to practice like it.

Another concern of mine is who is training these DTs? Other Dental Therapists? Who is regulating their work? Other Dental Therapists? If DT's can work in a separate office without a dentist in-house as per the rule allowing "General Supervision", they are practicing dentistry without a license and will likely do more than they are legally allowed. I can guarantee this! The Corporate dental world is going to take DT's and Run all the way to the bank! Just what we need is more Corporate dental offices doing even worse work for patients, and still sticking it to the patients pocketbooks. They are not out there to help patients, they are out there to make top dollar and see as many patients as they can. The use of DT's will only cause this to explode. Also if DT's are allowed to practice on their own, You cannot tell me that someone is going to be checking to make sure that their posterior tooth #14 really has a class 2 mobility prior to taking it out. What if they perforate the sinus or break off a root tip, or their pt. is on bisphosphonates? Are they going to be trained enough to handle the complications? They don't know what they don't know! Or what about if they have a medical emergency? What if they have undiagnosed hypertension and a patient gets sent into a Hypertensive crisis because they do not understand the power of Epinephrine and local anesthetic? If DT's turn into anything like PA's (which the writing is on the wall), dentistry as a profession is going to be in trouble.

Dentistry as an organization needs to have complete control over the DT's if we are to move towards having DT out in our communities. We do not want to end up like our medical professional colleges who are frustrated by the complete abomination of medical care that has partially been caused by the overuse or misuse of Physician Assistants that think they are Doctors! And we as Dentists do not need to have Dental Therapists who think they are DENTISTS! Physician Assistants have not helped our medical care in this country and we cannot let DT do the same for our profession.
For example, if my Primary physician (MD) refers me to a specialist, I expect to see the specialist, not a PA who works for him. If my Primary cannot figure out what is wrong, why in the world would a PA who has 6 years less medical training than my primary doctor know what is wrong!

I understand the reasoning behind thinking DT might be necessary, but I do not fully agree. The main reason in support of DT's is access to care for the underserved populations. Is this really a reason or is it a fabricated reason? I do not believe that access to care really is the problem. The problem is the cost or lack thereof to treat these patients. In my community "access" is NOT really the problem. Access is only a problem that was created because the state refuses to pay an appropriate fee for services (Or even come close). It has nothing to do with not having enough providers as 90% of Klamath County Providers refuse to see OHP patients primarily because of the reimbursement rate. It has everything to do with paying

those providers appropriately or competitively so that they are willing to take on those patients. I myself am an OHP provider and I will tell you, the reimbursement is terrible...If you even call it that. I accept OHP as those patients are members of my community and it is a way to give back. I am lucky if my OHP check pays for any of my monthly bills. Most of the time we take a loss. Anyway, pay the existing providers appropriately and the access to care would be much less of a problem. Creating a position of Dental Therapists is not the answer. But instead, it will create a bad image of our profession that already has enough bad dentistry out there.

With all this said, I feel that Dental Therapists need to be tightly regulated and 100% supervised at all times if they are to be allowed to do any treatment. I feel that by allowing Dental Therapists to practice in the state of Oregon, we are opening a can of worms that we will not be able to control, which is exactly what we are witnessing in the medical field. Our failing healthcare system and poor outcomes are partially to blame because we are relying on uneducated PA's and FNP's for our primary care providers and we cannot let Dentistry be affected in the same way.

Thank you for your time,

Dr. Daniel Gailis DMD
Tucker & Gailis Dental
President - Klamath Dental Society.

Native American Rehabilitation Association of the Northwest, Inc.
A Non-Profit Organization

Mission Driven, Spirit Led

Oyate Administration
1776 SW Madison St.
Portland, OR 97205
[p] 503-224-1044
[f] 503-274-4251

Residential Treatment Services
17645 NW St. Helens Hwy.
Portland, OR 97231
[p] 503-621-1069
[f] 503-621-0200

Outpatient Treatment Services
1631 SW Columbia St.
Portland, OR 97201
[p] 503-231-2641
[f] 503-231-1654

Tate' Topo
1310 SW 17th Ave.
Portland, OR 97201
[p] 503-231-2641
[f] 503-467-4077

Totem Lodge
1438 SE Division
Portland, OR 97202
[p] 503-548-0346
[f] 503-232-5959

Dental Clinic
12750 SE Stark St., Building E
Portland, OR 97233
[p] 971-347-3009
[f] 971-256-3277

Indian Health Clinic
15 N Morris St.
Portland, OR 97227
[p] 503-230-9875
[f] 503-230-9877

Wellness Center
12360 E. Burnside St. 2nd Floor
Portland, OR 97233
[p] 971-279-4800
[f] 971-279-2051

Child, Youth & Family Programs and Youth Residential Treatment Center
620 NE 2nd Street
Gresham, OR 97030
[p] 971-274-3757
[f] 503-921-5740

June 3, 2022

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

RE: Comments on Dental Therapy Proposed Rulemaking

Dear Mr. Prisby,

On behalf of the Native American Rehabilitation Association of the Northwest Inc. we submit our comments and recommendations on the Oregon Board of Dentistry (OBD) proposed rulemaking related to Dental Therapy, filed on March 31, 2022. We commend the OBD for developing these strong rules that aptly interpret the intent of 2021 Session House Bill 2528.

I. Background

Dental Therapy is an innovative approach to address oral health disparities. Tribes have begun to implement Dental Therapy in a meaningful way that will break down structural barriers to care and address social determinants of health such as education attainment and economic stability. Dental Health Aide Therapists (DHATs) are highly-trained primary oral health care providers. In Oregon, DHATs provide reliable and culturally responsive oral health care for American Indian and Alaska Native people. We were privileged to be part of the pilot program and found great success in this model.

II. Specific Recommendations

We make the following suggested changes to ensure the rules meet the intent of the legislation:

a. Amend OAR 818-021-0052(1)(b) Application for License to Practice Dental Therapy

The legislation is clear in its intent to allow dental therapists who participated in a dental therapy pilot project to obtain licensure and its intention to not disrupt the care these dental therapists are providing in our underserved communities. However, the language in OAR 818-021-0052(1)(b) could have the unintentional effect of prohibiting pilot #100 participants from obtaining licensure due to small differences in the scope of practice of dental therapists in different states.

While all dental therapists must learn the procedures included in the Commission on Dental Accreditation (CODA) standards, states are free to authorize additional procedures and many have, including Oregon. As such, even CODA-accredited education programs in other states may not teach all the procedures included in the Oregon scope. That is why Section 10 of the legislation states "[a] dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3(1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry."

In order to better reflect the text and intent of the legislation, we recommend amending OAR 818-021-0052(1)(b) to ensure all dental therapy pilot participants are able to obtain licensure and continue providing care to their communities.

Amend OAR 818-021-0052(1)(b) (new language is underlined; deleted language is in brackets and all-caps):

OAR 818-021-0052(1)(b) **Remove:** [HAVING SUCCESFULLY COMPLETED OR GRADUATED FROM A BOARD-APPROVED DENTAL THERAPY EDUCATION PROGRAM THAT INCLUDES ALL PROCEDURES OUTLINED IN OAR 818-038-0020, AND INCLUDES AT LEAST 500 HOURS OF DIDACTIC AND HANDS-ON CLINICAL DENTAL THERAPY PRACTICE]

Add:
OAR 818-021-0052(1)(b) Having successfully completed or graduated from a Board-approved dental therapy education program that meets the requirements of the statute and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; or

(1)(c) Having conducted clinical practice through the Oregon Health Authority Dental Pilot Project #100 Program after completing the necessary training as required by that program.

a. Options for non-CODA Accredited Education Programs

We applaud the Board for including a pathway via OAR 818-021-0052(1)(b) for dental therapists who graduated from education programs that were not yet CODA accredited. The language in this subsection is necessary because CODA did not establish standards for dental therapy education programs until 2015, over a decade after dental therapists began working in the U.S. and at a time when three dental therapy education programs were already in operation.

Due to the time it takes to navigate the accreditation process and COVID-induced delay this language ensures that as other programs are able to navigate the CODA process, Oregon can welcome previously trained dental therapists to alleviate access to care issues. To date, only one dental therapy education program has been able to obtain CODA accreditation.

We are in support of language in OAR 818-021-0052(1)(b) that creates a pathway for dental therapists who graduated prior to CODA accreditation. This ensures that Oregon has access to more dental therapists and gives more education options to Oregon students while the state is developing its own education programs.

a. Amend OAR 818-021-0054 Application for License to Practice Dental Therapy without Further Examination

We support the creation of a pathway to licensure for experienced dental therapists without further examination in 818-021-0054. The Community Health Aide Program (CHAP) Board requirements are equal to or exceed the requirements of state licensure. CHAP is the federal authority under which dental therapists practice in Alaska and the program has been expanded to the lower 48, including Washington, Oregon, and Idaho.

The Tribes in Oregon, Washington and Idaho have come together to create a Federal CHAP Board for our region which will be certifying dental therapists who work in the Tribal system. ***We urge the Board to also include dental therapists who have been certified by a CHAP Board as eligible in addition to dental therapists who have been licensed in other states.***

Amend OAR 818-021-0054(1) **(new language is underlined):**
(b) Having been certified a dental therapist by a Federally Recognized CHAP Board; or

Thank you for the opportunity to comment on the proposed Dental Therapy Rules. If you have any questions, please contact me 503-307-2248, jmercer@naranorthwest.org.

Sincerely,

DocuSigned by:
Jacqueline Mercer
F717140EF3F7497...

Jacqueline Mercer, CEO

June 1, 2022

School of Dentistry
Office of Academic Systems

tel 503 494-8801
fax 503 494-8351

staffoga@ohsu.edu
www.ohsu.edu

Mail code: SD AA
2730 S Moody Ave
Portland OR 97201

Oregon Board of Dentistry
1500 SW 1st Ave
Suite 770
Portland, OR 97201

Re: Dental Therapist Educational Pathways

Members of the Oregon Board of Dentistry,

During the 2021 legislative session, the Oregon Dental Association collaboratively negotiated in the creation of two educational pathways for licensure of Dental Therapists in the State of Oregon.

The first agreed upon pathway states that one may complete a Commission on Dental Accreditation (CODA) accredited dental therapy training program. CODA serves the public and the profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. Completion of a CODA accredited dental therapy training program ensures that the curriculum for each educational program supports the overall education, training, and assessment to a level of competency within the scope of dental therapy practice. The high rigor of meeting these programmatic accreditation standards helps to guarantee that the health and welfare of the public is preserved.

The second agreed upon pathway to licensure states that one may complete a dental therapy pilot project that is overseen by the Oregon Health Authority. The goal of these pilot projects is to evaluate the quality of care, access, cost, workforce, and efficacy by teaching new skills to existing categories of dental personnel. They were also designed to evaluate the validity of the project and were to be removed as an educational pathway to licensure by 2025.

The Oregon Health & Science University School of Dentistry remains opposed to the introduction of a third pathway to licensure for dental therapists. An additional educational pathway would not mirror the intent of the legislature and the Oregon Dental Association, nor would it ensure that an applicant would have the level of education and training that would come from a CODA accredited program.

Sincerely,

Gary L. Stafford DMD
Senior Associate Dean
Academic Systems

Ronald Sakaguchi DDS, MS, PhD, MBA
Dean
School of Dentistry

OBD Guidance on NEW Dental Implant Rules – effective July 1, 2022

Historically, dentists have received training in the surgical placement of implants in a variety of different ways. Beginning July 1, 2022, Oregon dentists will be required to complete 56 hours of hands on clinical implant course(s), at an appropriate postgraduate level, prior to surgically placing dental implants. The Oregon Board of Dentistry (OBD) recommends that proof of meeting the training requirements be maintained indefinitely, as copies may be requested at random audits or complaint investigations.

Graduates of specialty training programs in Oral and Maxillofacial Surgery, Periodontics, and Prosthodontics that comply with CODA standard 4 curriculum guidelines (or similar educational requirements) who have been trained to competency in surgical implant placement may qualify to surgically place implants with documentation of completing the required training.

Accredited universities, independent study clubs, formal mentoring agreements, and dental product manufacturers may also offer hands on implant training on surgical placement. However, only hours completed as part of CODA accredited graduate dental programs, or through education providers that are AGD PACE or ADA CERP approved will qualify to meet the initial 56-hour training requirement.

Additionally, beginning July 1, 2022, Oregon dentists will be required to complete seven hours of continuing education related to the placement and/or restoration of dental implants each licensure renewal period. Dentists renewing in Spring 2023, and all subsequent renewing dentists, will be required to complete the required seven hours of dental implant CE to be in compliance, if they are placing dental implants.

FAQs for Dental Implants:

What language (effective July 1, 2022) was added to the Scope of Practice Rule OAR 818-012-0005?

> **(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.)**

What language (effective July 1, 2022) was added to the Continuing Education Rules of OAR 818-021-0060?

> **(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.)**

How and why did the OBD decide to implement these rule changes regarding dental implants?

The OBD investigated 82 dental implants cases between February 2014 and August 2017. Of those cases, 41% resulted in Disciplinary Action, which was equally distributed between specialists and general practitioners. During Strategic Planning in 2016, the OBD identified dental implant complications and the subsequent complaints as a significant problem in Oregon. Dental implant safety was codified in the OBD's 2017-2020 Strategic Plan as a priority issue, and it has remained an ongoing safety concern of the Board through the present. At the April 21, 2017 Board Meeting, in order to effectively protect the public, and per ORS 679.280, the OBD established an ad hoc Committee named the "Dental Implant Safety Workgroup" to research, review, and discuss dental implants, implant complications, and the resulting investigations. The Workgroup's ultimate goal was to advise the OBD on the most effective actions to protect the public and educate dentists regarding dental implants. The Workgroup included OBD Board Members, OBD Staff and Licensees (both specialists and general practitioners).

The Workgroup held its first meeting in September 2017 and held a total of four meetings, with the last meeting taking place in July 2018. The Workgroup invited other interested parties to share their input, and all the meetings were open to the public. The meetings included robust discussion among specialists and general dentists. The passionate and respectful discourse resulted in valuable input from all parties. The Workgroup wrestled with many interesting data points in how to address dental implant complications. The Workgroup's recommendations to the OBD, some of which have already been implemented, and some of which continue to undergo additional refinement, appear below:

- Require a written informed consent form for dental implant placement. The level of detail that should be included in such a form remains under debate.
- Develop the educational requirements/prerequisites for dentists who wish to place implants.
- Develop a plan for "grandfathering in" licensees with a great deal of experience and success placing and restoring dental implants.
- Require a certain amount of CE pertaining to dental implants be required of licensees practicing implant dentistry for each renewal cycle.

- Determine whether all licensed dentists will be required to complete a certain amount of CE pertaining to dental implants each renewal cycle.
- Communicate with the Oregon Dental Association regarding developing a set of specific "guidelines" for Oregon licensed dentists practicing implant dentistry.
- Develop a requirement for how important information related to the implant (such as type/ manufacturer) is properly documented and provided to the patient.

The following Board Members, Staff and Oregon dentists served on the Dental Implant Safety Workgroup:

Board Members:
Dr. Gary Underhill; Dr. Julie Ann Smith; Dr. Todd Beck

Board Staff:
Dr. Paul Kleinstub; Dr. Daniel Blickenstaff

Oregon Dentists:
Dr. Normund Auzins; Dr. Cyrus Javadi; Dr. James Katancik; Dr. Russell Lieblick; Dr. Donald Nimz; Dr. S. Shane Samy; Dr. Duy Anh Tran

I obtained my Oregon dental license prior to July 1, 2022. Am I required to take 56 hours of hands on clinical implant course(s) prior to placing dental implants?

Yes. Per the recommendation of the Dental Implant Safety Workgroup, the OBD has implemented new requirements to ensure that all Oregon-licensed dentists placing implants have the necessary skills, training, and knowledge. If you have already completed the required training hours, the OBD recommends that you obtain a letter of verification, signed by your training director, certifying that you have completed the required training as stated in the rule. The OBD recommends you maintain easily accessible copies of that documentation throughout your career in Oregon.

I obtained my Oregon dental license on, or after, July 1, 2022. Am I required to take 56 hours of hands on clinical implant course(s) prior to placing dental implants?

Yes. Once you have completed the 56 hours of hands on clinical course(s), or if you have already completed the required training hours, the OBD recommends that you obtain a letter of verification, signed by your training director, certifying that you have completed the required training as stated in the rule. The OBD recommends that you maintain easily accessible copies of that documentation throughout your career in Oregon.

In what timeframe do I need to take my 56 hours of hands on clinical implant course(s)?

There is no specific timeframe required; therefore the training may be completed over any timeframe - months or years apart. However, all 56 hours must be completed before a dentist may place endosseous implants to replace natural teeth.

Are the 56 hours of hands on clinical implant course(s) cumulative, or do they need to be completed in a single program?

The hands on clinical course(s) taken to meet the 56 hour requirement may be completed in multiple courses. It is not a requirement that it be in one course.

Does the course need to include practice on human patients? Or can it be on a manikin/typodont or an animal jaw?

The Board does not specify whether or not the implants need to be placed in a human. As long as the course meets the requirements of OAR 818-012-0005(4) it is acceptable.

Do the 56 hours of hands on clinical course(s) need to be direct patient care? Or can didactic course instruction be included in the 56 hours?

The Board defers to the course instructor to define "clinical hands on," and determine how many hours of the course are dedicated to topics and format as stated in the rule. This could include some didactic instruction, provided it is under direct supervision as stated in the rule.

I only restore implants and do not place them. Do I need to meet the 56 hour requirement? Do I need to do 7 hours of CE related to implants?

If you do not place endosseous implants, and you only restore them, you do not need to complete the 56 hours or the 7 hours of CE related to placing/restoring implants.

I am concerned that I will not be able to obtain proof of completion of my 56 hours of hands on clinical implant training, because some or all of those hours were completed long ago. Many records retention policies limit to seven years or less. Will I just be "out of luck" if I can't pull together proof of certain courses?

This information will be reviewed on a case-by-case basis, typically as part of a CE audit or an investigation. It is expected that the Licensee would put in their best effort to obtain this information in the event that the training was completed many years ago. The Board will review all relevant information and circumstances before taking any action.

I have placed a great number of implants over the years with a high success rate. Can I be "grandfathered" into placing implants without taking 56 hours of hands on clinical courses?

There is not currently a portion of the rules that allows this. In order to place implants after July 1, 2022, you will need to meet the 56 hour requirement in 818-012-0005(4).

I just completed a CODA-accredited specialty program, a GPR, or AEGD program. Does this automatically qualify me to surgically place dental implants in Oregon?

No. If you completed hands on clinical implant training as part of completing a CODA-accredited specialty program, GPR, or AEGD program, and the training meets the requirements included in the rule, you may count those hours towards the 56 hours of hands on clinical course(s) required by the rule. As with all implant training, you would need to maintain specific documentation of completion of the required training, such as a letter from the Program Director or Chair certifying that you completed the required training, as stated in the rule, as part of your CODA-accredited specialty program(s), GPR, or AEGD program(s).

Why don't the rules offer differential treatment for specialists and generalists, or consideration for individuals who have been placing implants who have been doing this work for some time?

Specialists and general dentists collaborated on the Dental Implant Safety Workgroup where recommendations for the rule changes started. The 56 hours of hands on clinical implant course work can be completed over many years, giving general dentists a greater opportunity to meet the requirements, even if they did not complete a specialty program.

I have not completed the required 56 hours of hands on clinical implant course(s). Can I continue to provide bone grafts in extraction sites, sinus lift procedures, and periodontal surgical procedures related to implants?

A dentist can continue to perform implant site development procedures related to dental implants, as long as they have the proper training and skill. The quality and type of bone grafts, soft tissue grafts, or other related procedures, are expected to meet clinical standards equivalent to the training standards of a specialist. Complications with implant site development, implant placement, and sinus lift procedure are another frequent area of litigation.

I have completed the required 56 hours of hands on clinical implant course(s). Can I harvest extraoral bone for my implant placement?

Under OAR 818-012-0005(2), only dentists that have successfully completed a CODA-accredited OMS specialty residency may harvest bone extra orally. Additionally, dentists who hold privileges issued by a credentialling committee of a JCAHO-accredited hospital or AAAHC-accredited ambulatory surgical center may harvest bone extra orally in the hospital or ambulatory surgical center setting.

Can I place endosteal implants, transosteal implants, subperiosteal implants, zygomatic implants, interim implants, mini-implants, eposteal implants, TADs (temporary anchorage devices), or other future technical advancements?

You still need to complete the required 56 hours of hands on clinical course(s) related to surgical implant placement, regardless of the terminology you are using.

What kind of ongoing CE is required once I meet the initial qualification to surgically place implants? Does this CE need to be AGD PACE or ADA CERP approved? Can I complete it online?

A dentist placing endosseous implants must complete at least seven hours of continuing education related to the placement and/or restoration of dental implants every licensure renewal period. Effective July 1, 2022, you must complete a minimum of seven hours of CE related to surgical placement of implants as set forth in ORS 818-021-0060. The seven hours of CE required for each renewal cycle needs does not necessarily need to be AGD PACE or ADA CERP approved and can be completed online.

I completed a residency in OMS, Periodontics, or Prosthodontics, do I still need to take the CE related to the placement and/or restoration of dental implants every license renewal?

Yes. Seven hours of CE related to the placement and/or restoration of dental implants will also need to be completed every licensure renewal period. The implant placement surgeon is expected to complete ongoing CE every licensure period to stay current with the therapeutic practice of implants.

What information is the dentist placing dental implants required to provide to the patient?

Per the recommendation of the Dental Implant Safety Workgroup, the following rule went into effect on January 1, 2020. The information is requested in investigations involving dental implant complications.

> **OAR 818-12-0070(4) Patient Records**
> (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.

What other information might a dentist document when restoring dental implants?

OAR 818-012-0070 (1) (d) requires "Date and description of treatment or services rendered." This documentation *may* include the prosthodontic procedures performed, such as size, location, type and angulation of the dental implant, size and type of abutment used, type of prosthesis fabricated and materials used, type of connection — screw or cement, and osseointegration status, etc. Laboratory prescriptions and other communications should also be maintained in the patient

record. One should always document the type, quantity, and interpretation of radiographic images, as well as any informed consent, recognized complications, and referral options.

Where can I direct additional questions and/or feedback about the dental implant rule changes?

Any additional questions about the dental implant rule changes can be directed to the OBD by emailing information@obd.oregon.gov or by calling 971-673-3200. The OBD always welcomes feedback from our Licensees, other dental healthcare professionals, and/or members of the public!

Communication from the OBD about new dental implant rules (effective July 1, 2022)

- **Many people are inquiring about the dental implant rule changes. This information is to give you context on their development and need. These rule changes have been under consideration and discussed in public meetings going back to 2018.**

- **Anyone licensed by the Board or up to date on rules should not be surprised or feel there has been limited notice.**

- **OBD staff strive keep all informed of decisions and rules changes that impact safe dentistry in Oregon. Public rulemaking is an open and transparent process.**

- **As a Licensee, you need to stay engaged with the Board and up to date on the Dental Practice Act. There have been over 100 rule changes over the last six years.**

- **The Board's highest priority is the protection of the public, and dental implant complications, failures and harm to patients has been a top safety concern of the Board.**

Background

The OBD investigated 82 dental implants cases between February 2014 and August 2017. Of those cases, 41% resulted in Disciplinary Action, which was equally distributed between specialists and general practitioners. During Strategic Planning in 2016, the OBD identified dental implant complications and the subsequent complaints as a significant problem in Oregon. Dental implant safety was codified in the OBD's 2017-2020 Strategic Plan as a priority issue, and it has remained an ongoing safety concern of the Board through the present. At the April 21, 2017 Board Meeting, in order to effectively protect the public, in accordance with ORS 679.280, the OBD established an ad hoc Committee named the "Dental Implant Safety Workgroup" to research, review, and discuss dental implants, implant complications, and the resulting investigations. The Workgroup's ultimate goal was to advise the OBD on the most effective actions to protect the public and educate dentists regarding dental implants. The Workgroup included OBD Board Members, OBD Staff and Licensees (both specialists and general practitioners).

The Workgroup held its first meeting in September 2017 and held a total of four meetings, with the last meeting taking place in July 2018. The Workgroup invited other interested parties to share their input, and all the meetings were open to the public. The meetings included robust discussion among specialists and general dentists. The passionate and respectful discourse resulted in valuable input from all parties. The Workgroup wrestled with many interesting data points in how to address dental implant complications. The Workgroup's recommendations to the OBD, some of which have already been implemented, and some of which continue to undergo additional refinement, appear below:

- Require a written informed consent form for dental implant placement. The level of detail that should be included in such a form remains under debate.
- Develop the educational requirements/prerequisites for dentists who wish to place implants.
- Develop a plan for "grandfathering in" Licensees with a great deal of experience and success placing and restoring dental implants.
- Require a certain amount of CE pertaining to dental implants be required of Licensees practicing implant dentistry for each renewal cycle.
- Determine whether all licensed dentists will be required to complete a certain amount of CE pertaining to dental implants each renewal cycle.
- Communicate with the Oregon Dental Association regarding developing a set of specific "guidelines" for Oregon licensed dentists practicing implant dentistry.
- Develop a requirement for how important information related to the implant (such as type/ manufacturer) is properly documented and provided to the patient.

The following Board Members, Staff and Oregon dentists served on the Dental Implant Safety Workgroup:

Dr. Gary Underhill: Dr. Julie Ann Smith; Dr. Todd Beck Dr. Paul Kleinstub; Dr. Daniel Blickenstaff Dr. Normund Auzins; Dr. Cyrus Javadi; Dr. James Katancik; Dr. Russell Lieblick; Dr. Donald Nimz; Dr. S. Shane Samy; Dr. Duy Anh Tran

A summary of Communication and updates on public rulemaking for new Dental Implant Rules:

- The OBD 2016-2020 Strategic Plan (approved 8.19.2016) highlighted dental implant failures and complications as a priority issue that the Board should address
- The OBD created the Dental Implant Safety Workgroup (established 4.21.2017) which had four meetings
- Fourth and Final Dental Implant Safety Workgroup Meeting – July 26, 2018, which made recommendations to the Board
- Board Meeting – December 14, 2018 reviewed all recommendations and moved some to the Licensing, Standards and Competency Committee
- Licensing, Standards & Competency Committee Meeting - May 24, 2019 moved recommendations back to the Board
- Board Meeting – August 23, 2019 moved recommendations to the Rules Oversight Committee
- Rules Oversight Committee Meeting – June 18, 2021 moved recommendations back to the Board
- Board Meeting – August 20, 2021 voted to open comment period and hold public rulemaking hearing
- Public Rulemaking Hearing – September 15, 2021
- Public Comment Period – August 31, 2021 to October 8, 2021
- Board Meeting - October 22, 2021 in which the Board reviewed public comments and voted on rule changes. The Board deliberately chose an effective date of July 1, 2022 (*not Jan 1*) to give dentists and others time to get acclimated to the new rules changes and requirements
    - Eblast dates & posted on OBD Website for all these meetings were sent out systematically:
    - 9/1/2021 – Notice of Public Rulemaking Mailed and Emailed
    - 9/9/2021 – Notice of Rule Changes Emailed
    - 1/3/2022 – Rule Changes Emailed
    - 5/9/2022 – Rule Changes Emailed

If you would like to be added to the list to receive notices of OBD meetings, including public rulemaking hearings, please email information@obd.oregon.gov

OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

PERMANENT ADMINISTRATIVE ORDER

FILED
11/08/2021 2:56 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

OBD 2-2021
CHAPTER 818
OREGON BOARD OF DENTISTRY

FILING CAPTION: The Board approved these five rule changes at its 10/22/2021 Board Meeting.

EFFECTIVE DATE: 07/01/2022

AGENCY APPROVED DATE: 10/22/2021

CONTACT: Stephen Prisby
971-673-3200
stephen.prisby@state.or.us

1500 SW 1st Ave.
Suite #770
Portland,OR 97201

Filed By:
Stephen Prisby
Rules Coordinator

RULES:
818-012-0005, 818-021-0010, 818-021-0011, 818-021-0017, 818-021-0060

AMEND: 818-012-0005

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: A dentist must meet certain requirements to place dental implants and also complete seven (7) hours of continuing education requirements each licensure period.

CHANGES TO RULE:

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).
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-021-0010

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0010
Application for License to Practice Dentistry ¶

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or¶
(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and¶
(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.¶
(2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.¶
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.¶
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.¶
(5) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).
Statutory/Other Authority: ORS 670, 679
Statutes/Other Implemented: ORS 679.060, 679.065, 679.070, 679.080

AMEND: 818-021-0011

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0011
Application for License to Practice Dentistry Without Further Examination ¶

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:¶
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or¶
(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and¶
(c) Having passed the dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and¶
(d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and¶
(e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions; and¶
(f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶
(2) Applicants must pass the Board's Jurisprudence Examination.¶
(3) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).¶
(4) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.060, 679.065, 679.070, 679.080, 679.090

AMEND: 818-021-0017

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Prior to licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

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

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;¶
(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and¶
(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association. ¶
(d) Passing the Board's jurisprudence examination.¶
(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or¶
(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and¶
(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and¶
(d) Passing the Board's jurisprudence examination; and¶
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).¶
(3) An applicant who meets the above requirements shall be issued a specialty license upon:¶
(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or¶
(b) Passing a specialty examination approved by the Board greater than five years prior to application; and¶
(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;¶
(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶
(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.¶
(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140, 679.060, 679.065, 679.070, 679.080 679.090

AMEND: 818-021-0060

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies that all dentists must complete pain management course prior license renewal and that at least seven (7) hours of continuing education every renewal period are required to place dental implants.

CHANGES TO RULE:

818-021-0060
Continuing Education - Dentists ¶

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶
(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.¶
(3) Continuing education includes:¶
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)¶
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.¶
(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.¶
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶
(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority~~. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license~~ (Effective 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).
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(9)

Good day, Oregon Board of Dentistry members,

The Oregon State Society of Orthodontists (OSSO) has some questions about the Dental Implant Rule changes effective July 1, 2022 by the Oregon Board of Dentistry.

Excerpts and questions from the Implant Ruling Changes Effective July 1, 2022

1. "The OBD investigated 82 dental implants cases between February 2014 and August 2017. Of those cases, 41% resulted in Disciplinary Action, which was equally distributed between specialists and general practitioners. During Strategic Planning in 2016, the OBD identified dental implant complications and the subsequent complaints as a significant problem in Oregon."

- In analyzing implant failures, were orthodontic TADs also included?

2. "Graduates of specialty training programs in Oral and Maxillofacial Surgery, Periodontics, and Prosthodontics that comply with CODA standard 4 curriculum guidelines (or similar educational requirements) who have been trained to competency in surgical implant placement may qualify to surgically place implants with documentation of completing the required training."

- Would orthodontic graduates also qualify for this?

3. "(4) A dentist may place endosseous implants to replace natural teeth[...]"

- Orthodontic TADs do not osseointegrate and are not designed to replace natural teeth. They are not intended to be functional or in occlusion. They are used to support orthodontic tooth movements and appliances. Furthermore…

4. "Can I place endosteal implants, transosteal implants, subperiosteal implants, zygomatic implants, interim implants, mini-implants, eposteal implants, TADs (temporary anchorage devices), or other future technical advancements? "

- Based on the rest of the documentation, the concerns regarding the ruling changes should not apply to TADs. Their function and design are significantly different as noted above. Do the CE requirements apply to mini-implants and TADs for orthodontic treatment?

OSSO
Oregon State Society of Orthodontists

Request

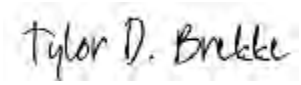
On behalf of the OSSO, we are requesting verification and clarification that TADs for orthodontic treatment are exempt from the new ruling change because of the aforementioned reasons. Could the rule changes include a clause excluding TADs/Mini-implants used for orthodontic treatment?

The Dental Implant Safety Workgroup Meeting Minutes posted on the Oregon Board of Dentistry Website do not mention orthodontic TADs but do mention mini-implants in the July 26, 2018 meeting. Dr. Miller brought up "mini-implants" in the context of denturists/dentists placing dentures on the mini-implants which is outside the scope of orthodontic use. In the orthodontic world, mini-implants and TADs are terms used interchangeably, but the goals and usage are the same; they support orthodontic tooth movements but are not used for functional occlusion. We believe for these reasons that the orthodontic usage of mini-implants and TADs should be exempt from the ruling changes and CE requirements.

We thank you for your ongoing efforts to keep the public safe and maintain a high standard of care for all of Oregon's dentists and dental specialists. If we can assist in these endeavors or help clarify our request in any way, please do not hesitate to reach out to us. Our collective email is oregonorthodontics@gmail.com and our individual contacts are included in the email.

Thanks again and have a wonderful June.

Jonathan Yih, DMD, MS
OSSO President
jonathan.yih17@gmail.com



Tylor Brekke, DMD, MS
OSSO Vice-President

Traci Saito, DMD, MS
OSSO Treasurer

Sara Edmondson, DMD, MDS
OSSO First-Year Director

OSSO
Oregon State Society of Orthodontists

From: Kathy Carothers
To: OBD Info * OBD
Subject: Board rule changes
Date: Tuesday, May 24, 2022 9:57:44 AM

You state “Anyone licensed by the Board or up to date on the rules should not be surprised or feel there has been limited notice”’ yet I’m seeing this ruling sent by the Board mid May. Why are you not sending the newsletter any more? Why are you not notifying dentists of these rules changes far in advance of the changes? It should be mandatory that any rules changes must be sent to all dentists and hygienists licensed by the Board in advance of any rules change so the rules can be followed. In my opinion the Board has declined in communicating with licensees about rules changes and proposed rules changes. You say there have been over 100 rules changes over the past six years, yet you do not notify licensees routinely of these changes. Seems like your policing job would be easier if you would notify routinely. How do we licensees know about your changes? Are we to pour over the rules searching for changes on a weekly, monthly basis? Sincerely, Dr. Dave Carothers DDS DABDSM.

Sent from Mail for Windows

From: Heidi Cartagena
To: OBD Info * OBD
Subject: Can you explain Hand-on
Date: Monday, May 16, 2022 6:44:42 AM

In reviewing the information, my question is do the doctors have to complete 56 hours of hands on is that a combination of lectures and hands-on i.e. patients, simulated experiences models.

Thank you for you help.
Heidi Cartagena
C 313 410 3003

From:	Floss Boss
To:	OBD Info * OBD
Subject:	CE Requirements
Date:	Sunday, May 15, 2022 12:12:49 PM

Hello!

I have heard an interesting rumor about "hand-ons" CE requirements for Oregon dentists who place implants. Is this directed to general dentists?

As a specialist who is board-certified, and went through training at OHSU for dental and periodontal training can you elaborate on this "new" rule?

I don't remember seeing anything about this. Why would a board-certified oral surgeon and periodontist need this if true---we had literally years of mentor training on this topic? Also: In-person CE since COVID has been extremely challenging.

Please advise.

Thanks

Sincerely,

Dr. Sunny Drake, DMD, MS
Floss Boss and Multi-Tasker Extraordinaire
Diplomate of American Academy of Perio
| www.drakeperio.com | Learn more about Dr. Drake | Drake Perio on YouTube

From: Adam Fox <foxadamt@yahoo.com>
Sent: Wednesday, May 18, 2022 12:02 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: New ODB Rule on Implant CE

Hello ODB:

Talking with my colleagues in Southern Oregon there is some frustration with the new implant CE rule that is being initiated. I place implants but my AEGD can provide documentation to satisfy the requirement so it doesn't affect me. However, it is still a bad rule with bad implementation and I it sets a precedent that makes me uncomfortable.

My biggest issues:

1) ODB will only let you know AFTER you have an active investigation or audit if what you've done counts. This is unfair to the doctors who will be scrambling to gather years old information and praying the ODB takes pity on them. Hope is not a plan. This is too nebulous and will cause unnecessary stress for our doctors as they wait to hear if they will be disciplined or not.

2) 56 hours is an absurd amount of CE to complete with only 6 weeks of heads up. A significantly larger lead time should have been given. At least 18 months.

3) The way the information was communicated--not mentioned in the body of the email but in a link at the bottom-- makes it look like ODB was trying to sneak it past us. A rule change of this magnitude should be shouted from the roof tops with ample lead time.

4)precedent: will the ODB suddenly require that I take 56 hours of hands on molar RCT CE and 7 hours annually for additional training because sometimes there are complaints about RCTs? What about extractions? Those also have expensive and significant complications? Will ODB be dictating every unit of the 40 CE hours I need--you're getting pretty close already (7 for implants, 14 for med emergencies, 3 for risk management, 2 for cultural competency, 2 for infection control, 1 for pain management....).

5) The complaints/disciplinary actions were split evenly among GP's and Specialists but GP's are the only group being impacted by this rule change. Can you help me understand that rationale?

Please reconsider the implementation of this rule.

Adam Fox, DMD
SODS President

From: Joshua Rice <joshricedds@gmail.com>
Sent: Monday, May 16, 2022 12:35 PM
To: OBD Info * OBD <information@obd.oregon.gov>; PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: Attached petition to rule change regarding dental implants

Please see the attached petition in regards to the recent rule change concerning dental implant placement. Thanks.

Josh Rice DDS

To the Oregon Board of Dentistry, 5/16/2022

This letter and petition is in response to the Oregon Board of Dentistry notice sent on 5/9/2022 concerning the amendment of the Scope of Practice Rule OAR 818-012-0005; that general dentists in Oregon will be required to take 56 credit hours of hands on CE in implant placement prior to placing implants in Oregon.

Though the regulation seems overly stringent, I understand that the board has the best interest of the public in mind. However, the timeframe allotted for implant-placing general dentists to comply with this regulation is far too short. 56 credit hours of hands on training is not something you can simply sign up for next weekend, and such courses often require out-of-state travel and at significant cost.

Some Oregon dentists may have been aware that the board was considering this action for some time. However, all of my colleagues with whom I have spoken were completely blindsided by this notice. Reports that the board is 'considering' new regulation cannot be counted as ample notice of impending action. Each new regulation by the board has historically allowed reasonable time for compliance. This should not be an exception.

I have placed over 140 implants successfully, and placement and restoration of implants is a significant portion of my practice model. The short time allotted to comply with this regulation places undue burden on myself as well as my staff, and our patients. I request that the date of implementation of the rule be delayed at least until the next licensure renewal period, April 2024. This modest and reasonable request will allow me time to seek the credentialing you require.

In addition, I request that you either substantially reduce the number of credit hours required, or exempt general dentists with >100 implants placed without board disciplinary action. This would be a more reasonable way to "grandfather-in" competent implant placing general dentists.

I did receive implant training during dental school and through direct mentorship. Your current rule does not account for any of this. My success rate with implants is >98%, which is better than most specialists. This is due to proper training and careful case selection. I hope that this letter, and the others you are undoubtedly receiving on this matter, will persuade you to seek a more fair and attainable solution for implant-placing general dentists as you seek to improve patient safety in our state. Thank you for your consideration.

Respectfully submitted,

Joshua Rice DDS

From: Dr. Nathan Tolman
To: OBD Info * OBD
Subject: Implant Rule Changes Questions
Date: Monday, May 9, 2022 2:25:10 PM

OBD,

I am reading through the dental implant rule changes that were emailed out today and become effective 7/1/22. This is the first I have heard of this ruling and I have a few questions in regard to my situation.

1. I have been placing implants since 2006 and have placed about 250 implants over those years without complications. I currently have about 27 hours of the newly required 56 hours of hand on training as per the new ruling. Am I to assume that starting 7/1/22 I will not be able to place implants until I have completed the remaining hours?
2. Is there a way I can be "grandfathered" into this requirement since I obviously do know how to place implants successfully and have had plenty of "hands-on" experience in my office over the last 16 years placing them?
3. If I can't be "grandfathered" in then is there a way to a least give me an extension beyond 7/1/22 to get the remaining required hrs? Say 12 months? That would allow time to get registered and take an appropriate class or classes.

I am not opposed to having training to place dental implants for those without experience, but I would hope my experience counts for something. I am also a little frustrated with how this ruling has been sent out less than 2 months before it goes into effect. It gives me little time to take an appropriate course and therefore hurts not only our practice but our patients who are in the middle of implant treatment.

Please carefully consider the answers to my questions above.

Sincerely,
Nathan A Tolman, DMD
Lebanon, OR
Cell: 541-990-8424

From: Dr. Nathan Tolman
To: OBD Info * OBD
Subject: Implant ruling concerns for June Board Mtg
Date: Thursday, May 19, 2022 8:36:45 AM

Oregon Board of Dentistry,

I am writing in regards to the recent dental implant ruling with concerns that I want to be included in the June 2022 board meeting. If these can be passed onto the board members for review I would appreciate it. The concerns are these:

1. COMMUNICATION.
    a. I know that the board feels that there was adequate communication on this ruling, but from what I have experienced talking with other dentists this final ruling was not communicated very well. I have known that there was a possibility of an implant ruling to take effect but I did not have knowledge of this final ruling until the email from the board on 5/9/22. Going back through emails and newsletters the only place I can see where the final ruling was mentioned was in the Dec 2021 newsletter (which I overlooked, I take that responsibility), and the email on 5/9/22.
        i. On the Oregon Board of Dentistry website "Communication and timeline" link suggests that the rule changes were also emailed on 1/3/22. In looking at the document linked from that email (https://www.oregon.gov/dentistry/Documents/January%201%2c%202022%20Rule%20Changes.pdf) I do not see any mention of OAR 818-012-0005 in the Permanent Administrative Order (OBD 1-2021).
            1. There is however a document for rulings effective 7/1/22 (OBD 2-2021) which was not included in the email. Maybe it would have been helpful to have also included this link in the email on 1/3/22.
    b. With the extent of dentists involved and the amount of training required in the final ruling, it would have been nice to have the new ruling presented in a more "Visible" way. The fact that a "Communication and Timeline" document had to be posted to the Oregon Board of Dentistry website implies that this final ruling was not communicated well.
2. TRAINING
    a. In reading through the background of the cases involved between 2014 and 2017, to me it seems that maybe hours of training may not have been a factor considering that the Disciplinary action was equally distributed between general dentists and specialists.
        i. I don't know the specifics of each case, but I would assume that specialists placing implants have had many hours of implant training. If that is the case I would expect a continued amount of specialists receiving disciplinary action and therefore the same number of patients being harmed by specialists (which is contrary to the priority of the Board of Dentistry) since they are assumed to already have the 56 hours required.
        ii. We might see a reduction on disciplinary action cases with general dentists due to these new rules because some dentists without the 56 hours training can no longer place implants.
        iii. I would suggest it is not the amount of training that determines success, but individual case selection and implementation of the dentist's knowledge and skills that determines the outcome. I would assume many of these specialists have had extensive implant training, but still half the disciplinary cases include them.
        iv. If hours of training was the big determining factor for success wouldn't you suspect to find the majority of cases to be distributed to general dentists with little training and not equally with specialists?
    b. While I appreciate the board extending the ruling to July 1, 2022 I also find it challenging for us that don't quite have 56 hours to find an adequate hands-on course in our already filled schedules that would allow for all hours to be completed by July 1, 2022.
3. EXPERIENCE / GRANDFATHERING
    a. While I agree that we need to be focused on the safety of our patients, I feel the Oregon Board of Dentistry has dropped the ball on this initial ruling in not accounting for current dentist's experience. I agree that maybe for dentists who are new to placing implants the 56 hours might be of benefit.
    b. I have been placing, restoring, and monitoring implants for 16 years without complications, but I do not have all of the 56 hours of hand on training that will now be required.

i. Does the Board believe that it would be better for a patient to go to a dentist new to placing implants who just recently received 56 hours of training than to go to a dentist with 16 years of experience but has not quite fulfilled the 56 hours of training required?
ii. Is the Board really looking out for patient care if that patient goes to the "unexperienced" but trained new dentist versus the experienced and successful implant placing dentist?
iii. Does the Board really think that dentists like myself are less competent in placing implants than a dentist new to placing implants with 56 hours training?
1. As a Board member yourself who would you rather go to? I would assume most would want to go to the one with most experience am I right?
2. Please allow this same privilege to our patients.

c. Why has the Board not issued a "grandfathering" option when this rule was implemented?
1. According to the Implant workgroups recommendations it states "Develop a plan for 'grandfathering in' Licensees with a great deal of experience and success placing and restoring dental implants."
2. Please consider implementing a "grandfathering in" IMMEDIATELY!!!

4. PATIENT CARE
a. As the ruling stands on 7/1/22 I will no longer be "legal" to place dental implants. My patients are going to then have to make some choices:
i. First option: Go to another dentist or specialist, requiring possibly a delay in treatment.
1. The patient may not be comfortable with that and may wonder why I cannot go ahead and place the implant. They were told before that I could. Am I to tell them "Well the board thinks I was competent yesterday to place the implant, but today because it is July 1st I am not competent"?
ii. Second option: Go to a newly trained implant placing dentist.
1. Does the board really think they would get better care and outcome?
2. I can imagine my discussion with my patient, "I have 16 years of experience successfully placing implants, but you can go to 'Dr. Smith' who just recently completed 56 hours training to have your implant placed because I am no longer allowed to place them."
3. Do you really think the patient is going to want that? Not only will they be going to someone they don't have a relationship with, but also one who is not as experienced and therefore may have higher risk of harm.
4. As my patients trusted provider I do not feel it is in my patient's best interest to send them elsewhere for an implant based on accredited hours earned.
iii. Third option: The patient can wait until I complete the required 56 hours.
1. This could take many months and delay in care, with potential that implant placement may not be possible in the future or require more extensive treatment.
iv. Fourth option: Patient may decide "If Dr Tolman can't place the implant then I am just not going to do it"
1. If the implant was the best route of treatment the board has effectively "forced" the patient to settle for inferior treatment.
v. In all of these cases the patient care has been delayed, compromised or I would even say harmed.

The Oregon Dental Board has stated that the highest priority is the protection of the public. If that is truly the case then I would recommend immediate modification of the ruling to allow for dentists experienced in successful placement of implants to continue placing implants. Otherwise, in order to prevent a "possible" complication in one patient we may have harmed another by delaying or compromising implant treatment.

Thank you for your consideration.

Sincerely,
Nathan A Tolman, DMD
Lebanon, Oregon
541-451-1991

From: Lin Zhu
To: OBD Info * OBD
Subject: Implant rule changes
Date: Monday, May 23, 2022 4:19:34 PM

Dear OBD,

I have read the FAQ about this rule changes, but am still confused about the requirements for the specialists. I graduated from perio program in 2015 and have been placing implant since I started residency. Do I need to provide any document for the 56 hand-on-clinical CE to continue placing implant in my practice after July? Is my residency certificate sufficient for this requirement? Is so, do I need to resubmit a copy of my certificate again?

The FAQ only addressed the newly graduates will need to provide proof of these 56 credits and the specialists will need 7 CE to every cycle to renew license.

Thank you

Sincerely,

Lin Zhu

From: Thomas Bordieri
To: OBD Info * OBD
Subject: New Dental Implant rule
Date: Monday, May 16, 2022 9:10:39 AM

Good morning,
I completed a year-long AEGD at UCLA that provided well over 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.

Do I need to submit documentation to the board or is this just something I need to keep for my records in case of an audit?

Is a letter from my residency director and a copy of my curriculum sufficient? Or what exactly do you recommend I obtain to demonstrate sufficient training?

Thanks,
Thomas Bordieri

From: Travis Evans
To: OBD Info * OBD
Subject: new dental implant rules
Date: Tuesday, May 24, 2022 5:48:37 PM

Dear Board,

I do not place implants myself but know many great dentists who do. Your implant rules FAQ says it welcomes feedback from licensees, so here is mine.

This new document regarding dental implant placement is unfortunate. This is my first correspondence with the Board in my 13 years as an active licensee. I am disappointed in everything about this new set of rules.

There are many great practitioners placing dental implants everyday in Oregon who have been doing so without incident for years and decades even. Many of these dentists do not have the required paperwork from years gone by or were trained in a way different from the classes you are now requiring. This rule is punitive in nature to those practitioners. There should be restrictions in place for those who are doing so improperly and for new licensees should the board deem it necessary. But to place a restriction preventing existing licensed dentists from performing a previously allowable procedure being done successfully thousands of times by many dentists violates the principle of fairness.

The timing of this taking effect, less than 6 weeks from now with its latest rule updates, is completely out of touch. There should be a reasonably allowable timeline for any practitioner to be able to abide by any new rule. There are patients scheduled, patients that have been waiting to schedule, and equipment and materials already purchased to provide this treatment beyond the established rule date. If the board is imposing this new set of rules including a 56 clinical hours course, a list of courses that will allow dentists to comply should be provided that meet this requirement in advance of the rule taking effect. I happened to look and see no classes that meet the new requirements before the new rule date begins. How is this right? For something as significant as this, at least 1 year to comply seems the minimum that would be considered. How long were licensees given to comply with the simple cultural competency requirement?

Lastly, and most ironic is that this new rule does the exact opposite of what has been espoused by so many in and out of our field for years. Instead of maintaining or improving access to care and making dentistry more affordable, It makes dental care in Oregon more expensive and less accessible as fewer practitioners perform the procedure at often elevated prices. This is negatively impactful for patients across the state and will be detrimental to their oral health as they will be delayed or prevented from receiving necessary care.

I respectfully ask that you reconsider the rules, its timing, and the negative effect these rules will have on our patients.

Sincerely,

Dr. Travis Evans

--
503-752-7242

From: Ralph Mike Shirtcliff
To: OBD Info * OBD
Subject: New Implant Rule
Date: Thursday, May 19, 2022 10:46:02 AM
Attachments: image001.png

Stephen, I called yesterday about the new implant rule, but was encouraged to email for there has been quite a response to the new rule. I have heard from several dentists concerned about the rule, especially those who took courses earlier and have been placing implants for over 12 years with no Board complaints wondering if they have to comply with the new rules on continuing education to be able to place them? My understanding the course is $39,000 or so and requires a year to complete all the while not being able to place them. One dentist estimated this could potentially be a $300,000 annual hit in income as well as loss of the service to his patients. Some have intimated that they might take legal action, but I have cautioned against this. I understand this has been a big issue for the Board and they have been looking at it thoroughly and like most dentists they don't pay attention until the rule is in place or close to it.
My questions is there a grandfather clause for those who have complied with no complaints or adverse outcomes outside what is normally found with implants?

Thanks in advance,

Mike

Michael Ralph Shirtcliff DMD
President
RMS Dental Director, Inc.
2728 NW Canyon Drive
Redmond, OR 97756
541-680-9028 c.
rmshirt@gmail.com (Primary)
rmshirt@bendbroadband.com
"Nothing tastes as good as thin feels!"

From: Ken Shirtcliff DMD
To: OBD Info * OBD
Subject: OBD Guidance on NEW dental implant rules question
Date: Friday, May 20, 2022 4:35:58 PM

I received the email about the new rule about implant placement that is going into effect July 1, 2022.

I have a couple questions about the new rule. What does the Board consider "hands on clinical implant course(s)"? Is there a specific definition to "hands on" as to what percentage of the course is hands on and what portion of the course is lecture?

I graduated in 1999 from OHSU and after taking many implant courses I have been placing dental implants since 2008. I have been able to find records of taking approximately 104CE on treatment planning, appropriate case selection, potential complications and the surgical placement of the implants I do not have records for all implant CE I have taken since 1999 and I don't know to what extent all the implant CE that I have taken has been "hands on" although I do know many of the courses have been "hands on" implant courses.
I have also placed 83 implants over the last many years and although that is not a large number of implants it is a service I feel very comfortable providing when there is plenty of bone and no anatomical structures where the implant is to be placed.
In the FAQ about the new rule it states that:

> There is concern about how providers will be able to obtain proof of training/CE towards their 56 hours if those hours were completed long ago. Many records retention policies limit to 7 years or less. Will providers just be out of luck if they can't pull together proof of certain courses?
> This information will be reviewed on a case-by-case basis, typically as part of a CE audit or an investigation. It is expected that the Licensee would put in their best effort to obtain this information
> in the event that the training was completed many years ago. The Board will review all relevant
> information and circumstances before taking any action.

I do not want to "wonder" if I am in compliance with the OBD until a CE audit or an investigation but I also do not want to have to hurry and take additional CE if it is not necessary. July 1st, 2022 is very close at hand and I don't want to have to stop scheduling placement of implants.

Is it possible to have someone evaluate the information I have provided in this email and let me know where I stand in regards to the new rule?

Ken M Shirtcliff DMD
906 NE Greenwood Ave.
Bend, OR 97701
541-382-4848
Fax - 541-617-9530
GDC@bendcable.com

Oregon
Kate Brown, Governor

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

Public Rulemaking Hearing (Via Zoom)
Wednesday, May 18, 2022
12:00 p.m. – 12:30 p.m.

The meeting packet is posted on the OBD website:
https://www.oregon.gov/dentistry/Pages/meetings.aspx

Public testimony can be submitted to information@obd.oregon.gov

Dental Therapy Representation Needed On Committees

The Board is seeking Dental Therapy (DT) Representation on all its regular Standing Committees besides the Dental Therapy Rules Oversight Committee. More information can be found here:
https://www.oregon.gov/dentistry/Pages/Dental-Therapy.aspx

Dental Implant Rule Changes (Effective July 1, 2022) Guidance Document

- Implant Rules FAQ

OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

PERMANENT ADMINISTRATIVE ORDER

FILED
04/27/2022 4:20 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

PH 48-2022
CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILING CAPTION: Updates Health Care Interpreter rules based on legislation and recommendations of the advisory council.

EFFECTIVE DATE: 07/01/2022

AGENCY APPROVED DATE: 04/27/2022

CONTACT: Edna Nyamu
503-381-0710
edna.nyamu@dhsoha.state.or.us

421 SW Oak St. Suite 750
Portland,OR 97204

Filed By:
Public Health Division
Rules Coordinator

RULES:
333-002-0000, 333-002-0010, 333-002-0030, 333-002-0035, 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, 333-002-0120, 333-002-0140, 333-002-0150, 333-002-0170, 333-002-0190, 333-002-0230, 333-002-0250, 333-002-0270, 333-002-0290

AMEND: 333-002-0000

RULE TITLE: Purpose

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Updates purpose to improve alignment with statutory intent and update to align with statutory changes.

RULE TEXT:
(1) These rules establish the Health Care Interpreter (HCI) program, a central registry, and a process for certification and qualification of health care interpreters for persons with limited English proficiency, those who prefer to communicate in a language other than English, and Deaf and Hard of Hearing individuals whose primary communication is through American Sign Language or other signed languages. The rules set standards for health care providers and coordinated care organizations working with health care interpreters and interpreting service companies in Oregon.
(2) These rules help the Oregon Health Authority comply with Title VI of the Civil Rights Act of 1964 which mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance.
(3) Nothing in these rules is meant to prevent an Emergency Medical Services provider from providing prehospital care as that term is defined in ORS 682.025 to an individual who has limited English proficiency, who communicates in signed language, or who prefers to communicate in a language other than English.
(4) Nothing in these rules is meant to delay care in an emergency to an individual who has limited English proficiency, who communicates in signed language, or who prefers to communicate in a language other than English.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 419.558

AMEND: 333-002-0010

RULE TITLE: Definitions

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Updates definitions to better align with industry standards and statute.

RULE TEXT:

As used in chapter 333, division 2 the following definitions apply:

(1) "Applicant" means any individual who applies for qualification or certification as a health care interpreter under OAR 333-002-0050.

(2) “Authority” means the Oregon Health Authority.

(3) "Central registry" means the record maintained by the Authority of enrolled individuals recognized as approved certified or qualified health care interpreters.

(4) "Certified health care interpreter" means an individual who has been approved by the Oregon Health Authority and issued a valid letter of certification by the Authority under these rules to perform health care interpreting services as outlined under ORS 413.558.

(5) "Coordinated Care Organization (CCO)” means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization’s members.

(6) "Formal training" means instruction obtained in an academic setting, seminars, in-service instruction, or by other means of substantive learning.

(7) “Health care” means medical, oral, vision, surgical or hospital care or any other remedial care recognized by state law, including physical and behavioral health care. For the purpose of these rules, “health care” does not currently include assistance with the activities of daily living or instrumental activities of daily living by providers. The Authority will monitor the exclusion of these services and make a determination on continuing this exception no later than July 1, 2025.

(8) “Health care interpreter” means an individual who has proficiency in English and at least one other spoken or signed language and who is readily able to accurately:

(a) Communicate in English and communicate with a person who has limited English proficiency or who communicates in signed language. Under limited circumstances beginning September 1, 2022, the Authority may qualify an individual who has proficiency in a language of lesser diffusion and at least one other spoken or signed language other than English, as a health care interpreter;

(b) Interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in signed language, into English or another language if relay interpreting;

(c) Interpret oral statements in English, or another language if relay interpreting, to a person with limited English proficiency or who communicates in signed language;

(d) Sight translate simple written documents for a person with limited English proficiency; and

(e) Effective September 1, 2022, provide interpretive services using relay or indirect interpretation.

(9) "Health care interpreting services" means the provision of services to limited English proficient individuals through the process of fully understanding and analyzing a spoken or signed message, then faithfully rendering the message into another spoken or signed language in order to ensure access to any medical, surgical or hospital intervention including physical, oral, vision or behavioral health treatment.

(10) “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 providing health care, in the normal course of business.
(11) “Integrated interpreting skills” means the ability to perform as required for employment, demonstrated by interpreting a simulated cross-linguistic interview with acceptable accuracy and completeness while monitoring and helping to manage the interaction in the interest of better communication and understanding.
(12) “Interpreting service company” is used interchangeably with “Interpretation service company” from ORS 413.550 and 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 Oregon.
(13) "Interpreting knowledge" means an entry-level range of knowledge, skills, and abilities that includes but is not limited to demonstrated capacity in:
(a) Language proficiency;
(b) Medical interpreting ethics;
(c) Cultural competency;
(d) Medical terminology;
(e) Integrated interpreting skills; and
(f) Sight translation of simple written instructions.
(14) “Limited English proficiency” or “LEP” means a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.
(15) “Person with limited English proficiency” means an individual who, by reason of place of birth or culture, communicates in a language other than English and does not communicate in English with adequate ability to communicate effectively to arrange for and receive health care or health related services or an individual who prefers to communicate in a language other than English.
(16) “Qualified health care interpreter” means an individual who has been approved by the Authority and issued a valid letter of qualification by the Authority under these rules to perform health care interpreting services as outlined under ORS 413.558.
(17) “Relay interpreting” is the practice of interpreting from one language to another through a third language. It is

necessary when no single interpreter commands the required language pair.
(18) “Sight translate” means to translate a simple written document into spoken or signed language.
(19) "Translation" means the process of creating a written or signed target text based on a source text, in such a way that the content and in many cases the form of the two texts, can be considered to be equivalent.
(20) "Written verification" means providing proof in a way that establishes the authenticity of submitted documents in a reasonably reliable manner and may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0030

RULE TITLE: Central Registry

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Provides for return of provider, under certain circumstances, to the central registry after an individual has withdrawn.

RULE TEXT:
(1) The Authority shall maintain a central registry of individuals who are certified or qualified to provide health care interpreting services as provided in OAR 333-002-0020.
(2) The Oregon Health Authority shall maintain a list of languages for which health care interpreter certification or qualification is available.
(3) The Authority shall maintain and publish a list of Authority-approved training centers where applicants may receive the education required for certification or qualification.
(4) Certified or qualified health care interpreters may withdraw from the central registry by providing written notification to the Authority.
(5) If a certified or qualified health care interpreter has provided written notification of withdrawal but the qualification or certification has not yet expired, the certified or qualified health care interpreter who has requested to withdraw may be reinstated to the central registry by submitting a request for reinstatement to the Authority in writing.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

REPEAL: 333-002-0035

RULE TITLE: Fees

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Program fees retracted to decrease barriers to enrollment of interpreters and increase access to interpreters by clients.

RULE TEXT:
Applicants for enrollment or renewal shall submit a processing fee in the amount of $25 with the required application or renewal materials.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0040

RULE TITLE: Eligibility Standards for Central Registry Enrollment, Qualification and Certification

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Updates requirements for qualification and certification of healthcare interpreters, including removing background check requirements, to improve access to interpreters, support agency equity goals, and support alignment with national standards.

RULE TEXT:

(1) Individuals enrolled in the Health Care Interpreter (HCI) central registry shall:

(a) Be at least 18 years of age.

(b) Have at least a high school diploma from an accredited school in the United States of America, or pass the General Educational Development Test (GED), or have an equivalent education from another country.

(A) Individuals from other countries may apply to the Authority for an exception to this requirement when documentation to prove education is not available.

(B) Exceptions are at the sole discretion of the Authority.

(c) Not be on the Medicaid Exclusion list.

(d) Abide by a nationally recognized code of ethics and standards of practice such as the National Code of Ethics for Interpreters in Health Care, the National Standards of Practice for Interpreters in Health Care, and the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.

(e) Submit the required forms and documentation to become a certified or qualified health care interpreter as defined by these rules.

(2) Applicants seeking to become a qualified health care interpreter for a spoken language or languages shall:

(a) Comply with the requirements set out in section (1) of this rule;

(b) Provide written verification of:

(A) At least 60 hours of formal training as defined in OAR 333-002-0060, with a certificate of completion dated no more than one year prior to the date of the written application to the HCI central registry; or

(B) At least 60 hours of formal training as defined in OAR 333-002-0060, with a certificate of completion dated more than one year prior to the date of the written HCI central registry application along with documentation that shows the applicant has been performing HCI work since completing. Documentation shall include a letter of proof, on letterhead from the supervisor or the client, if applicable; or

(C) Meeting the requirements outlined in section 3 of this rule.

(c) Demonstrate health care interpreting knowledge by passing a skill evaluation offered by an Authority-approved language proficiency testing center provided for in OAR 333-002-0070, or meet equivalent language proficiency requirements set by the Authority. Equivalent standards include having an organization or community that represents limited English proficiency members provide language proficiency testing for languages that do not have a test available.

(3) Educators and trainers of health care interpreters or ASL interpreters who have worked in the field for two consecutive years within the 4 years prior to the date of application may receive credit for 40 hours of the 60 hour requirement by providing valid documentation from an established registry or institution for time spent training health care interpreters. The remaining 20 hours shall meet Authority-approved requirements.

(4) Applicants seeking to become a qualified health care interpreter for American Sign Language shall:

(a) Comply with the requirements set out in section (1) of this rule;

(b) Provide written verification of certification in American Sign Language interpreting from the Registry of Interpreters for the Deaf (RID) or other Authority-approved signed language certification and testing bodies;

(5) Applicants seeking to become a certified health care interpreter in a spoken language or languages shall:

(a) Comply with the requirements set out in section (1) and (2) of this rule; and

(b) Pass an approved certification test at an interpreter certification testing center on the list provided for in OAR 333-

002-0070.
(6) Applicants seeking to become a certified health care interpreter in American Sign Language shall:
(a) Comply with the requirements set out in section (1) and (4) of this rule;
(b) Provide written verification of at least 60 hours of formal training from an Authority-approved training center as defined in OAR 333-002-0060.
(7) Signed language interpreters may apply to be on the central registry without having a Registry of Interpreters for the Deaf (RID) certification by proving proficiency through a proficiency exam approved by the Authority such as the American Sign Language Proficiency Interview (ASLPI) or the Sign Language Proficiency Interview (SLPI; ASL) with a minimum proficiency level of 4 or advanced.
(8) The Authority may accept formal training from entities outside of Oregon that demonstrate their criteria are equal to or exceed Oregon's criteria as established by these rules.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0050

RULE TITLE: Application Procedure

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Updates application procedure, including elimination of application fees in order to improve access to interpreters.

RULE TEXT:

(1) Upon request, the Authority shall provide an application packet or a link to the Health Care Interpreter (HCI) application to any individual seeking certification or qualification as an HCI.

(2) Applicants shall submit required forms and supplemental materials, including proof of formal training and a copy of any Authority-approved national certification, if applicable, to the Authority.

(3) To meet testing requirements, applicants shall authorize an Authority-approved testing center to provide the Authority with proof of their test results.

(a) Requests for language proficiency testing or certification testing shall be made directly to the approved testing center.

(b) Required testing fees shall be paid directly to the approved testing center.

(c) Test results shall become part of the applicant's permanent record.

(4) Supplemental materials in languages other than English shall be accompanied by:

(a) An accurate translation of those documents into English; and

(b) A signed and dated translator's certificate, from a translator other than the applicant and not related to the applicant by blood or marriage, stating that the documents provided are a true and accurate translation and that the translator is not related to the applicant. If there are no other translators available other than those related to the applicant by blood or marriage, then the translator shall provide a written statement of their relationship to the applicant, their translator qualifications, and a statement that there is no conflict of interest created.

(c) The applicant shall pay for any translation costs for documents required by the Authority.

(5) Upon submission of the application, the applicant will receive an auto-generated email confirming the application has been received. If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt.

(6) The Authority shall notify the applicant of the Authority's determination on the application no later than 60 days after the date the completed application is received by the Authority.

(7) Applicants may withdraw from the process at any time by providing written notification to the Authority.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0060

RULE TITLE: Formal Training

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Updates application requirements and clarifies standards for materials.

RULE TEXT:

Applicants seeking Health Care Interpreter (HCI) certification or qualification shall provide written verification of the successful completion of at least 60 hours of Authority-approved formal training, including a minimum of:

(1) Fifty-two hours of integrated medical terminology, anatomy and physiology, introductory health care interpreting concepts and modes, including supervised practice; and

(2) Eight hours of Health Care Interpreting Ethics.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0070

RULE TITLE: Approval of Testing Centers, Skill Evaluation and Assessment

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Updates education requirements to provide for more access through equivalency and alignment with national standards.

RULE TEXT:
(1) The Authority shall enter into a memorandum of agreement with interpreter certification testing centers and language proficiency testing centers establishing the manner and means for testing Oregon applicants for health care interpreter certification and qualification, and including a process for sharing testing information with the Authority and the applicant. Equivalent standards include having an organization or community that represents limited English proficient members provide language proficiency testing for languages that do not have a test available.
(2) Authority-approved interpreter testing centers shall test interpreting performance in at least two interpreting modes.
(3) The Authority shall maintain and make readily available to the public a list of approved interpreter certification testing centers and language proficiency testing centers.
(4) The Authority may proctor testing and determine testing locations if the approved interpreter testing centers do not have their own testing centers and the ability to verify the applicant's identity before testing.
(5) The Authority will accept testing of American Sign Language proficiency when an applicant provides documentation of:
(a) Passing a skill evaluation offered by the American Sign Language Proficiency Interview (ASLPI) at rating of 4 or above; or
(b) A Signed Language Proficiency Interview conducted in American Sign Language (SLPI:ASL) at a rating of advanced or above; or
(c) Meeting equivalent language proficiency requirements set by the Authority as outlined in this Section.
(6) Government issued photo identification showing the name and address of the applicant such as a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents shall be presented before an individual enters an evaluation or assessment.
(7) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:
(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process.
(b) Failing to follow oral or written instructions related to conducting the evaluation or assessment, including termination times and procedures.
(c) Introducing unauthorized materials during any portion of the evaluation or assessment.
(d) Attempting to remove evaluation or assessment materials or notations from the testing site.
(e) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment.
(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.
(9) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 through 192.505.
(10) The Authority may release statistical information regarding evaluation or assessment pass or fail rates by group, evaluation or assessment type, and subject area to any interested party.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0120

RULE TITLE: Continuing Education

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Language standardization.

RULE TEXT:

(1) To qualify for central registry renewal, certified and qualified health care interpreters shall sign and submit to the Authority the designated forms and verification showing the individual has completed the required continuing education.

(2) To maintain eligibility for central registry renewal, certified and qualified health care interpreters shall complete 24 hours of Authority-approved continuing education during the 48-month central registry period, including:

(a) Six hours of continuing education on health care interpreter ethics.

(b) Six hours of continuing education on interpreting skills.

(c) An additional 12 hours that cover any topics accepted for continuing education by interpreter certification testing centers on the Authority maintained list provided for in OAR 333-002-0070.

(3) Continuing education records shall be maintained by registered health care interpreters for a minimum of four years.

(4) Continuing education hours taken in excess of the required number in a renewal period may not be carried over to the next renewal period.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0140

RULE TITLE: Letter of Qualification

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Eliminates requirement that individual issued a letter of qualification upgrade to certification after 48 months in order to remain on the central registry.

RULE TEXT:

(1) If the Authority determines that the qualification requirements in OAR 333-002-0040, 333-002-0050, and 333-002-0060 and any applicable renewal requirements have been met, a letter of qualification shall be issued.

(2) Letters of qualification are valid for 48 months from the date of issue and are renewable.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0150

RULE TITLE: Letter of Certification

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Punctuation update.

RULE TEXT:

(1) If the Authority determines that the certification requirements in OAR 333-002-0040, 333-002-0050 and 333-002-0060 and any applicable renewal requirements have been met, a letter of certification shall be issued.

(2) Letters of certification are valid for 48 months from the date of issue and are renewable.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0170

RULE TITLE: Certification and Qualification Renewal

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Eliminates requirement that individual issued a letter of qualification upgrade to certification after 48 months in order to remain on the central registry. Provides for renewal of expired registry.

RULE TEXT:

(1) Certified or qualified health care interpreters who intend to maintain enrollment in the central registry shall renew their certification or qualification every 48 months.

(2) At least 60 days before the expiration of certification or qualification, an applicant for renewal shall submit:

(a) A signed copy of the Authority provided commitment form acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care or the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.

(b) Written verification showing the individual has maintained eligibility for central registry renewal by completing the continuing education required:

(A) For qualification, the continuing education required by OAR 333-002-0120.

(B) For certification, the continuing education required by OAR 333-002-0120 and any additional hours required by the applicant's national certifying body during the preceding four years. Actual recertification by the national body is not required.

(c) For applicants seeking renewal as a qualified health care interpreter for American Sign Language, written verification of at least 60 hours of formal training from an Authority-approved training center as defined in OAR 333-002-0060. These training hours are in addition to the continuing education required by OAR 333-002-0120.

(3) The date of submission shall be considered to be the date materials are received by the Authority by fax, mail, electronic mail or hand delivery.

(4) If the qualification or certification has not been renewed within 1 year (12 months) of the expiration date, the HCI shall re-apply as a new applicant.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0190

RULE TITLE: Denial, Revocation, Suspension or Refusal to Renew Status for Certification and Qualification

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Language alignment. Removes language related to conviction of crimes to align with the removal of the background check requirement.

RULE TEXT:

(1) The Authority shall deny, revoke, suspend or refuse to renew a letter of certification or qualification if:

(a) An applicant for an initial certification or qualification fails to meet the eligibility standards of OAR 333-002-0040.

(b) An applicant for certification or qualification renewal fails to comply with the requirements of OAR 333-002-0170.

(c) An applicant submits information that cannot be verified.

(d) An applicant engages in conduct or practices found by the Authority to be in violation of the National Council on Interpreting in Health Care Code of Ethics, the National Council on Interpreting in Health Care Standards of Practice, or the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.

(2) The Authority may deny, revoke, suspend, or refuse to renew a certification or qualification, or impose remedial education or corrective actions on an applicant or central registry enrollee, if the individual engages in any of the following conduct:

(a) Representing that the applicant or enrollee is an Oregon certified or qualified health care interpreter without having been issued a valid letter of certification or qualification by the Authority.

(b) Knowingly giving false information to the Authority.

(c) Violating the credentialing process by:

(A) Falsifying or misrepresenting education credentials or other information required for admission to an evaluation or assessment.

(B) Having an impersonator take an evaluation or assessment on the applicant or enrollee's behalf.

(C) Impersonating an applicant or enrollee.

(d) Having a credential to provide health care interpreting services in another state, territory or country, or issued by another certifying entity denied, revoked or suspended based on behavior by the individual similar to acts described in this rule.

(e) Allowing the use of an Authority issued credential by a non-credentialed person.

(f) Presenting another person's credential as the applicant or enrollee's own credential.

(g) Impersonating another Oregon certified or qualified HCI.

(h) Practicing health care interpreting services under a false or assumed name.

(i) Using or attempting to use a credential that has been revoked, suspended, or lapsed.

(j) Practicing or offering to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care, or the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.

(k) Engaging in false, deceptive or misleading advertising of the applicant or enrollee's certification or qualification credentials.

(A) False, deceptive or misleading advertising includes but is not limited to advertising health care interpreting services using the terms "Oregon qualified" or "Oregon certified" health care interpreter in any private or public communication or publication when not credentialed by the Authority.

(B) Advertising includes telephone directory listings, business cards, social media networking, or any other source of public communication.

(l) Failing to comply or cooperate with an Authority request in any way, including but not limited to a credentialing action or disciplinary proceeding, including:

(A) Failing to submit requested papers or documents.

(B) Failing to submit a written response to complaints filed with the Authority.

(C) Failing to respond to requests for information issued by the Authority whether or not the applicant or enrollee is accused in the proceeding.
(m) Failing to comply with an “assurance to desist” the applicant or enrollee entered into with the Authority.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

AMEND: 333-002-0230

RULE TITLE: Hearings

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Language alignment.

RULE TEXT:

An individual who wishes to contest the denial, non-renewal, suspension or revocation of their central registry enrollment, qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with ORS 183.441 through 183.497 and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 through 137-003-0700.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, 413.558

ADOPT: 333-002-0250

RULE TITLE: Health Care Provider Requirements

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Outlines provider requirements for use of Health Care Interpreters not on the central registry, including good faith effort and documentation requirements. Includes delayed implementation for remote interpreting.

RULE TEXT:

(1) Beginning July 1, 2022, for onsite interpreting and no later than July 1, 2023, for remote interpreting, health care providers shall work with qualified or certified health care interpreters from the Authority's health care interpreter central registry when arranging for or providing services to a person with LEP or who prefers to communicate in a language other than English or who communicates in signed language. Exceptions are allowed when the provider:

(a) Has documented proficiency in the preferred language of the person with limited English proficiency or communicates in the signed language of choice. Evidence of proficiency shall be made available to the Authority and relevant provider licensing and certification boards upon request. In addition to documenting proficiency, the health care provider shall adopt a language services policy, and abide by language proficiency requirements, consistent with nationally recognized professional standards of care as outlined by organizations such as the American Medical Association, the Joint Commission, the National Committee for Quality Assurance or another equivalent national standard; or

(b) Has made a good faith effort to obtain a health care interpreter from the central registry and has found that none are available to provide interpreting. In this circumstance, the health care provider may work with the non-registered interpreter for that visit or episode of care. For each visit or episode of care that a provider works with a non-registered interpreter, the provider shall create and maintain records of the good faith efforts made by the provider to work with an interpreter from the central registry. Evidence of good faith efforts shall be made available to the Authority and relevant provider licensing and certification boards upon request. The Authority may release additional guidance on good faith efforts in the future. At a minimum, providers shall develop and maintain policies, processes, and outcomes describing:

(A) The steps the provider takes to work with an interpreter from the central registry for a health care appointment;

(B) The efforts the provider makes to reduce reliance on interpreters who are not on the central registry; and

(C) How the provider efforts are increasing the number of health care interpreting appointments scheduled with interpreters from the central registry; or

(c) Has maintained records that the person with LEP or who is Deaf or Hard of Hearing was offered services of a health care interpreter from the health care interpreter central registry at no cost to the person with LEP or who is Deaf or Hard of Hearing and the person with LEP or who is Deaf or Hard of Hearing has declined and chosen a different interpreter.

(2) Beginning July 1, 2022, health care providers shall maintain records of each encounter in which the provider worked with a health care interpreter from the health care interpreter central registry or worked with an interpreter not on the central registry and met one of the exceptions in section (1) of this rule. Records for interpreting services provided on or after September 1, 2022, shall be provided to the Authority upon the Authority's request. The record shall include:

(a) The full name of the health care interpreter.

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

(c) The language interpreted.

(3) Health care providers shall provide personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the interpreter. The health care provider shall not require that the health care interpreter procure the health care interpreter's own personal protective equipment as a condition of working with the health care provider.

(4) Health care providers billing the Medicaid Fee-For-Service program for their services must also comply with Medicaid requirements outlined in OAR Chapter 410, Division 120 when working with a person with limited English

proficiency or one who is Deaf or Hard of Hearing.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, ORS 419.558

ADOPT: 333-002-0270

RULE TITLE: Interpreting Service Companies

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Outlines requirements for interpreting service companies to provide for use of registered Health Care Interpreters, and for referral of interpreters not on the central registry, including documentation requirements. Includes delayed implementation.

RULE TEXT:

(1) Beginning September 1, 2022, for onsite interpreting and no later than July 1, 2023, for remote interpreting, an interpreting service company shall arrange for a health care interpreter to provide interpreting services only when the health care interpreter is listed on the central registry. An interpreting service company may only arrange for a health care interpreter who is not listed on the central registry when:

(a) The health care provider informs the interpreting service company that the health care provider has followed the requirements outlined in OAR 333-002-0250; or

(b) No health care interpreter on the central registry who is available in the requested language is employed or contracted with the interpreting service company.

(2) Beginning September 1, 2022, an interpreting service company shall maintain records for each referral of a health care interpreter to work with a health care provider. These records shall be provided to the Authority upon the Authority's request. The record shall include:

(a) The full name of the health care interpreter.

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

(c) The language being interpreted.

(3) An interpreting service company shall not represent to a health care provider that a contracted or employed health care interpreter referred by the company is a qualified or certified health care interpreter unless the interpreter has met the requirements for qualification or certification as outlined in OAR 333-002-0150 and has been issued a valid letter and central registry enrollment number.

(4) An interpreting service company shall not require that a health care interpreter procure the health care interpreter's own personal protective equipment as a condition of receiving a referral.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, ORS 419.558

ADOPT: 333-002-0290

RULE TITLE: Coordinated Care Organizations (CCOs)

NOTICE FILED DATE: 02/25/2022

RULE SUMMARY: Outlines requirements for Coordinated Care Organizations to work with Health Care Interpreters on the central registry.

RULE TEXT:
When interacting with a recipient of Medicaid or a caregiver of a recipient of Medicaid, who has limited English proficiency or who prefers to communicate in a language other than English or who communicates in signed language, Coordinated Care Organizations shall work with qualified or certified health care interpreters from the central registry as detailed in OAR Chapter 410, Division 141.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 413.556, ORS 419.558

CORRESPONDENCE

Good morning,

See below update to this request with additional background and updated proposed requirements in lieu of previous email. Thank you for your consideration.

Formally requesting a rule amendment to OAR 818-012-0005 to include the addition of the below underlined language to be discussed at the next Board meeting. This would clarify the rule with respect to training requirements specific to providing Botox treatment only for TMD/functional pain separately from strictly esthetic treatments.

Background: There are a significant number of patients with severe TMD related jaw pain secondary to bruxism and Mental health disorders. Currently, dental providers in hospital and outpatient clinical settings are limited in their ability to effectively treat these patients and must refer them to oral surgeons for Botox therapy and splints when indicated for functional pain relief, resulting in a 9-12 month delay due to a shortage of community providers who can provide this care in Central/Southern Oregon. Due to these factors, many patients do their best to tolerate the debilitating pain over extended periods which is very unfortunate. Those few that are able to receive this treatment are very grateful for this treatment. Existing GPR residency programs overseen by board certified oral surgeons are well equipped to provide sufficient training for dentists to provide functional pain relief for TMD and this treatment is preferable to muscle relaxers or systemic pain medications in medically compromised patients.

OAR 818-012-0005 defines standard of practice for dentists. 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).

The Board also views "cosmetic dentistry" as within the scope of practice, as long as there is a dental justification for the procedure.

Botox may be used exclusively for the diagnosis and treatment of TMD/myofascial conditions as part of a comprehensive treatment plan provided the Dentist is qualified to do so. Competence may be achieved in one of the following manners:

- A 20 hour hands-on advanced education clinical course, as described above.

- Completion of a CODA-accredited residency program in which the Dentist can demonstrate evidence of hands-on experience with a minimum of 20 patients. The Dentist shall submit to the Board redacted medical/dental records for each patient, certified by the residency training director.

- Trained by a board certified oral surgeon credentialled in the use of Botox at an accredited dental school, Federal facility, or hospital-based program. The Dentist shall submit to the Board, redacted medical/dental records for each patient, and a letter by the supervising oral surgeon verifying that he/she personally trained and proctored the Dentist for a minimum of 20 patients.

Medical/dental records submitted should include diagnosis, indication for Botox, location of injections, and total dose.

Please contact the Board Office if you have any questions or need additional information.

Thank you,

Wade Markert, DDS
Roseburg VA Medical Center
913 NW Garden Valley BLVD
Roseburg, Oregon 97471
Wade.Markert@va.gov
541 440-1000
C: 415-999-3455

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).

OTHER ISSUES

From: Kowalski Sarah E <SARAH.E.KOWALSKI@dhsoha.state.or.us>
Sent: Friday, April 22, 2022 1:44 PM
Subject: OHA - Approval of Timeline Extension - NPAIHB - DPP#100

Good Afternoon,

The Oregon Health Authority (OHA) Dental Pilot Projects Program has reviewed the modification request submitted on February 16, 2022, to extend the timeline operation of Dental Pilot Project #100 (DPP #100) "Oregon Tribes Dental Health Aide Therapist Pilot Project."

OHA has evaluated the modification request, and the request has been approved. The timeline has been amended and the project is approved to operate under the Dental Pilot Projects Program until **May 31, 2023.**

Please find a copy of the approval notice attached.

Sincerely,

Sarah Kowalski

Sarah Kowalski, MS, RDH
Dental Pilot Projects: Oral Health Program
Operations and Policy Analyst 3
Oregon Health Authority: Public Health Division
800 NE Oregon Street, #825
Portland, Oregon 97203

CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

April 21, 2022

Laura Platero, JD
2121 SW Broadway Street, Suite 300
Portland, Oregon 97201

Dear Ms. Platero,

The Oregon Health Authority (OHA) Dental Pilot Projects Program has reviewed the modification request submitted on February 16, 2022, to extend the timeline operation of Dental Pilot Project #100 (DPP #100) "Oregon Tribes Dental Health Aide Therapist Pilot Project" (Appendix A).

OHA sought feedback and recommendations from DPP #100 Advisory Committee members on the proposed modification request at the April 4, 2022 Committee meeting and over email. The modification request was not open for public comment. The majority of committee members recommended approval of the modification request.

OHA has evaluated the modification request, and the request has been approved. The timeline has been amended and the project is approved to operate under the Dental Pilot Projects Program until **May 31, 2023.**

OHA has instituted a process whereby dental pilot projects may apply for an extension to their approved pilot project timeline, provided the project demonstrates sufficient need for additional time to evaluate the validity of the project. OHA will extend pilot projects in one-year increments.

Dental Pilot Project #100 (DPP #100) "Oregon Tribes Dental Health Aide Therapist Pilot Project" will be required to continue to adhere to the Oregon Administrative Rules 333-010-0700 through 333-010-0820 (Appendix B) and all aspects of the OHA approved DPP #100 application and any subsequent OHA approved modification requests.

Sincerely,

Cate Wilcox, MPH

Sarah Kowalski, RDH, MS

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

February 16, 2022

Sarah Kowalski, RDH, MS
Dental Pilot Project Program
Oregon Health Authority

Re: Oregon Pilot Project #100

Dear Ms. Kowalski:

We are writing to request a modification to Oregon Dental Pilot Project #100: to extend the pilot by one additional year. Pilot Project #100 is scheduled to end on May 31st, 2022. Due to delays in the Oregon licensure process, Pilot Project #100 requests an extension of the project until May 31st, 2023. This will allow existing Dental Health Aide Therapists the opportunity to continue to provide care to their communities without interruption. Thank you for considering this modification request.

Please contact me or Miranda Davis at mdavis@npaihb.org if you have any questions.

We look forward to your response.

Sincerely,

Laura Platero, JD
Executive Director

Oregon Administrative Rules
Dental Pilot Projects

Website: Oregon Secretary of State

Oregon Secretary of State, State Archives, Oregon Administrative Rules, Oregon Health Authority, Public Health Division - Chapter 333, Division 10, Health Promotion and Chronic Disease Prevention, Oregon Administrative Rules 333-010-0700 – 333-010-0820, Dental Pilot Projects

333-010-0710
Dental Pilot Projects: Definitions

For purposes of OAR 333-010-0700 through 333-010-0820, the following definitions apply:

(1) "Adverse event" means unnecessary harm due to dental treatment.

(2) "Applicable standard of care" means the standard of care that applies to a trainee and is the same standard of care that applies to a person performing the same services with a license.

(3) "Authority" means the Oregon Health Authority.

(4) "Business day" means any 24-hour day other than a Saturday, Sunday or federal or state legal holiday.

(5) "Clinical evaluator" means a dentist, licensed in the State of Oregon or another state, who is responsible for conducting an independent clinical evaluation of an approved dental pilot project; who is unaffiliated with the project; and who has no financial or commercial interest in the project.

(6) "Clinical instructor" means a person who:

(a) Is certified or licensed in the field for which clinical instruction is occurring;

(b) Is currently licensed in dentistry or dental hygiene or licensed or certified in another appropriate health discipline; and

(c) Has current knowledge and skill in topics they will teach.

(7) "Clinical phase" means the time period of an approved project where a trainee treats patients, supervised by an instructor, applying knowledge presented by an instructor.

(8) "Complications" means a disease or injury that develops during or after the treatment of an earlier disorder.

(9) "Didactic phase" means the time period of a project during which trainees are presented with an organized body of knowledge by an instructor.

(10) "Employment/utilization phase" means the time period of a project where trainees are applying their didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor.

(11) "Employment/utilization site" means an Authority approved location, locations, or class of locations where a trainee or trainees provide care during the employment/utilization phase.

(12) "Non-clinical instructor" is a person with specific training or expertise as demonstrated through a degree or experience relevant to the content of instruction.

(13) "Program" means the Dental Pilot Projects Program administered by the Authority.

(14) "Program staff" means the staff of the Authority with responsibility for the Dental Pilot Projects Program.

(15) "Project" means a Dental Pilot Project approved by the Authority.

(16) "Project director" means the individual designated by the sponsor of a dental pilot project who is responsible for the conduct of the dental pilot project staff, instructors, supervisors, and trainees.

(17) "Project Dental Director" means an individual who is actively responsible for oversight of the dental pilot project and who is a dentist or dental hygienist:

(a) Licensed in the State of Oregon; or

(b) A dentist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 679.020 or 679.025; or

(c) A dental hygienist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 680.020.

(18) "Project evaluation" means a systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of a pilot project by the project sponsor.

(19) "Reviewer" means an individual designated by the Authority to review and comment on all or portions of a project application.

(20) "Sponsor" means an entity that is a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, tribal organization or clinic that:

(a) Submits a dental pilot project application; and

(b) If a dental pilot project is approved by the Authority, has overall responsibility for ensuring the project complies with these rules.

(21) "Standard operating procedures" means the written documented processes that describe the project's regularly recurring operations to ensure that the operations are carried out correctly and consistently and in accordance with these rules.

(22) "Supervisor" means an individual, licensed in the State of Oregon to practice dentistry, designated by the sponsor to oversee trainees at each approved employment/utilization site, with the skills necessary to teach trainees the scope of practice outlined in the approved project.

(23) "These rules" means OAR 333-010-0700 through 333-010-0820.

(24) "Trainee" means an individual who is part of an existing category of dental personnel; a new category of dental personnel; or a category of previously untrained dental personnel who has agreed to participate in a project and will be taught the scope of practice identified by the project.

(25) "Training program" means an organized educational program within a project that includes at least a didactic phase and a clinical phase.

(26) "Underserved populations" means groups of individuals that evidence-based studies have shown have the highest disease rates and the least access to dental care including, but not limited to:

(a) American Indians or Alaska Natives;

(b) Individuals earning up to 200 percent of the federal poverty level;

(c) Medicaid-eligible individuals;

(d) Migrant farmworkers and their family members; and

(e) Uninsured individuals.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0720
Dental Pilot Projects: Application Procedure

(1) A sponsor who wishes to operate a pilot project must submit an application in a form and manner prescribed by the Authority.

(2) The application must demonstrate how the pilot project will comply with the requirements of these rules.

(3) The Authority will not accept new applications if it determines:

(a) There are a sufficient number of projects to provide a basis for testing the validity of the model as determined by the Authority.

(b) It does not have adequate resources to provide an appropriate level of oversight required by these rules.

(4) An application must include, at a minimum, the following information and documentation:

(a) The goals of the project, including whether the project can achieve at least one of the following:

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

(B) Accelerate the training of existing categories of dental personnel;

(C) Teach new oral health care roles to previously untrained personnel; or

(D) Develop new categories of dental personnel.

(b) Sponsor information:

(A) A description of the sponsor, including a copy of an organizational chart that identifies how the project relates organizationally to the sponsor;

(B) A copy of a document verifying the sponsor's status as a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, or a tribal organization or clinic;

(C) A description of the functions of the project director, project dental director, instructors, and other project staff;

(D) Documentation of the funding sources for the project;

(E) Documentation of liability insurance relevant to services provided by trainees; and

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

(c) Instructor and Supervisor information:

(A) The criteria used to select instructors and supervisors;

(B) Instructor-to-trainee ratio;

(C) The background of instructors in training techniques and methodology;

(D) The number of proposed supervisors and qualification of supervisors; and

(E) An explanation of how instructors and supervisors will be oriented to their roles and responsibilities and these rules.

(d) A training program that includes, but is not limited to, a description of:

(A) The instructional content required to meet the level of competence;

(B) The skills trainees are to learn;

(C) The methodology utilized in the didactic and clinical phases;

(D) The evaluation process used to determine when trainees have achieved the level of competence;

(E) The amount of time required to complete the didactic and clinical phases; and

(F) The level of competence the trainee shall have before entering the employment/utilization phase of the project.

(e) Trainee information:

(A) The criteria that will be used to select trainees;

(B) The number of proposed trainees;

(C) The proposed scope of practice for trainees; and

(D) Information regarding the background check process for participants to determine compliance with OAR 333-010-0760, Minimum Standards.

(f) Employment/utilization site information: A list of all locations or class of locations the proposed project intends for use during the employment/utilization phase where a trainee may provide care.

(g) Underserved population information:
(A) A list of the underserved populations the project intends to serve;

(B) Documentation demonstrating that the populations the pilot project intends to serve are underserved populations; and

(C) Documentation demonstrating that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of all individuals served by the trainee or employment/utilization site on a quarterly basis.

(h) Cost information:

(A) The average cost of preparing a trainee, including but not limited to the costs related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs;

(B) The estimated cost of care provided in the project; the likely cost of this care if performed by the trainees of the project; and the cost for provision of this care by current providers;

(C) A budget narrative that lists costs associated with key project areas, including but not limited to:

(i) Personnel and fringe benefits for project director, project dental director, instructors, and staff associated with the project;

(ii) Contractors and consultants to the project;

(iii) Materials and supplies used in the clinical, didactic, and employment/utilization phases of the project;

(iv) Equipment and other capital costs associated with the project; and

(v) Travel required for implementing and monitoring the project.

(i) An explanation of the feasibility of achieving the project objectives.

(j) A preliminary evaluation plan that includes, but is not limited to:

(A) How the project sponsor will monitor and evaluate the project, including but not limited to:

(i) How the project sponsor will monitor and evaluate the rate of underserved populations served by the pilot project's trainees or employment/utilization sites; and

(ii) How the project sponsor will monitor and evaluate to ensure trainees are adequately supervised. Supervision of trainee must protect patient health and ensure minimum standards in OAR 333-010-0760 are met.

(B) A description of the key project activities and their intended effects;

(C) How the project sponsor intends to use the evaluation results for program improvement and decision making; and

(D) A description of how the project will measure its progress toward meeting the goals listed in the application, as described in subsection (4)(a) of this rule. The project must track and identify measurable project outcomes and metrics as outlined in the requirements under OAR 333-010-0780.

(k) An identified clinical evaluator who will conduct the clinical evaluation of the project in accordance with the evaluation plan.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:

PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0730
Dental Pilot Projects: Application Review Process

(1) The Authority shall review an application to determine if it is complete within 60 calendar days from the date the application was received.

(a) If an applicant does not provide all the information required, and the application is considered incomplete, then the Authority shall notify the applicant of the information that is missing and shall allow the applicant 30 calendar days to submit the missing information.

(b) If an applicant does not submit the missing information within the timeframe specified in the notice, then the application shall be rejected as incomplete. An applicant whose application is rejected as incomplete may reapply at any time.

(2) An application deemed complete will continue through a review process.

(3) The Authority may have individuals outside the Authority, including representatives of appropriate professional societies and licensing boards, review applications, but no individual who has contributed to or helped prepare an application will be permitted to conduct a review of that application.

(4) The Authority may request additional information from an applicant during the review process.

(5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for public comment for a period of 30 calendar days, along with a link to the application and other materials submitted by the applicant.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0740
Dental Pilot Projects: Project Application Provisional Approval or Denial

(1) Following the close of the public comment period described in OAR 333-010-0730, Application Review Process, the Authority shall review the public comments that were received and issue within 30 calendar days of the close of the public comment period:

(a) A provisional decision to grant approval of an application; or

(b) A denial of the application.

(2) If the application is provisionally approved, the project sponsor must comply with the requirements in OAR 333-010-0750, Provisional Approval; Final Approval, before it can receive final approval. Projects that receive provisional approval may begin to provide didactic training however they may not operate or treat live patients until final approval is received from the Authority.

(3) If the Authority denies the application, the denial must be in writing and must describe the reasons for the denial. An application may be denied for any of these reasons:

(a) The application does not demonstrate that the project will meet the minimum standards or other provisions in these rules;

(b) The application does not demonstrate each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis;

(c) The application does not demonstrate that the project is financially feasible; or

(d) The Authority has previously approved a similar project.

(4) A sponsor whose project has been denied may not submit a new application within six months from the date the Authority denied the application.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0750
Dental Pilot Projects: Provisional Approval; Final Approval

(1) A project sponsor that has been provisionally approved must, within 90 calendar days of provisional project approval, submit the following to the Authority for approval:

(a) A detailed evaluation and monitoring plan that meets the requirements in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.

(b) Written standard operating policies and procedures for the project that ensure compliance with OAR 333-010-0760, Minimum Standards. Standard operating policies and procedures shall include, but are not limited to:

(A) Clinical policies and procedures that describe the steps required for implementation of the project at each site;

(B) Administrative policies and procedures that describe protocols;

(C) Administrative protocols for mandatory record keeping;

(D) Data collection policies and procedure protocols that:

(i) Require data capture and data entry, including identification of the staff positions or other individuals responsible for these activities;

(ii) Define policies for protection and security of patient data;

(E) The protocol for orientating supervisors to their roles and responsibilities; and

(F) The process for ensuring that potential problems and root causes for deviations and non-conformances are identified, possible consequences assessed, actions to prevent recurrence considered, and corrective actions are taken if necessary.

(2) The Authority will review the documentation required in section (1) of this rule and notify the project sponsor if the plan and policies and procedures are acceptable. The Authority may request additional information and may request that the project sponsor revise the plan or policies and procedures to meet the requirements in these rules.

(3) Once the Authority has received an acceptable plan and policies and procedures, it will notify the project sponsor that the project has been approved along with the plan and policies and procedures. The final approval letter shall include:

(a) The permitted scope of the project;

(b) Any conditions the Authority deems are necessary to protect patient safety or ensure minimum standards in OAR 333-010-0760 are met;

(c) Procedures for which the project will be required to obtain written informed consent for treatment under OAR 333-010-0770, Informed Consent; and

(d) The length of time the project can operate - from between three to five years or a sufficient amount of time to evaluate the validity of the project.

(4) The Authority shall notify the Oregon Board of Dentistry when a project is approved.

(5) The Authority may deny an application if:

(a) The project fails to submit the documents described in section (1) that satisfy these rules;

(b) The project fails to submit additional information or revised plans, policies, or procedures that are acceptable to the Authority as required by section (2) of this rule; or

(c) The documentation submitted by the project under this rule fails to demonstrate that the project will meet the minimum standards or other provisions in these rules.

(6) A denial issued under this rule must be in writing and must describe the reasons for the denial.

(7) A sponsor whose project has been denied may not submit a new application within six months from the date the Authority denied the application.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0760
Dental Pilot Projects: Minimum Standards

An approved dental pilot project must:

(1) Provide for patient safety and that the applicable standard of care is met as follows:

(a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;

(b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, physical or mental disability, or which are outside of the trainee's approved scope of practice as outlined in the approved application by the Authority;

(c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;

(d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;

(e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;

(f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;

(g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;

(h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and

(i) Ensure that project participants involved in direct patient care:

(A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty.

(B) Have not been denied or disciplined by a state entity that issues licenses or certificates.

(j) Ensure adequate supervision and evaluation of trainees, including but not limited to:

(A) Timely review of trainee procedures and addressing any deficiencies;

(B) Monitoring for adverse events and addressing any deficiencies; and

(C) Monitoring and evaluating trainees and addressing any deficiencies.

(2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.

(3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to:

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

(b) Date and description of examination and diagnosis;

(c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent;

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

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

(f) Health history; and

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

(4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.

(5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.

(6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase. The sponsor must provide notice to the Authority within 14 business days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to, the following:

(a) Name, work address, electronic mail address and telephone number of the trainee;

(b) Name, work address, electronic mail address, telephone number and license number of the supervisor;

(c) Information regarding the trainee’s responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules; and

(d) A disclaimer that there is no assurance of a future change in law or regulations that will allow them to practice without a license outside an approved dental pilot project.

(e) Trainee monitoring records shall be provided to the Authority.

(7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules; and the approved application including, but not limited to, the evaluation and monitoring plan.

(8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.

(9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.

(10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following information for the previous quarter:

(a) Accomplishments or highlights.

(b) Challenges faced and continuous quality improvement activities.

(c) Updated project timeline.

(d) Data reports:

(A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data.

(B) Data generated by the clinical evaluator.

(C) Number and type of any adverse event or complication that occurred during the reporting period.

(D) Underserved population report: Information identifying the percentage of patients served by each of the pilot project's trainees or employment/utilization sites that are within the underserved population identified in the application.

(11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.

(12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.

(13) Provide care only at Authority approved employment/utilization sites.

(14) Demonstrate that each of the pilot project's trainees or employment/utilization sites provides care to the underserved populations identified in the application at a rate of at

least 51 percent of the total individuals served by the trainee or employment/utilization site on a quarterly basis.

(15) Exemption:

(a) Pilot projects may seek an exemption for each employment/utilization site as defined in OAR 333-010-0710 from the requirement to submit quarterly underserved population reports by submitting documentation demonstrating the employment/utilization site falls within an exemption category listed below. The Authority shall respond to the exemption request in writing.

(b) The Authority may request additional documentation demonstrating the employment/utilization site currently qualifies for an exemption or the rate described in section (14).

(c) A pilot project must immediately notify the Authority if an employment/utilization site no longer qualifies for exemption and begin submitting quarterly underserved population reports for that employment/utilization site.

(d) Exemption-eligibility. Employment/utilization sites as defined in OAR 333-010-0710 that only provide services via the following are eligible for an exemption:

(A) Community Mental Health Centers (CMHC);

(B) Federally-Qualified Health Centers (FQHCs) that are recipients of Public Health Service Act Section 330 grant funds;

(C) U.S. Health Resources & Services Administration (HRSA) Designated Health Centers;

(D) Indian Health Service Facilities;

(E) Tribally-Operated 638 Health Programs as defined by HRSA;

(F) Urban Indian Health Programs (ITUs) as defined by the Indian Health Service;

(G) State or local health departments;

(H) Substance Abuse and Mental Health Services Administration (SAMHSA) certified opioid treatment programs, office-based opioid treatment programs and non-opioid outpatient substance use disorders treatment facilities; and

(I) Other designation or criteria as determined by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0770

Dental Pilot Projects: Informed Consent

(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:

(a) Is provided written information about the dental pilot project and who will be providing treatment;

(b) Gives written consent to be treated by the dental pilot project trainee; and

(c) Gives informed consent for treatment by the trainee.

(2) Written information about the project and who will be providing treatment must include, but is not limited to:

(a) An explanation of the role and status of the trainee, any certification or licenses a trainee may hold, the education and training of the trainee and the availability of the trainee's supervisor for consultation;

(b) An explanation that the patient can refuse care from a trainee without penalty for such a request; and

(c) A statement that consenting to treatment by a trainee does not constitute assumption of risk by the patient.

(3) At a minimum, the following language must be included on the document that requests consent to be treated by the dental pilot project:

"I _____ [name of patient or person acting on patient's behalf] have received information about this dental pilot project and provider type. I have been given the opportunity to ask questions and have them fully answered. I have read and understand the information and I agree to the trainee of this project providing me treatment."

_____ _____

Signature of patient or person acting on patient's behalf Date

(4) Informed consent for treatment:

(a) Each patient must give informed consent to the procedure. Informed consent means the consent to a procedure obtained by:

(A) Providing 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; and

(B) Asking the patient, or the patient's guardian, if there are any questions and providing thorough and easily understood answers to all questions asked.

(b) Patient records must document an entry that informed consent for treatment 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 equivalent;

(c) Informed consent for treatment must be obtained in writing for procedures identified by the Authority in the application approval letter, and such consent must be included and documented in the patient's record; and

(d) A trainee may not perform any procedure for which the patient or patient's guardian has not given informed consent provided; however, in the event of an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a trainee may render treatment in a reasonable manner according to community standards and in accordance with the trainees approved scope of practice.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0780
Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

A Project Evaluation and Monitoring Plan required under OAR 333-010-0750, Provisional Approval; Final Approval, must include, but is not limited to:

(1) A logic model to depict the project activities and intended effects;

(2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;

(3) A description of how the project will measure progress towards the goals identified in the application. Progress measurements must include quantitative metrics;

(4) A detailed description of the baseline data and information to be collected about the availability or provision of oral health care services, or both, prior to utilization phase;

(5) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;

(6) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;

(7) Defined measures to evaluate safety and quality of care provided;

(8) A detailed description of how the project sponsor shall comply with:

(a) All minimum standards in OAR 333-010-0760, including but not limited to adequate supervision of trainees; and

(b) All terms and conditions of the approved application, including any amendments.

(9) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and

(10) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0790
Dental Pilot Projects: Authority Responsibilities

(1) Project monitoring. Program staff shall monitor and evaluate approved projects which shall include, but is not limited to:

(a) Periodically requesting written information from the project to ascertain the progress of the project in meeting its stated objectives and in complying with program statutes and regulations:

(b) Periodic, but at least annual, site visits to one or more project offices, employment/utilization sites, or other locations where trainees are being prepared or utilized; and

(c) Reviewing the quarterly reports submitted by the project as described in OAR 333-010-0760, Minimum Standards.

(2) Advisory committee. The Authority may convene an advisory committee for each approved dental pilot project.

(a) Individuals eligible to serve on an advisory committee include but are not limited to:

(A) Representatives from:

(i) The Oregon Board of Dentistry;

(ii) Professional dental organizations or societies;

(iii) Educational institutions;

(iv) Health systems; and

(v) Individuals representing the target population served by the pilot project.

(B) Individuals with an interest in public health, oral health or expanding access to medical and dental care.

(b) The purpose of the advisory committee is to gather its members' collective knowledge, experience, expertise, and insight to assist the Authority in meeting its responsibilities.

(c) If the Authority convenes an advisory committee it will solicit members for an advisory committee by public announcement; Individuals interested in serving on the committee are required to complete an application.

(d) From the applications received, the Authority will appoint no more than 15 members who are willing to undertake the duties of an advisory committee member and adhere to the committee charter adopted by the Authority. The Authority will notify each applicant in writing whether they have been appointed to the committee.

(e) An advisory committee member must:

(A) Attend meetings;

(B) Review approved pilot project quarterly reports at the request of the Authority;

(C) Attend approved pilot project site visits if invited; and

(D) Comply with any confidentiality requirements established by the Authority.

(3) Site visits.

(a) Site visits shall include, but are not limited to:

(A) Determination that adequate patient safeguards are being utilized;

(B) Validation that the project is complying with the approved or amended application;

(C) Interviews with project participants and recipients of care; and

(D) Reviews of patient records to monitor for patient safety and the applicable standard of care.

(b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;

(c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;

(d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;

(e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;

(f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit; and

(g) Following a site visit the Authority will:

(A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;

(i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;

(ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;

(iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the Authority. A request for such an extension shall be submitted in writing and must accompany the plan of correction.

(iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.

(B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor; and

(C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

(4) The Authority may also provide the sponsor with the opportunity to submit a corrective action plan to address any deficiencies found by the Authority during any project monitoring as described in section (1) of this rule. The Authority shall notify the sponsor in writing of the requirement to submit a plan of correction. The sponsor must submit, and the Authority must receive the plan of correction by the deadline set in the notification. All of the requirements and deadlines described in section (3) of this rule for corrective action plans apply to a project sponsor when directed to submit a corrective action plan under this section (4).

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:

PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0800
Dental Pilot Projects: Project Modifications

(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:

(a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;

(b) Addition of employment/utilization sites; and

(c) Changes in the scope of practice for trainees.

(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.

(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.

(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.

(5) The Authority may approve or deny a request for modification. A modification may be denied if:

(a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules;

(b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved;

(c) As a result of the modification, the project would no longer demonstrate that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis; or

(d) The Authority has previously approved a similar project.

(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0810
Dental Pilot Projects: Discontinuation or Completion of Project

(1) An approved project must notify the Authority in writing if it intends to discontinue its status as a Dental Pilot Project, at least 60 calendar days prior to discontinuation. Notification must include a closing report that includes, but is not limited to:

(a) The reasons for discontinuation as a pilot project;

(b) A summary of pilot project activities including the number of persons who entered the employment/utilization phase; and

(c) A description of the plan to inform trainees of the project's discontinuation and that they are precluded from performing the skills authorized under the pilot project after discontinuation unless the provider type has been legalized by the State of Oregon.

(2) The project must obtain written acknowledgement from trainees regarding notification of the project's discontinuation and preclusion from performing skills authorized under the pilot project after discontinuation, unless the provider type has been legalized and the trainee has met necessary licensure requirements.

(3) Project completion. A project sponsor must provide a full report of findings to the Authority within 180 calendar days of the completion of the project in a format prescribed by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

333-010-0820
Dental Pilot Projects: Suspension, Denial or Termination of Project

(1) A pilot project may be suspended, terminated, or denied if:

(a) A pilot project violates any provision of 2011 Oregon Laws, chapter 716;

(b) A pilot project violates any of these rules; or

(c) A pilot project fails to provide care that meets the applicable standard of care.

(2) Failure of a sponsor or anyone involved with an approved pilot project to cooperate with a reasonable request for records, interviews or a site visit is grounds for the Authority to suspend or terminate a project. Failure to cooperate includes, but is not

limited to, failure to provide information or documents in a manner requested by the Authority or within the timeframe requested by the Authority.

(3) If the Authority determines that a dental pilot project has violated 2011 Oregon Laws, chapter 716, violated one or more of these rules, or failed to provide care that meets the applicable standard of care, the Authority may:

(a) Require the sponsor to implement an approved corrective action plan in accordance with OAR 333-010-0790, Authority Responsibilities; or

(b) Issue a Notice of Proposed Suspension or Notice of Proposed Termination in accordance with ORS 183.411 through 183.470.

(4) A sponsor who receives a Notice may request an informal meeting with the Authority. A request for an informal meeting does not toll the period for filing a timely request for a contested case hearing as described in section (5) of this rule.

(5) If the Authority issues a Notice of Proposed Suspension or Notice of Proposed Termination the sponsor is entitled to a contested case hearing as provided under ORS chapter 183. The sponsor has 30 calendar days to request a hearing.

(6) If the Authority terminates a dental pilot project, the order shall specify when, if ever, the sponsor may reapply for approval of a dental pilot project.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716
History:
PH 29-2020, amend filed 04/29/2020, effective 05/01/2020
PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018

CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

AGENDA

Dental Pilot Project #300 "Dental Therapist Project: Dental Hygiene Model"

Advisory Committee Meeting DPP #300

May 9, 2022
9:00am – 11:00am

Location: Remote meeting via Zoom.
Link: https://www.zoomgov.com/j/1608976152?pwd=SDUvS2xBREJyR1FtQ1NPcG5yRTF6UT09
Call in option: 669-254-5252 **Meeting ID:** 160 897 6152 **Passcode**: 406092

9:00-9:10	Agenda Review, Meeting Review	Sarah Kowalski, MS, RDH Dental Pilot Project Program Coordinator
9:10-9:20	Official Introductions	Sarah Kowalski
9:20-9:35	Results of January Post-Meeting Survey	Sarah Kowalski
9:35-9:50	Updates from the Project; Modification Request Overview	Dental Pilot Project #300
9:50-	Modification Request Process; Responsibilities of OHA and Advisory Committee	Dental Pilot Project #300
10:20-10:25	Break	
10:25-10:35	Results of Site Visit – August 2021; Overview of Site Visit Process; Next Site Visit; Role of Advisory Committee	Sarah Kowalski
10:35-10:45	Standing Agenda Items – Oregon Board of Dentistry; ADA Commission on Dental Accreditation, Other topics	Sarah Kowalski, Others
10:50-10:55	Follow Up Items, Future Meeting Dates	Sarah Kowalski
10:55-11:00	Public Comment Period	Public comments are limited to 2 minutes per individual; Public comments are accepted via in-person oral testimony or submission of written comments via email to oral.health@state.or.us or US Mail.

Next Meeting: August 1, 2022

Dental Pilot Projects Program

DPP #300 - Advisory Committee Meeting

May 9, 2022

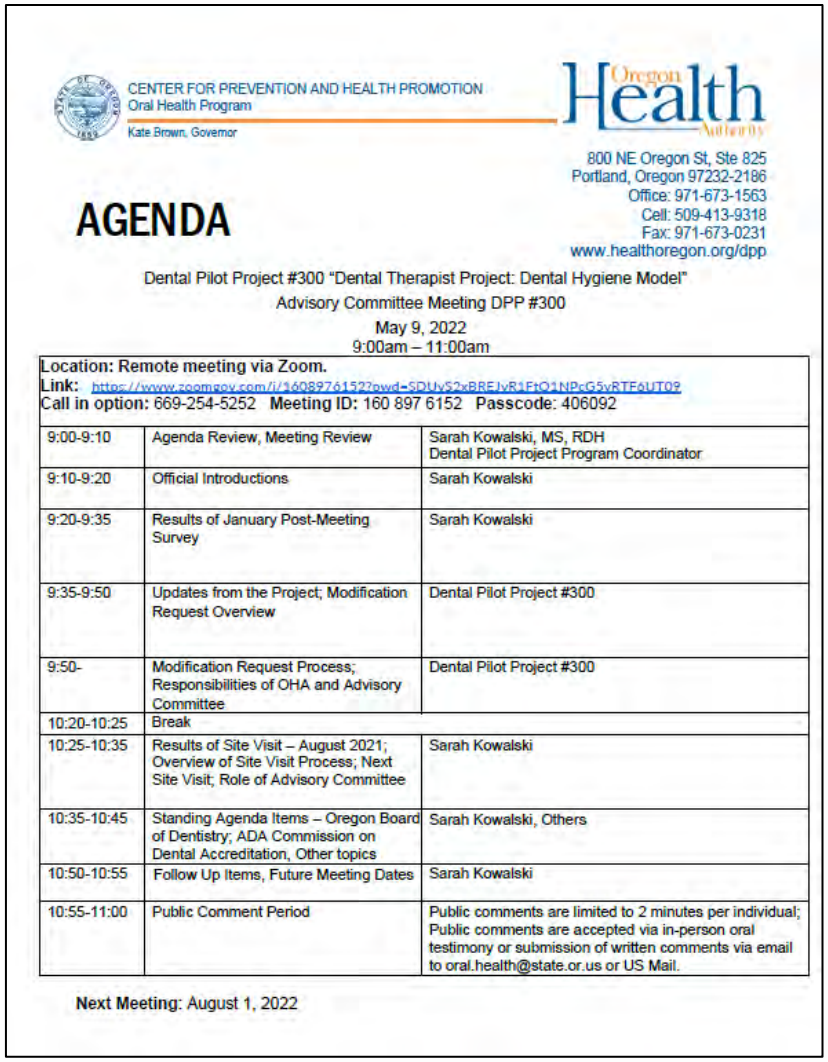
Oregon Health Authority

Oral Health Program
Public Health Division

- Agenda Review & Meeting Guidance
- Please turn on your video camera.
- Please use chat function to ask question.
- MUTE yourself.
- Only Committee Members and Invited Guests will actively participate in the meeting.
- Public Meeting: Public Comment Period at End of Meeting
- Meetings are recorded for notetaking only

Oregon Health Authority

Dental Pilot Projects Program



CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

AGENDA

Dental Pilot Project #300 "Dental Therapist Project: Dental Hygiene Model"
Advisory Committee Meeting DPP #300
May 9, 2022
9:00am – 11:00am

Location: Remote meeting via Zoom.
Link: https://www.zoomgov.com/j/1608976152?pwd=SDUyS2xBREJvR1FtQ1NPcG5vRTF6UT09
Call in option: 669-254-5252 **Meeting ID:** 160 897 6152 **Passcode:** 406092

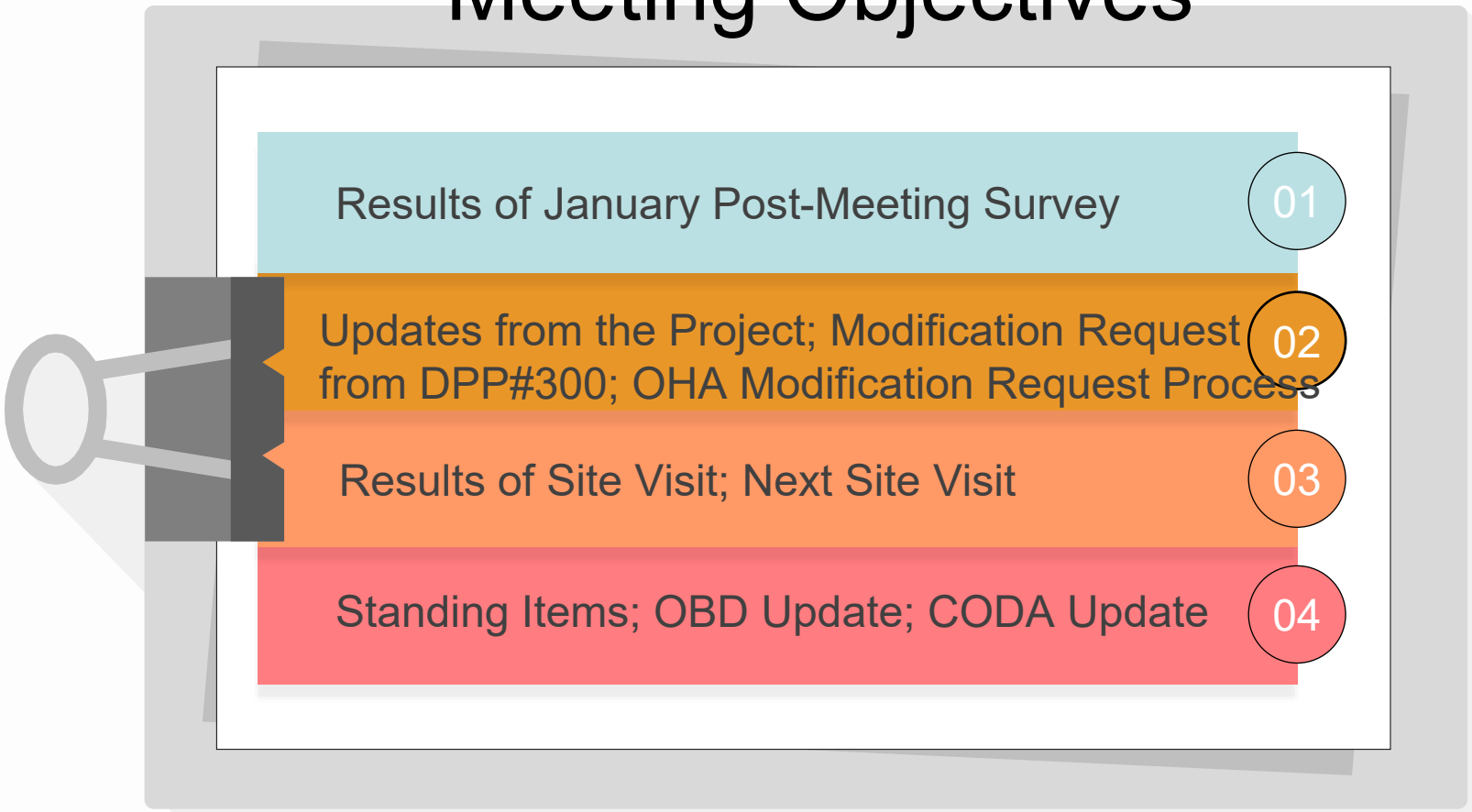
9:00-9:10	Agenda Review, Meeting Review	Sarah Kowalski, MS, RDH Dental Pilot Project Program Coordinator
9:10-9:20	Official Introductions	Sarah Kowalski
9:20-9:35	Results of January Post-Meeting Survey	Sarah Kowalski
9:35-9:50	Updates from the Project; Modification Request Overview	Dental Pilot Project #300
9:50-	Modification Request Process; Responsibilities of OHA and Advisory Committee	Dental Pilot Project #300
10:20-10:25	Break	
10:25-10:35	Results of Site Visit – August 2021; Overview of Site Visit Process; Next Site Visit; Role of Advisory Committee	Sarah Kowalski
10:35-10:45	Standing Agenda Items – Oregon Board of Dentistry; ADA Commission on Dental Accreditation, Other topics	Sarah Kowalski, Others
10:50-10:55	Follow Up Items, Future Meeting Dates	Sarah Kowalski
10:55-11:00	Public Comment Period	Public comments are limited to 2 minutes per individual; Public comments are accepted via in-person oral testimony or submission of written comments via email to oral.health@state.or.us or US Mail.

Next Meeting: August 1, 2022

Oregon Health Authority

Dental Pilot Projects Program

Meeting Objectives



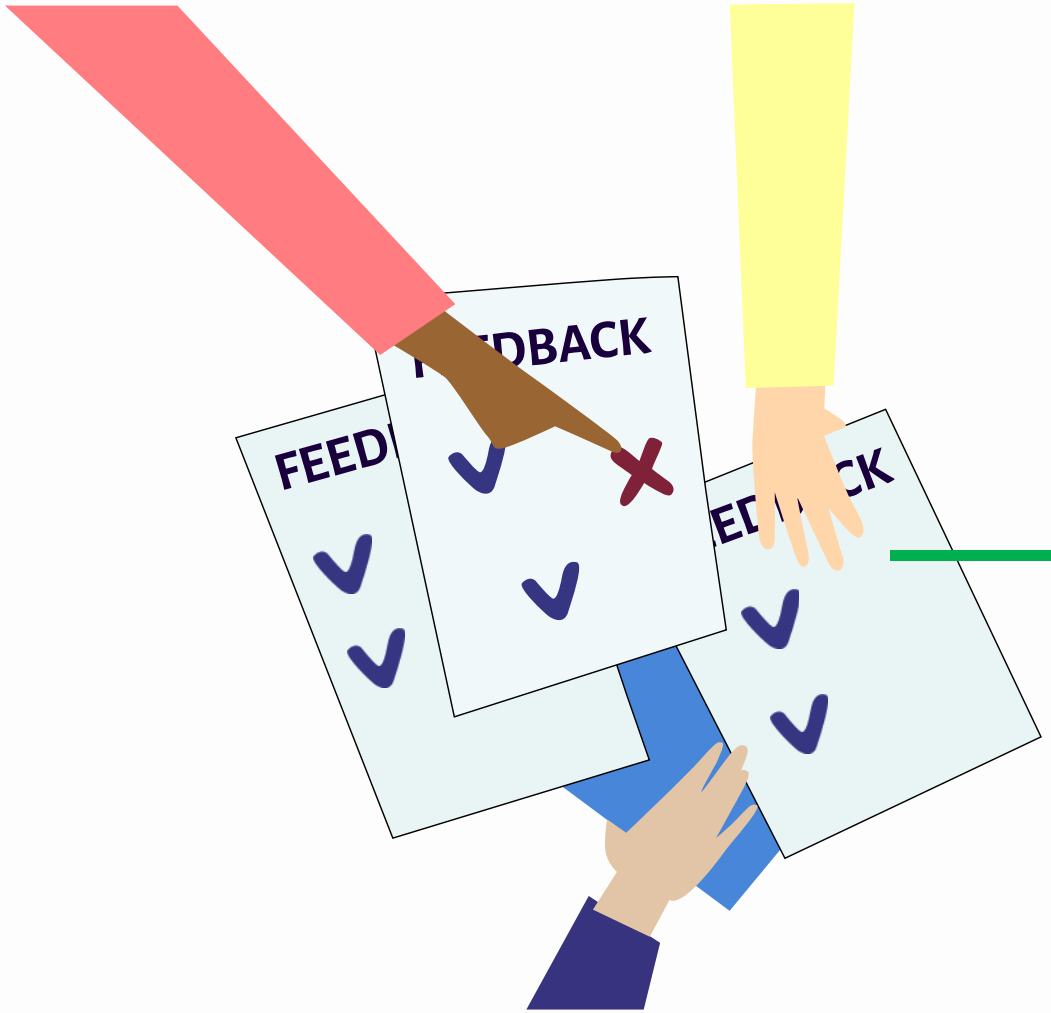
Oregon Health Authority

Dental Pilot Projects Program

Oregon Health Authority

Dental Pilot Projects Program

Dental Pilot Projects Program

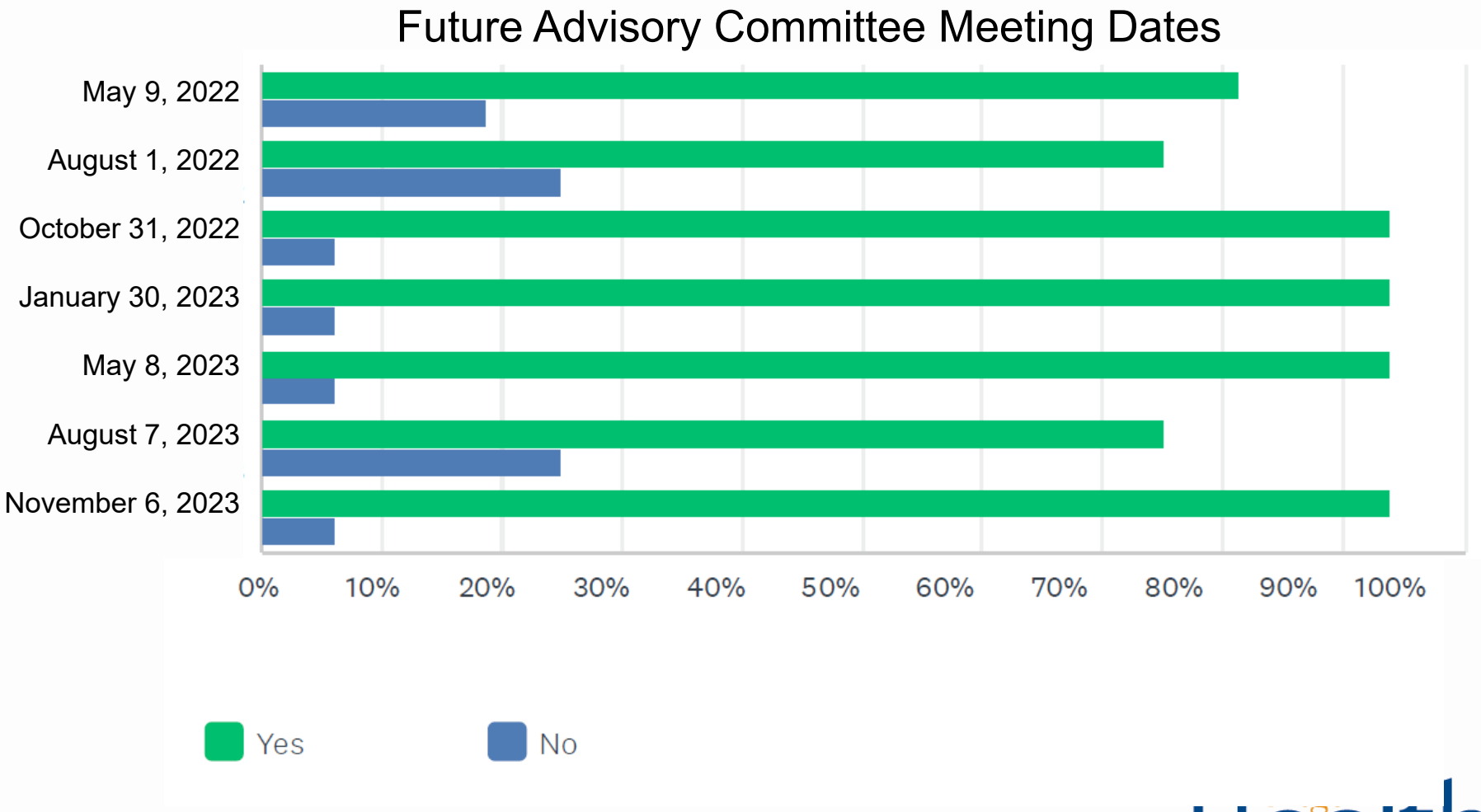


Advisory Committee Post-Meeting Survey & Feedback

Oregon Health Authority

Dental Pilot Projects Program

Results of Post-Meeting Survey



Dental Pilot Projects Program

To assist with these efforts and help shape future Committee meeting agendas, OHA would like to learn more about the topics Committee members are interested in.

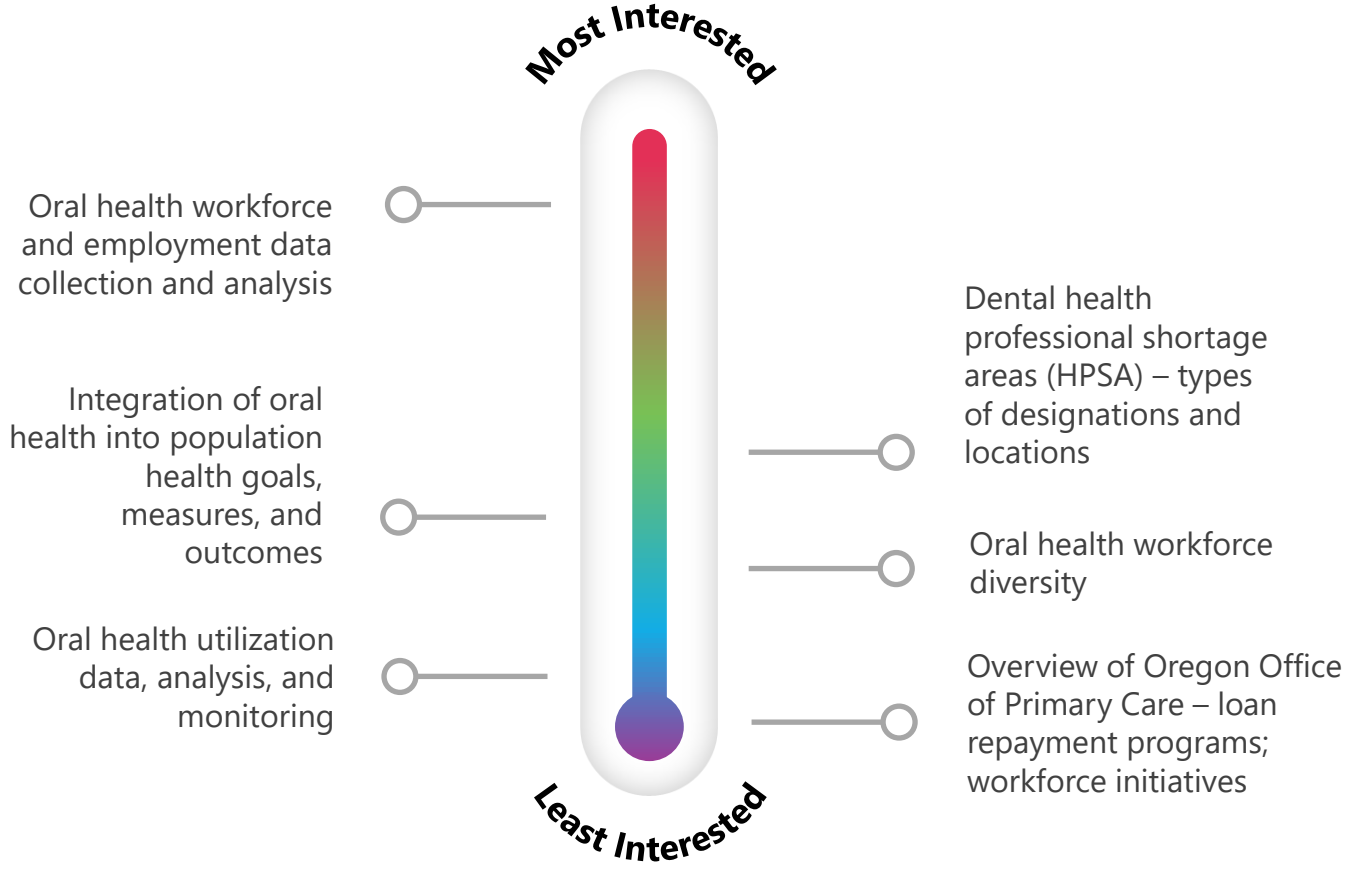
Dental Pilot Projects Program

General Oral Health Topics

- Oral health utilization data, analysis, and monitoring
- Oral health workforce and employment data collection and analysis
- Oral health workforce diversity
- Overview of Oregon Office of Primary Care – loan repayment programs; workforce initiatives
- Dental health professional shortage areas (HPSA) – types of designations and locations
- Integration of oral health into population health goals, measures, and outcomes
- Other: Please indicate in the box below any other general oral health topics that you would be interested in seeing in a future meeting.

Dental Pilot Projects Program

General Oral Health Topics



Results of Post-Meeting Survey

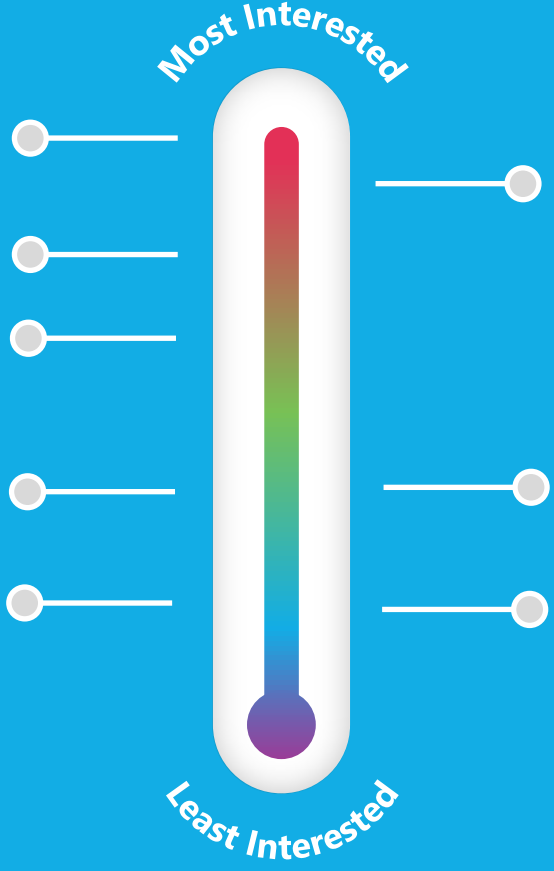
Dental Pilot Projects Program

Dental Therapy Topics

- National comparison of dental therapy models and education programs
- Efficacy of the dental therapy model
- Occupational licensing and regulation, including approval of dental therapy education programs
    - This would include information about the Western Regional Examining Board (WREB), Central Regional WREB, CRDTS – Clinical licensing examination requirements
      Other written examinations for licensure, Oregon and other state requirements
- Adverse events and quality measures in dental pilot projects
- Cost-effectiveness of dental therapy workforce model
- Billing and reimbursement – Medicaid coverage, dental insurance, credentialing
- Employment of dental therapists
    - Testimonials from current employers of dental therapists
    - Workflow models – collaborative agreements, clinical practice locations, populations served
    - Needs of prospective employers
- Patient experience and acceptance of the dental therapy workforce model
    - Better understanding of underserved populations being served
- Other: Please indicate in the box below any other dental therapy topics that you would be interested in seeing in a future meeting.

Dental Pilot Projects Program

Dental Therapy Topics



National comparison of dental therapy models and education programs

Efficacy of the Dental Therapy Model

Cost-effectiveness of dental therapy workforce model

Occupational licensing and regulation, including approval of dental therapy education programs

Billing and reimbursement – Medicaid coverage, dental insurance, credentialing

Employment of Dental Therapists

- Testimonials from current DT's,
- Workflow models – collaborative agreements, clinical practice locations, populations served
- Needs of prospective employers

Patient experience and acceptance of the dental therapy workforce model

Adverse Events and Quality Measures in Dental Pilot Projects

Results of Post-Meeting Survey

Pilot Project 300 Update

May 9, 2022

New Project Director

- Christie Chaney
- Director of Operations at Willamette Dental Group
- Started with WDG in 2008 as a Practice Manager
- Having grown up in So. Oregon, Christie has a passion for rural dentistry

Cohort 1

5 trainees currently in Utilization

2 trainees currently in Preceptorship

Cohort 2

Education phase completed

Mock Board completed May 7th

CRDTS Board Exam at Pacific University May 17th

1 trainee moving into Preceptorship and many others are close

Cohort 3

Still being considered

Significant interest from multiple parties

Modification Request

- Decrease quantity of required monthly random chart audits by Supervising Dentists during Utilization Phase
  - Current: 20% of charts seen by trainee
  - Request: 10% of charts seen by trainee (maximum of 10 total audits)

Dental Pilot Projects Program

Modification Request

333-010-0800 : Project Modifications

Including but not limited to:

- Employment/Utilization Sites
- Change in Scope of Practice
- Change in criteria for trainee selection, etc.

Willamette Dental Group

April 18, 2022

Sarah Kowalski, RDH, MS
Operations & Policy Analyst 3
Dental Pilot Project Program
Oral Health Program
The Oregon Health Authority
800 NE Oregon Street
Portland, Oregon 97232

Re: Modification Request for Dental Pilot Project #300. "Dental Therapist Project: Dental Hygiene Model"

Dear Sarah,

The purpose of this letter is to kindly request a modification of the Dental Pilot Project #300, "Dental Therapist Project: Dental Hygiene Model." This modification includes the requested change to decrease the quantity of required monthly random chart audits by Supervising Dentists during the Utilization phase. Specifically, we wish to have the Supervising Dentists perform a monthly audit of a random *10% of charts* seen by their trainee (with a maximum of 10 total audits) instead of the current *20% of charts* seen by their trainee.

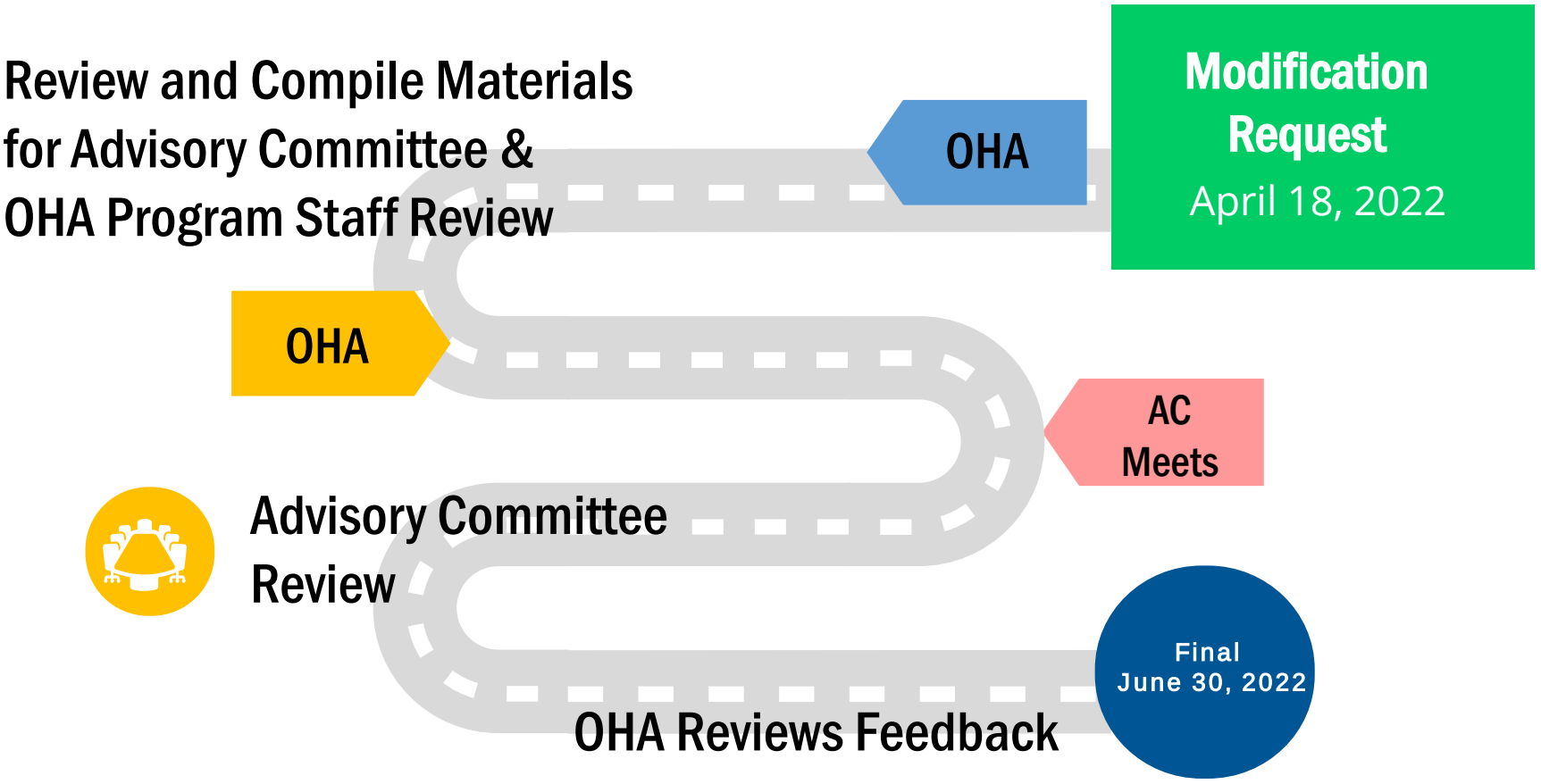
We have found that the time and effort required to perform the current quantity of chart audits is unnecessarily burdensome to our Supervising Dentists and will only increase as trainees become more productive. We believe that the same amount of meaningful insight and quality assurance can be attained with fewer charts audited.

Please let us know if you need additional information. We appreciate your consideration to approve this request.

Sincerely,

Joanna Mullins, MHI, BDSH, RDH
Interim Project Director

Dental Pilot Project Program – Modification Review Process

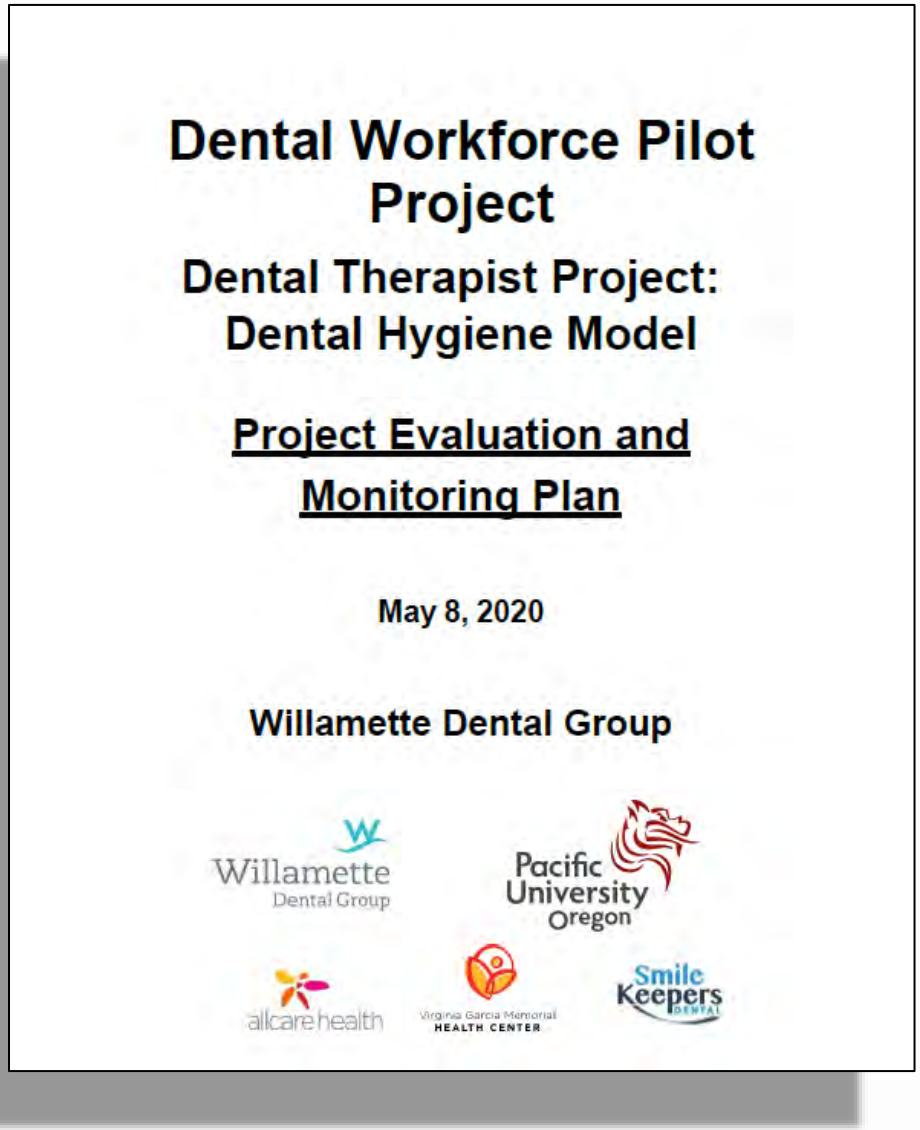


Dental Pilot Projects Program

Project Modification Approval & Denial Process

313-010-0800
Dental Pilot Projects: Project Modifications
(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:
(a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;
(b) Addition of employment/utilization sites; and
(c) Changes in the scope of practice for trainees.
(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.
(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.
(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.
(5) The Authority may approve or deny a request for modification. A modification may be denied if:
(a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules;
(b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved;
(c) As a result of the modification, the project would no longer demonstrate that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis; or
(d) The Authority has previously approved a similar project.
(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

Dental Pilot Projects Program



Oregon Health Authority

333-010-0780 Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

- (1) A logic model to depict the project activities and intended effects;
- (2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;
- (3) A description of how the project will measure progress towards the goals identified in the application. Progress measurements must include quantitative metrics;
- (6) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;
- (7) Defined measures to evaluate safety and quality of care provided;
- (9) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and
- (10) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

Dental Pilot Projects Program

DAILY	DAILY MONITORING ACTIVITIES • Supervising Dentist: Approves treatment plan prior to Dental Therapist Trainee commencing treatment. • Student/Dental Therapy Trainee takes intra-oral photographs of every irreversible procedure and will continue patient surveys. - Dental Therapist Trainee: Enter chart notes with appropriate Intraoral photos [All patient charts with irreversible dental treatments have pre, prep, and post-op intraoral photographs as required. Teeth that require tooth preparation have a prep photo and a fourth photo to document changes in the prep, if necessary, by the extent of caries.] (Extractions do not require a prep intraoral image) • Trainee/Supervising Dentist/Project Dental Director: Adverse event reporting documented and filed with OHA if needed.
DAILY	DAILY EVALUATIVE ACTIVITES • Dental Therapist Trainee: Ensure patient survey is completed. - Patient Survey – Each visit a Patient Satisfaction Point of Service Survey is completed • Data Tracking: Clinic: Procedure information entered into Electronic Health Record (Axium)

Dental Pilot Projects Program

MONTHLY	MONTHLY MONITORING ACTIVITIES • Each Supervising Dentist will perform a 20% random chart audit for their Dental Therapy Trainee's irreversible procedures per month. Random chart audits by the Supervising Dentist to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. The Supervising Dentist utilizes an audit tool kit to complete all chart reviews. • Monthly, during the Utilization Phase, the Dental Director will audit 10 random charts that were audited by the Supervising Dentists, one from each Dental Therapist Trainee, to ensure calibration of chart audits between the Supervising Dentists and the Dental Director. There should be a minimum agreement of 70% per chart.

QUARTERLY	QUARTERLY MONITORING ACTIVITIES • Quarterly, 10% of all charts from irreversible procedures will be sent to the external evaluator. Random chart audits by External Evaluator to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. External Evaluator utilizes an audit tool kit to complete all chart reviews.
QUARTERLY	QUARTERLY EVALUATIVE ACTIVITIES • Each Supervising Dentist will submit 1 of their own patient cases for each of the 12 procedures completed by the Dental Therapist Trainee, if available. Each of the cases submitted by the Supervising Dentist will be randomized prior to sending dental therapy cases to the External Evaluator. This will allow comparison of a dentist's work to a Dental Therapist Trainee work to ensure quality is similar. • Quarterly axiUm Reports: Specific Reports to Evaluate changes in activities, production, procedures completed, increased access to care, reduced wait times, percentage of target population of seen,

Dental Pilot Projects Program

Current Evaluation & Monitoring Plan Requirements:

MONTHLY	MONTHLY MONITORING ACTIVITIES • Each Supervising Dentist will perform a 20% random chart audit for their Dental Therapy Trainee's irreversible procedures per month. Random chart audits by the Supervising Dentist to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. The Supervising Dentist utilizes an audit tool kit to complete all chart reviews.

Proposed Changes to Evaluation & Monitoring Plan Requirements:

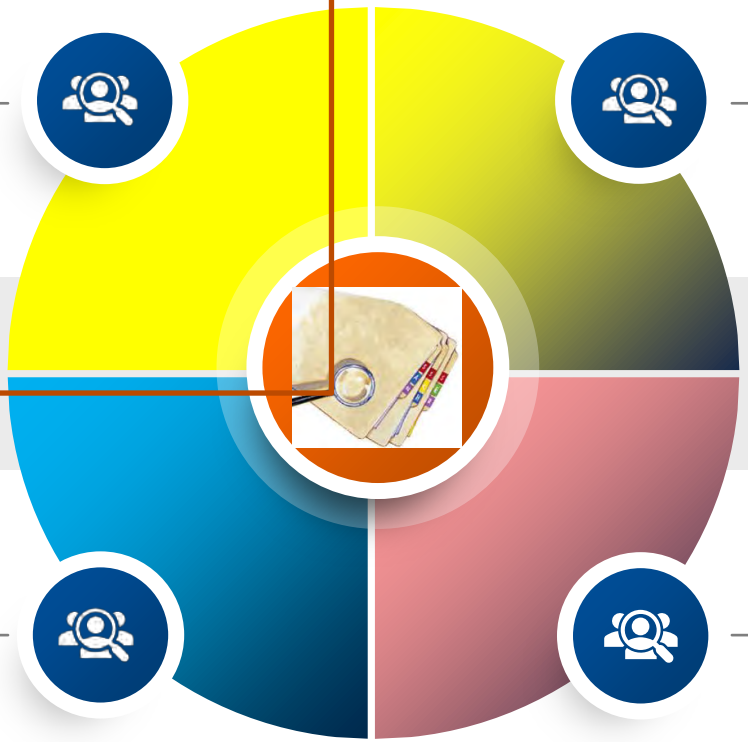
Modification Request: Reduce the number of chart audits completed by the Supervising Dentist, per month, from **20% to 10%** by each of the dental therapy trainees (with a maximum of 10 total audits)

Dental Pilot Projects Program

Employment/Utilization Phase

Supervising Dentist

Monthly, Supervising Dentists will perform a 20% random chart audit for their Dental Therapy Trainee's irreversible procedures.



External Evaluator Dentist

Quarterly, 10% of all charts from irreversible procedures will be sent to the external evaluator.

Project Director Dentist

Monthly, the Dental Director will audit 10 random charts that were audited by the Supervising Dentists

OHA Chart Review Dentists

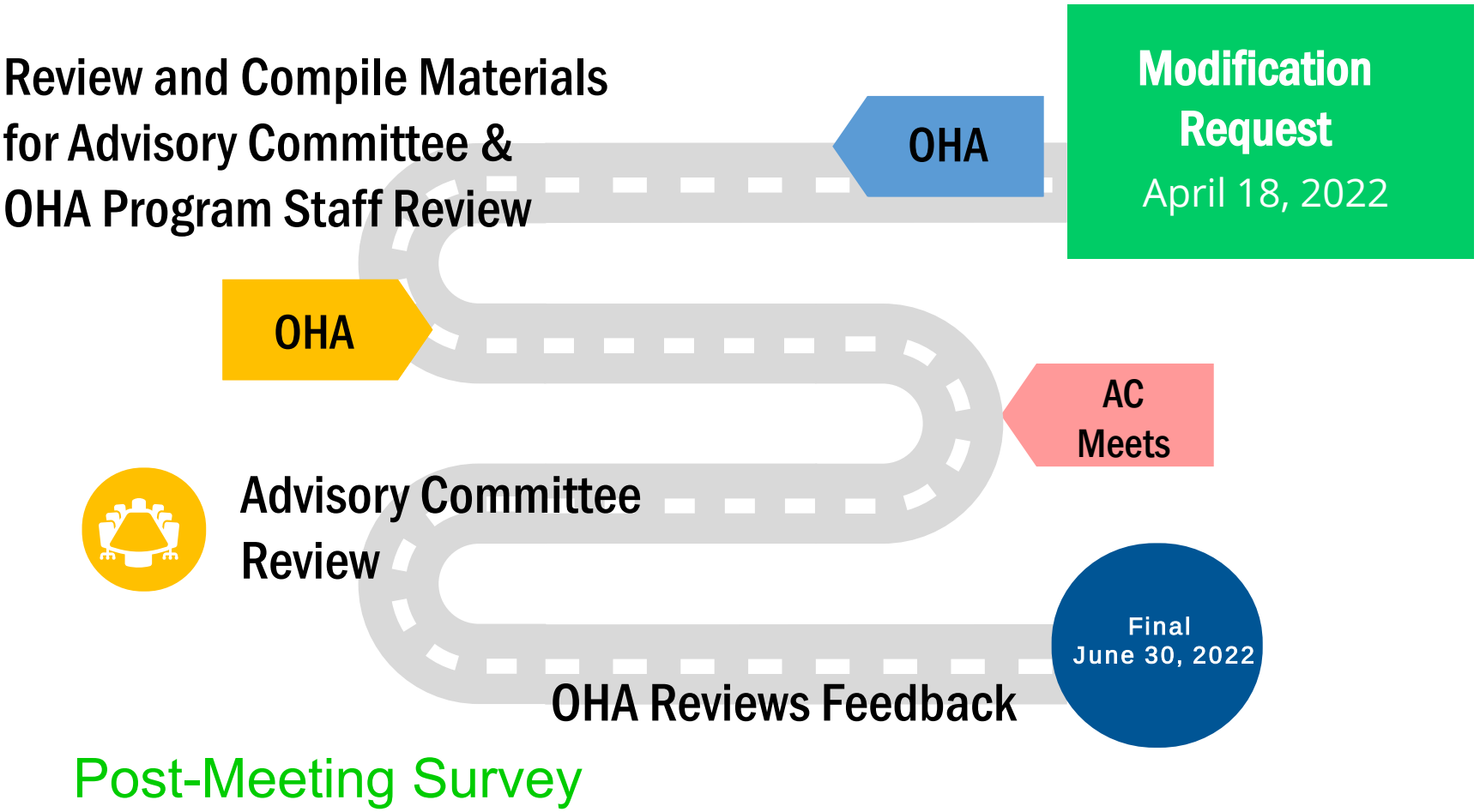
Chart Audit is a component of a site visit.

- Advisory Committee Dentists
- OHA Contracted Dentist
- OHA Dental Director

Dental Pilot Projects Program

Questions?

Dental Pilot Project Program – Modification Review Process



Post-Meeting Survey

Dental Pilot Projects Program

Ten Minute Break

Oregon Health Authority

Dental Pilot Projects Program

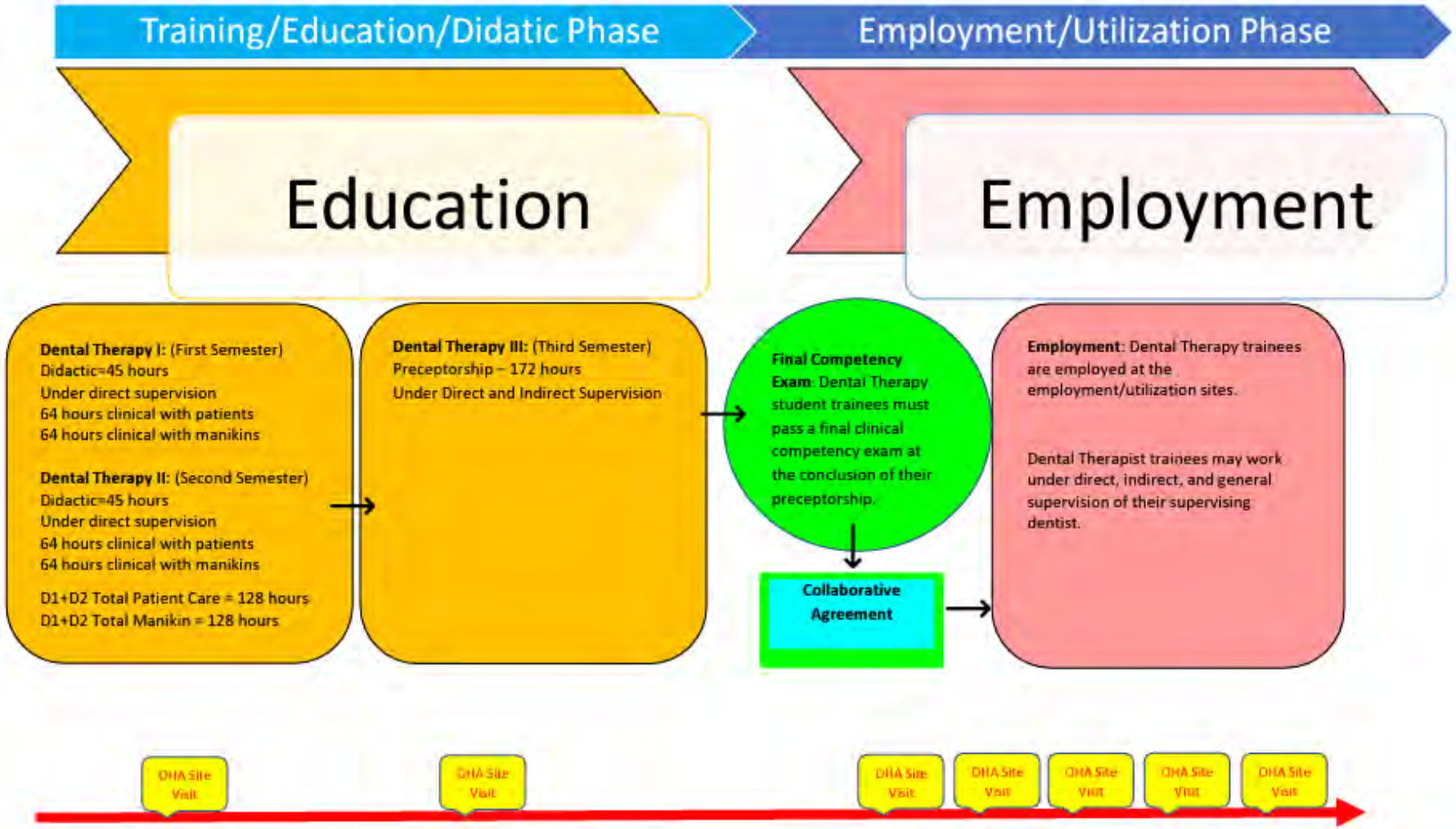
Site-Visit

Dental Pilot Projects Program

- Site visits are conducted with the primary purpose of health and safety monitoring and surveillance and to determine compliance with administrative rules.
- Site visits are conducted using both qualitative and quantitative methodological approaches. They primarily consist of participant interviews and clinical record reviews.

Objectives of the Site Visit:	**Methodology:**
1. Determination that adequate patient safeguards are being utilized. 2. Validation that the project is complying with the approved or amended application 3. Compliance with OARs 333-010-0820 – 333-010-0700.	1. Interviews with project participants 2. Clinical records review

Dental Pilot Projects Program



Dental Pilot Projects Program

Dental Pilot Project #300
Visual Timeline of Education and Utilization Activities

	February 2020-February 2021*	February 2021-February 2022	February 2022-February 2023	February 2023-February 2024	February 2024-January 2025
Cohort One 8 to 10 Trainees	**Education**	**Utilization**	**Utilization**	**Utilization**	**Utilization**
Cohort Two 6 to 10 Trainees		**Education**	**Utilization**	**Utilization**	**Utilization**
Cohort Three 0 to 8 Trainees**			**Education**	**Utilization**	**Utilization**
Total	**8 to 10**	**14 to 20**	**14 to 28**	**14 to 28**	**14 to 28**

* Timelines are estimated and subject to change
** Cohort Three is optional, dependent upon funding

Oregon Health Authority

Dental Pilot Projects Program

ABOUT THE QUESTIONNAIRE

The analysis in this report is based on respondents who completed a questionnaire.

Trainees are identified as students in the Dental Therapy training program at Pacific University who are participating in the pilot project. Supervising Dentists are identified as dentists who provide direct, indirect, and general supervision of the dental therapy student trainees during the pilot project.

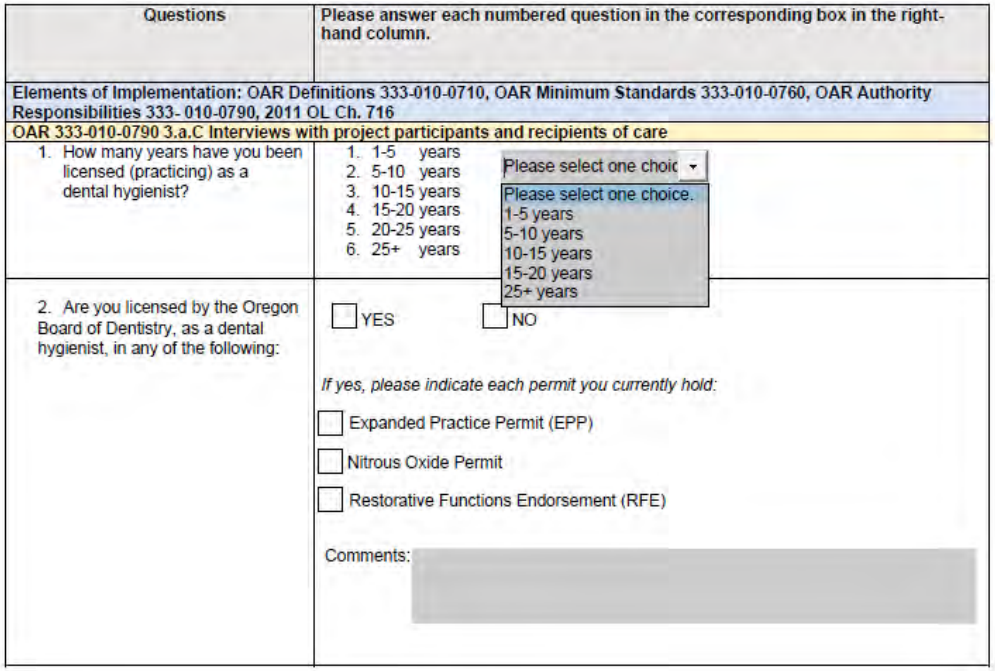
All participating trainees and supervising dentists were required to complete the questionnaire.

A total of 16 dentists and 16 trainees completed the questionnaire.

Dental Pilot Projects Program

Trainee Questionnaire Results

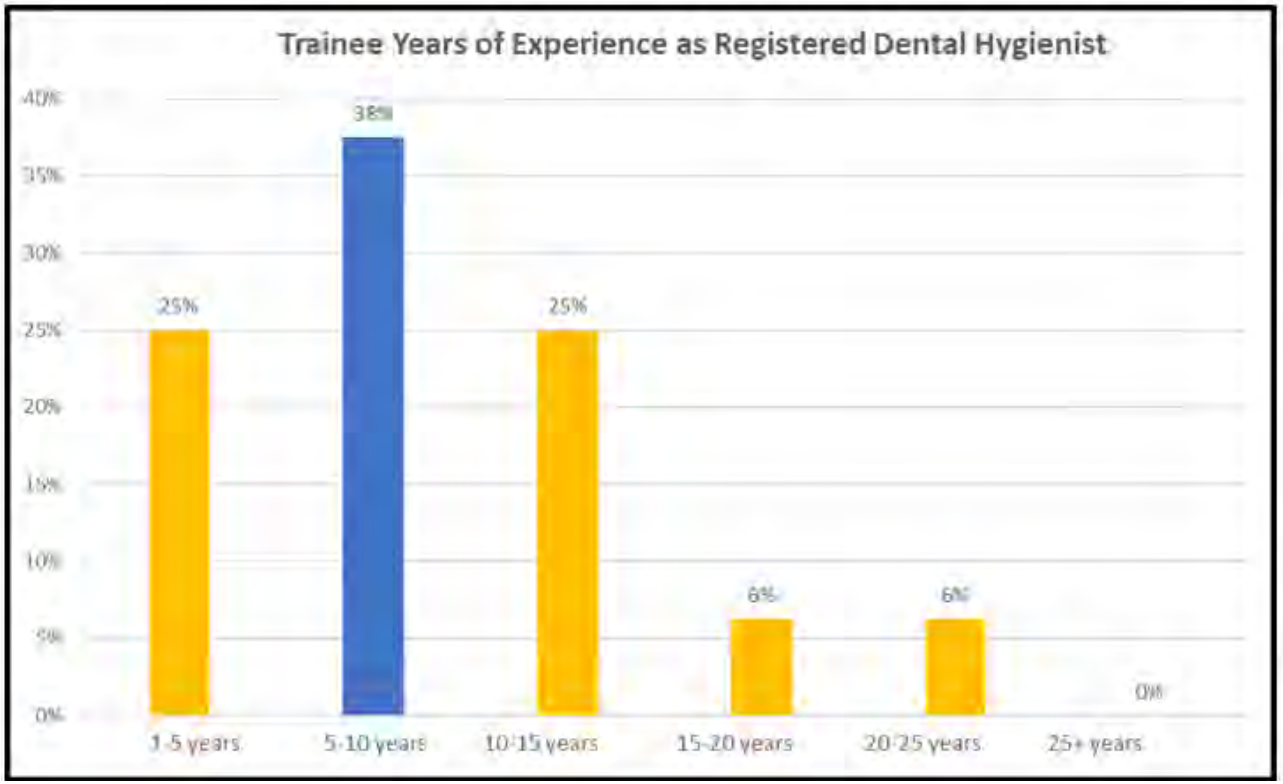
- "Dental Therapist Trainee Questionnaire" was a required component of the Site Visit that took place on August 7, 2021, at Pacific University.
- Each trainee was required to complete the questionnaire.
- Documents were completed and submitted directly to OHA by the individual completing the questionnaire.



Questions	Please answer each numbered question in the corresponding box in the right-hand column.
Elements of Implementation: OAR Definitions 333-010-0710, OAR Minimum Standards 333-010-0760, OAR Authority Responsibilities 333- 010-0790, 2011 OL Ch. 716	
OAR 333-010-0790 3.a.C Interviews with project participants and recipients of care	
1. How many years have you been licensed (practicing) as a dental hygienist?	1. 1-5 years 2. 5-10 years 3. 10-15 years 4. 15-20 years 5. 20-25 years 6. 25+ years Please select one choic Please select one choice. 1-5 years 5-10 years 10-15 years 15-20 years 25+ years
2. Are you licensed by the Oregon Board of Dentistry, as a dental hygienist, in any of the following:	☐ YES ☐ NO *If yes, please indicate each permit you currently hold:* ☐ Expanded Practice Permit (EPP) ☐ Nitrous Oxide Permit ☐ Restorative Functions Endorsement (RFE) Comments:

Dental Pilot Projects Program

Trainee Questionnaire Results



Trainee Years of Experience as a Registered Dental Hygienist

75% of dental therapy trainees (12 individuals) had at least 5 or more years of experience as registered dental hygienists prior to entrance into the training program. 38% of trainees have between 5 and 10 years of experience.

Dental Pilot Projects Program

Trainee Questionnaire Results

Endorsements and Permits

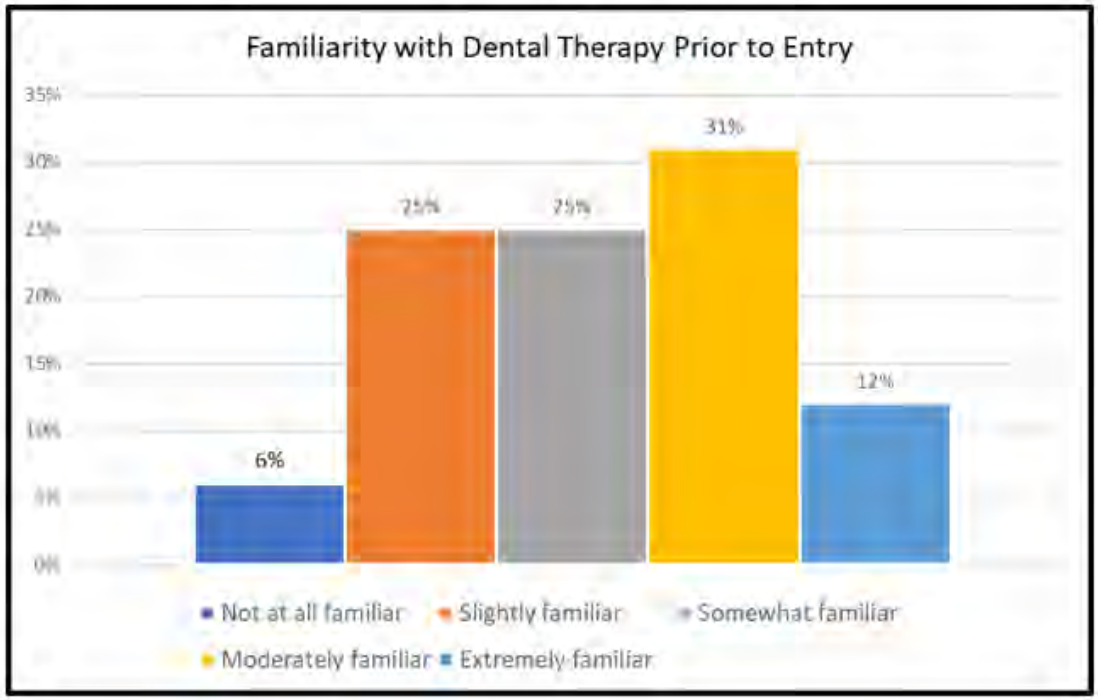
81% of dental therapy trainees (13 individuals) have obtained Expanded Practice Permits (EPP) from the Oregon Board of Dentistry.

100% of dental therapy trainees have obtained Restorative Functions Endorsements (RFE) from the Oregon Board of Dentistry.

All the dental therapy trainees have obtained Nitrous Oxide Permits from the Oregon Board of Dentistry.

Dental Pilot Projects Program

Trainee Questionnaire Results

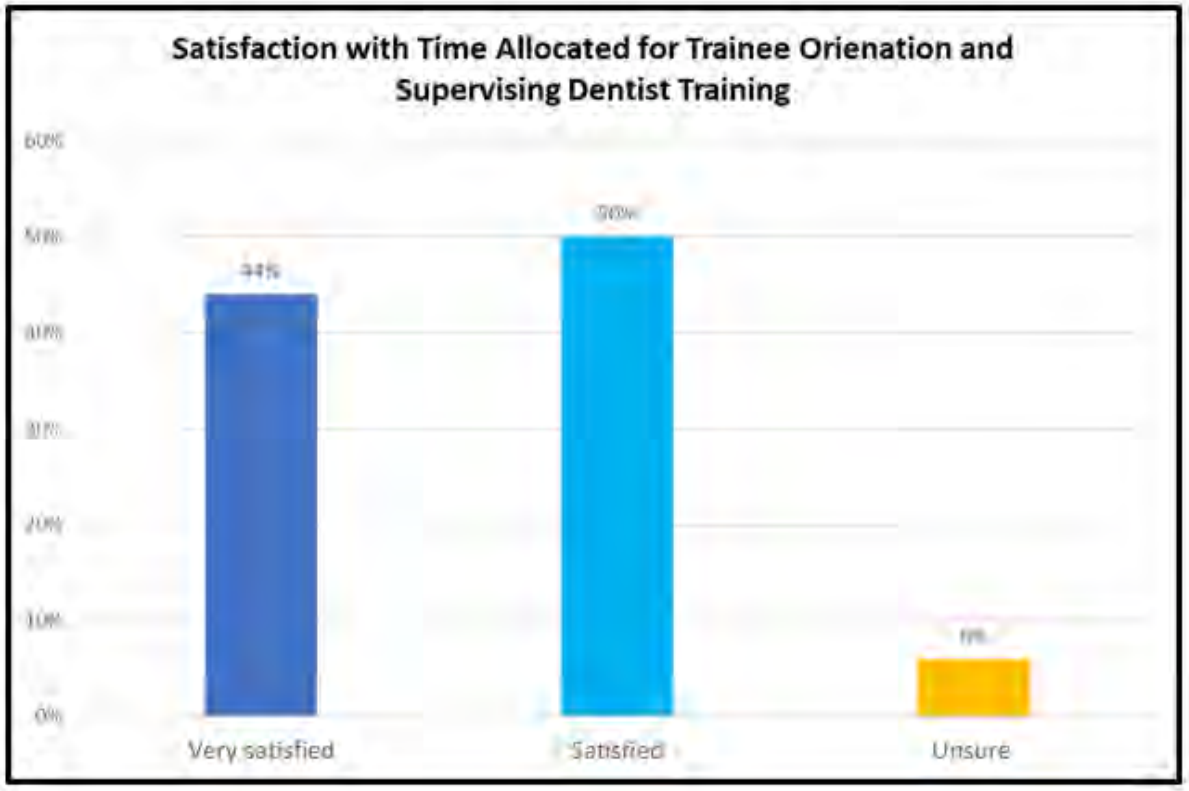


Familiarity with Dental Therapy as a Profession

Respondents (trainees) were asked to indicate their familiarity with Dental Therapy as a profession. Using a Likert scale, trainees were asked to rank their familiarity with Dental Therapy, with 1 = Not at all familiar, 2 = Slightly familiar, 3 = Somewhat familiar, 4 = Moderately familiar, and 5 = Extremely familiar. 94% of the respondents indicated that they had some degree of knowledge of the dental therapy profession prior to entrance into the training program.

Dental Pilot Projects Program

Trainee Questionnaire Results



Trainee Orientation and Supervising Dentist Training

Respondents (trainees) were asked to indicate their satisfaction with the time allocated for the trainee orientation and supervising dentist training. Using a Likert scale, trainees were asked to rank their satisfaction level, with 1 = Not at all satisfied, 2 = Slightly unsatisfied, 3 = Unsure, 4= Satisfied and 5 = Very satisfied.

Seven respondents 44%) indicated that were Very Satisfied, eight respondents (50%) indicated that they were Satisfied and 1 (6%) respondent indicated they were Unsure.

Dental Pilot Projects Program

Trainee Questionnaire Results

Trainees' feelings on Supervising Dentist Preparation

Respondents (trainees) were asked to indicate their level of comfort with their supervising dentists' preparation for their roles as supervising dentists. Using a Likert scale, trainees were asked to rank their comfort levels, with 1 = Not at all comfortable, 2 = Slightly uncomfortable, 3 = Unsure, 4 = Comfortable and 5 = Very comfortable.

6 respondents (37%) indicated that were Comfortable and 10 respondents (63%) indicated they were Very Comfortable.

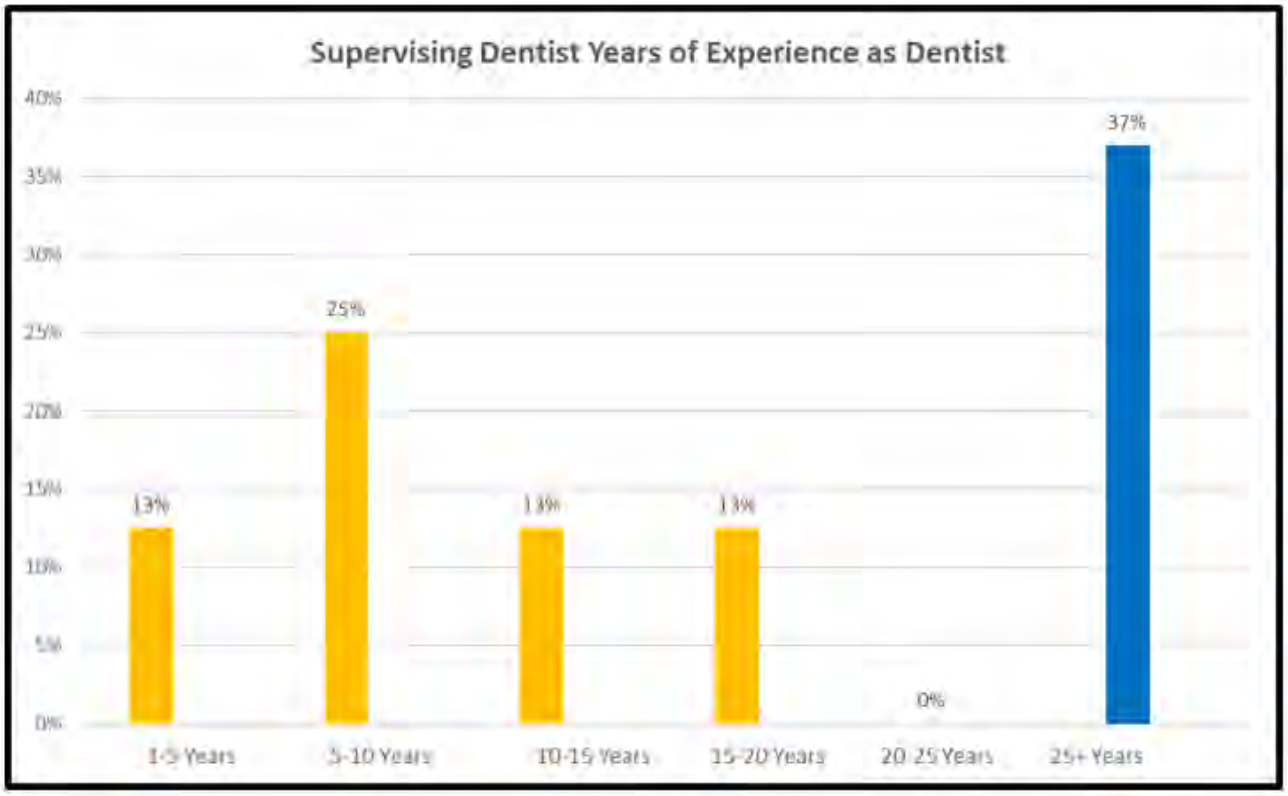
Dental Pilot Projects Program

Supervising Dentist Questionnaire Results

- "Supervising Dentist Questionnaire" was a required component of the Site Visit that took place on August 7, 2021, at Pacific University.
- Each supervising dentist was required to complete the questionnaire.
- Documents were completed and submitted directly to OHA by the individual completing the questionnaire.

Questions	Please answer each numbered question in the corresponding box in the right-hand column.
Elements of Implementation: OAR Definitions 333-010-0710, OAR Minimum Standards 333-010-0760, OAR Authority Responsibilities 333- 010-0790, 2011 OL Ch. 716	
OAR 333-010-0790 3.a.C Interviews with project participants and recipients of care	
1. How many years have you been licensed (practicing) as a dentist?	1. 1-5 years 2. 5-10 years 3. 10-15 years 4. 15-20 years 5. 20-25 years 6. 25+ years Please select one choice. Please select one choice. 1-5 years 5-10 years 10-15 years 15-20 years 25+ years
2. Are you licensed (or received a degree/certification, etc.) in a specialty as recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards?	☐ YES ☐ NO *If yes, please indicate each specialty that you have received a degree or certification in.* ☐ Dental Anesthesiology ☐ Dental Public Health ☐ Endodontics ☐ Oral and Maxillofacial Pathology ☐ Oral and Maxillofacial Radiology ☐ Oral and Maxillofacial Surgery ☐ Oral Medicine

Dental Pilot Projects Program



Supervising Dentist Years of Experience as a Dentist

87% of the supervising dentists (14 individuals) had at least 5 years or more of experience as dentists. 37% of supervising dentists had more than 25 years' experience.

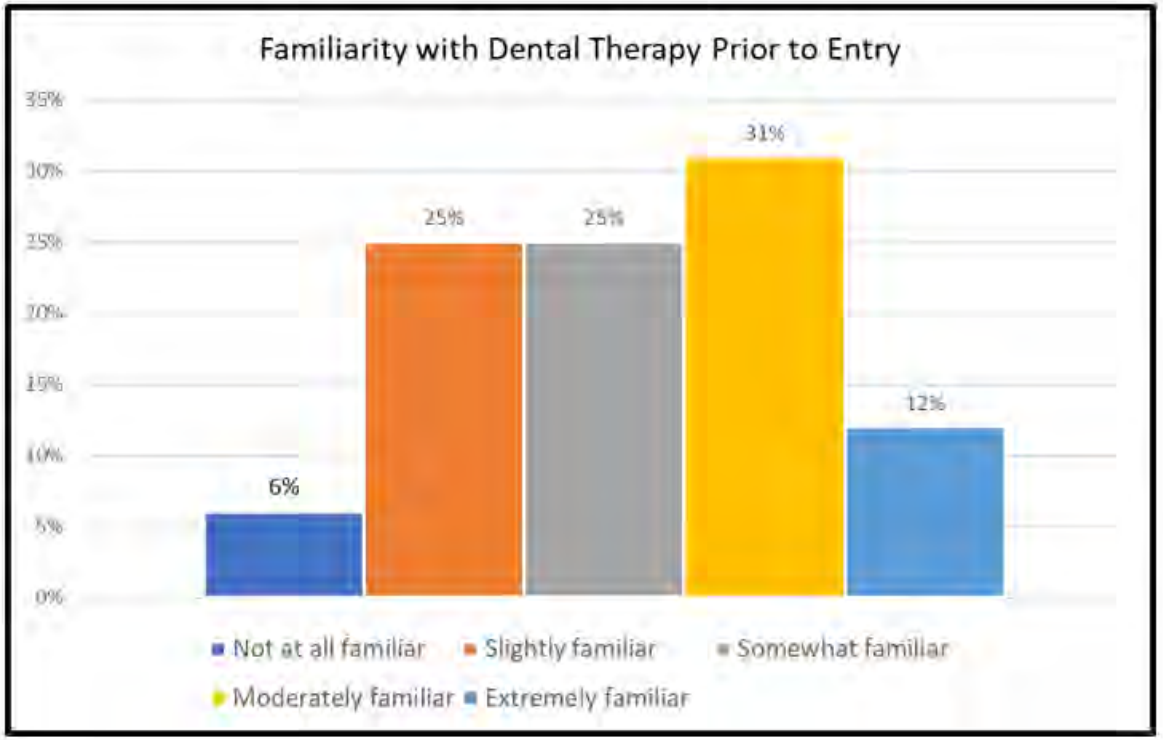
Dental Pilot Projects Program

Endorsements and Permits

One supervising dentist was certified in the specialty of pediatric dentistry by the Oregon Board of Dentistry.

Dental Pilot Projects Program

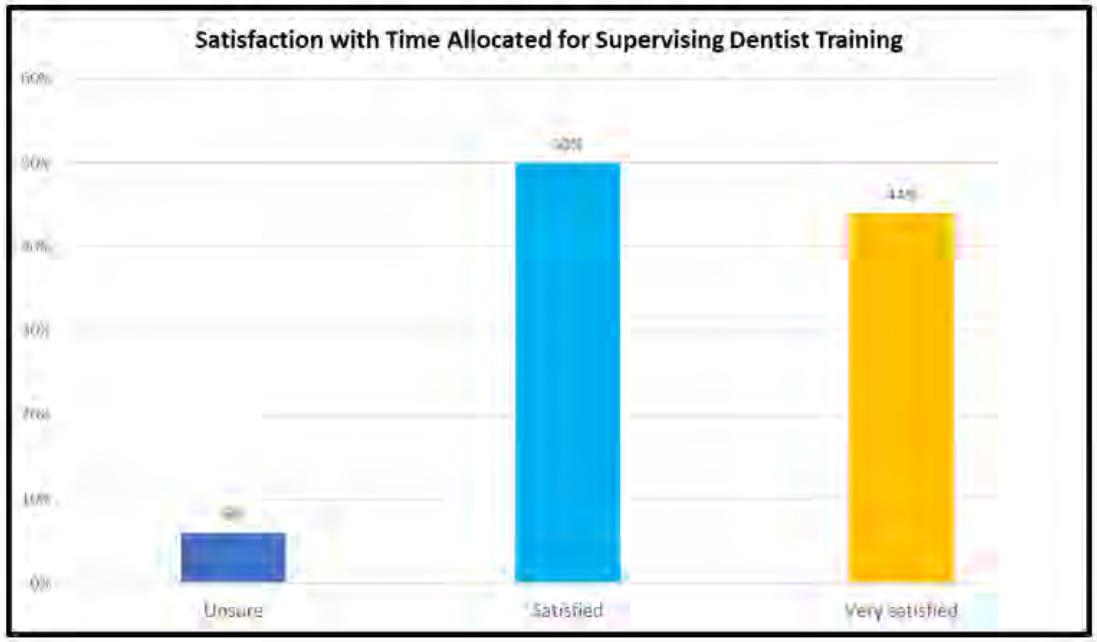
Supervising Dentists' Familiarity with Dental Therapy as a Profession



Using a Likert scale, respondents (supervising dentists) were asked to indicate their familiarity with Dental Therapy as a profession. 94% of the respondents indicated that they had some degree of knowledge of the dental therapy profession prior to participation in the pilot project.

Dental Pilot Projects Program

Trainee Orientation and Supervising Dentist Training



Using a Likert scale, respondents (supervising dentists) were asked to indicate their satisfaction with the time amount of allocated for the trainee orientation and supervising dentist training.

Seven respondents indicated that were “Very Satisfied,” eight respondents indicated they were “Satisfied”, and one respondent indicated they were “Unsure.”

Next Site-Visit

July 21, 2022

Salem, Oregon & Portland, Oregon

Dental Pilot Projects Program

Objectives of the Site Visit:	Methodology:
1. Determination that adequate patient safeguards are being utilized. 2. Validation that the project is complying with the approved or amended application 3. Compliance with OARs 333-010-0820 – 333-010-0700.	1. Interviews with project participants 2. Clinical records review

Updates

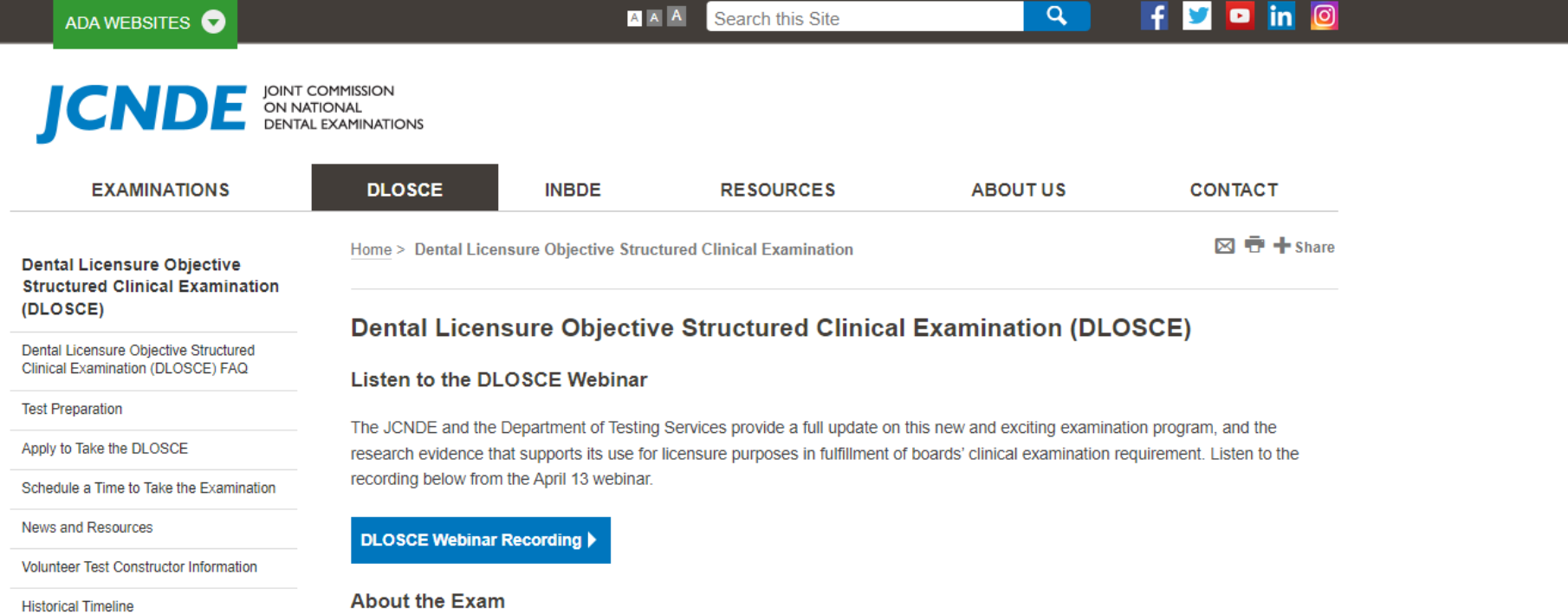
Oregon Board of Dentistry

Dental Pilot Projects Program

Oregon Board of Dentistry Updates

- At the OBD meeting on April 22nd, the board approved CDCA-WREB and CRDTS dental therapy clinical exams
  - OBD is required by statute to accept the results of the exams offered by the testing agency in whatever format they are offered in, i.e. in-person, Manikin, OSCE, etc.

Oregon Health Authority



https://jcnde.ada.org/en/dental-licensure-objective-structured-clinical-examination

Dental Pilot Projects Program

Oregon Board of Dentistry Updates

- The proposed Dental Therapy Rules are out for open comment and have been since April 1.
- The Board will have a second public rulemaking hearing on Wed., May 18th at 12 pm to be conducted via Zoom.
- The comment period will close on June 3.
- The Board will meet June 17th and vote on the proposed rules.

Public comment on the proposed rules is welcomed and encouraged and should be submitted to the board at information@obd.oregon.gov

Dental Pilot Projects Program

https://www.oregon.gov/dentistry/pages/index.aspx

Dental Pilot Projects Program

Oregon Board of Dentistry Updates

The Board is seeking Dental Therapy Representation on all its regular Standing Committees. The Board decided at is April 22 Board Meeting that there should be Dental Therapy representation on the other 5 regular standing Committees as well.

1. Communications
2. Enforcement & Discipline
3. Licensing, Standards & Competency
4. Dental Hygiene
5. Rules Oversight

DT Representation could be either a DT in a Pilot Project or a DT educator or someone affiliated with DT in Oregon. Any questions or interest can be directed to Stephen Prisby at stephen.prisby@obd.oregon.gov

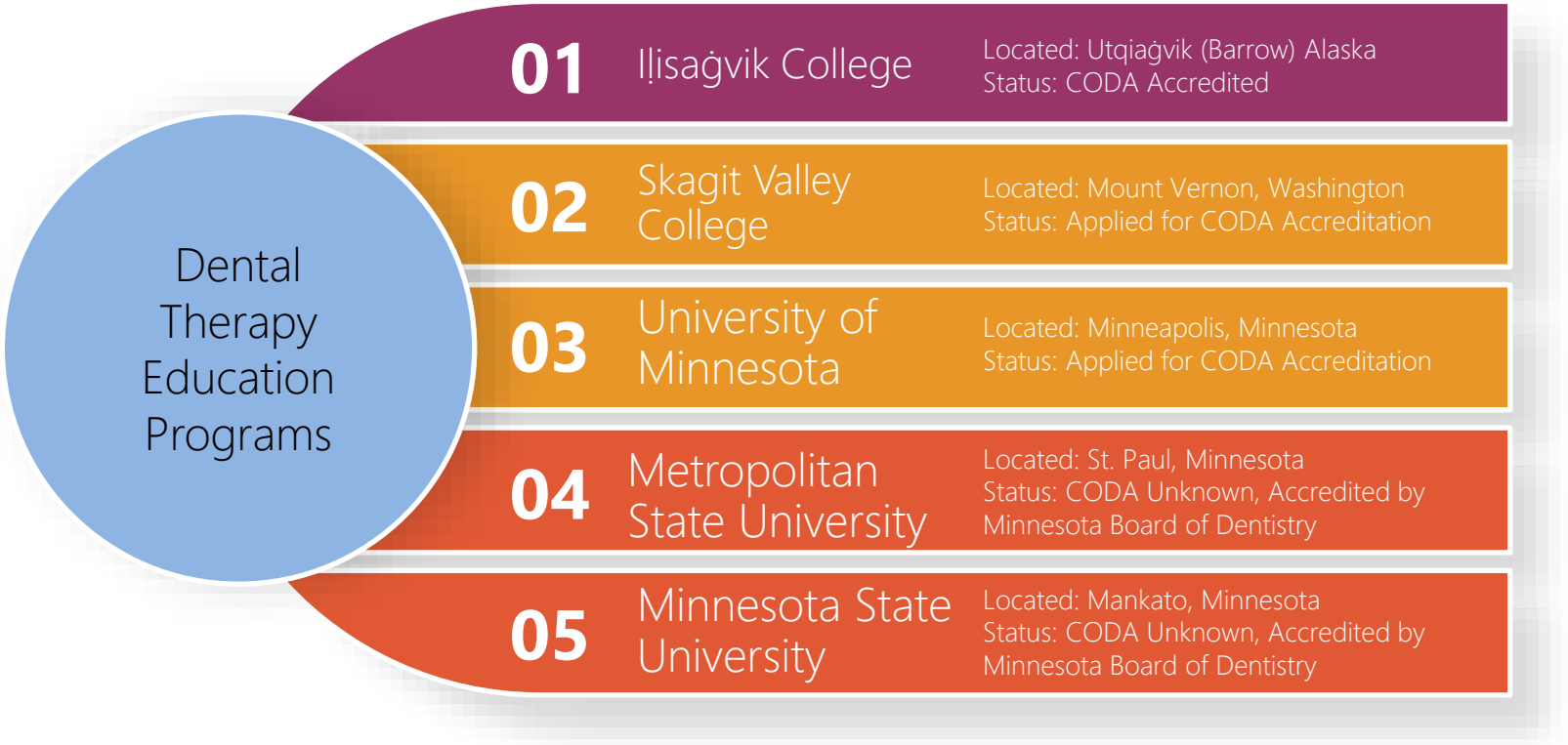
Other Updates

Dental Pilot Projects Program

- May 16, 2021, at Pacific University
  - All students who took this exam passed.
- May 15, 2022, at Pacific University

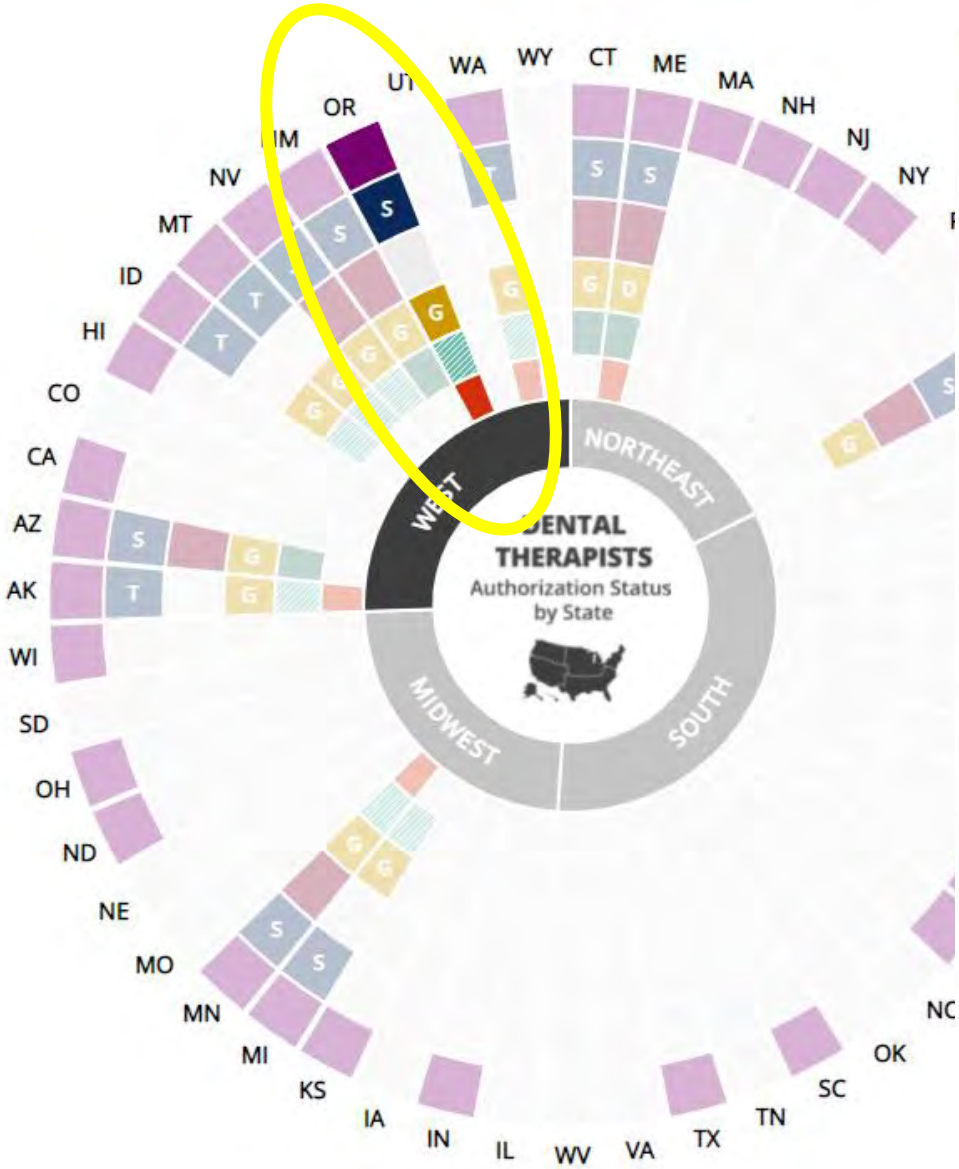
Dental Pilot Projects Program

CODA
Commission on Dental Accreditation



Oregon Health Authority

Dental Pilot Projects Program



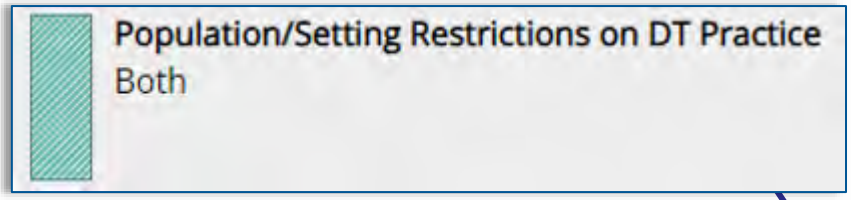
OREGON

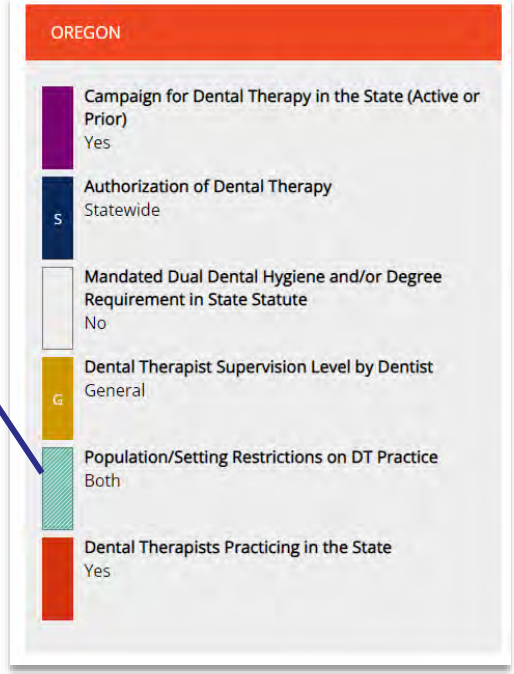
- **Campaign for Dental Therapy in the State (Active or Prior)**
  Yes
- **Authorization of Dental Therapy**
  Statewide
- **Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute**
  No
- **Dental Therapist Supervision Level by Dentist**
  General
- **Population/Setting Restrictions on DT Practice**
  Both
- **Dental Therapists Practicing in the State**
  Yes

https://oralhealthworkforce.org/authorization-status-of-dental-therapists-by-state/

Oregon Health Authority

Dental Pilot Projects Program





51%

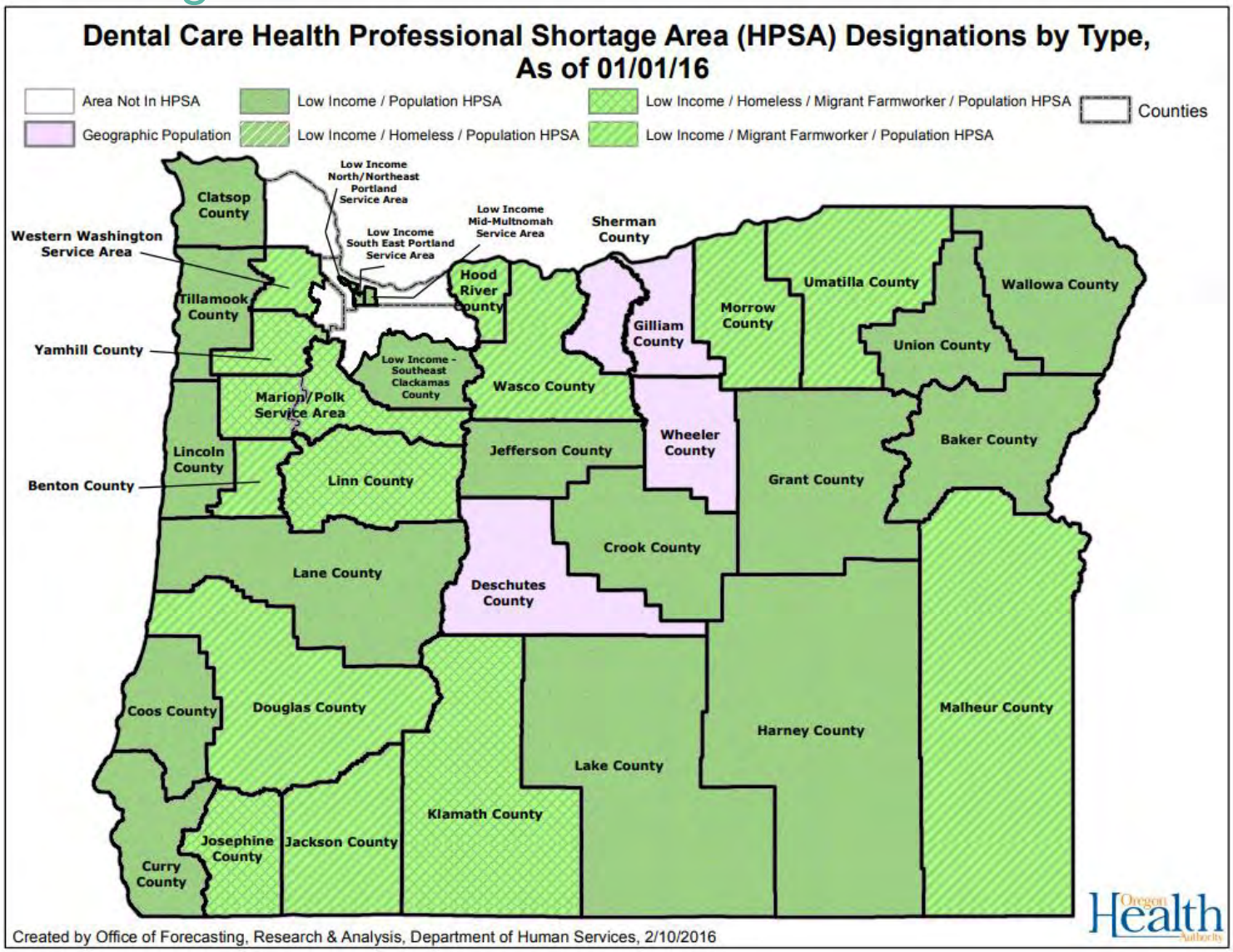
- Patients who represent underserved populations, as defined by the Oregon Health Authority
- Patients located in dental care health professional shortage areas

Dental Pilot Projects Program

Patients who represent underserved populations

409-017-0120
Dental Services Underserved Population Definition
For the purposes of Chapter 530, Oregon Laws 2021, the term “Underserved Population” refers to populations experiencing a shortage of dental health services due to systemic inequities causing an inability to pay, lack of access to culturally responsive, linguistically appropriate, and comprehensive care, or other inequities for reasons of race, ethnicity, national origin, language, disability, age, gender, gender identity, sexual orientation, socioeconomic class, religion, intersections among these communities or identities, or other socially determined circumstances. These populations include, but are not limited to:
(1) Latino/a/x populations;
(2) Black or African American populations;
(3) American Indian/Alaska Native populations;
(4) Asian populations;
(5) Middle Eastern and North African populations;
(6) Native Hawaiian and Pacific Islander populations;
(7) Slavic and Eastern European populations;
(8) Immigrants and Refugees;
(9) Individuals with limited English proficiency (LEP);
(10) Persons with disabilities;
(11) LGBTQ+ populations;
(12) Pregnant women, new mothers, and women with children;
(13) Individuals transitioning out of incarceration;
(14) Members of religious minorities;
(15) People experiencing unstable housing/houselessness/homelessness;
(16) Migrant and seasonal farmworkers, and related family members;
(17) Young adults and postsecondary graduating students who do not have coverage options through a parent's plan, a student plan, or an employer plan;
(18) Government program-eligible consumers, regardless of whether they are actually enrolled in the program, including those eligible for OHP, Cover All Kids/Cover All Oregonians, DHS foster children;
(19) Uninsured or under-insured individuals, including those receiving coverage though community-based programs or funds; or
(20) Other populations not listed above experiencing inequities.

Patients located in dental care health professional shortage areas

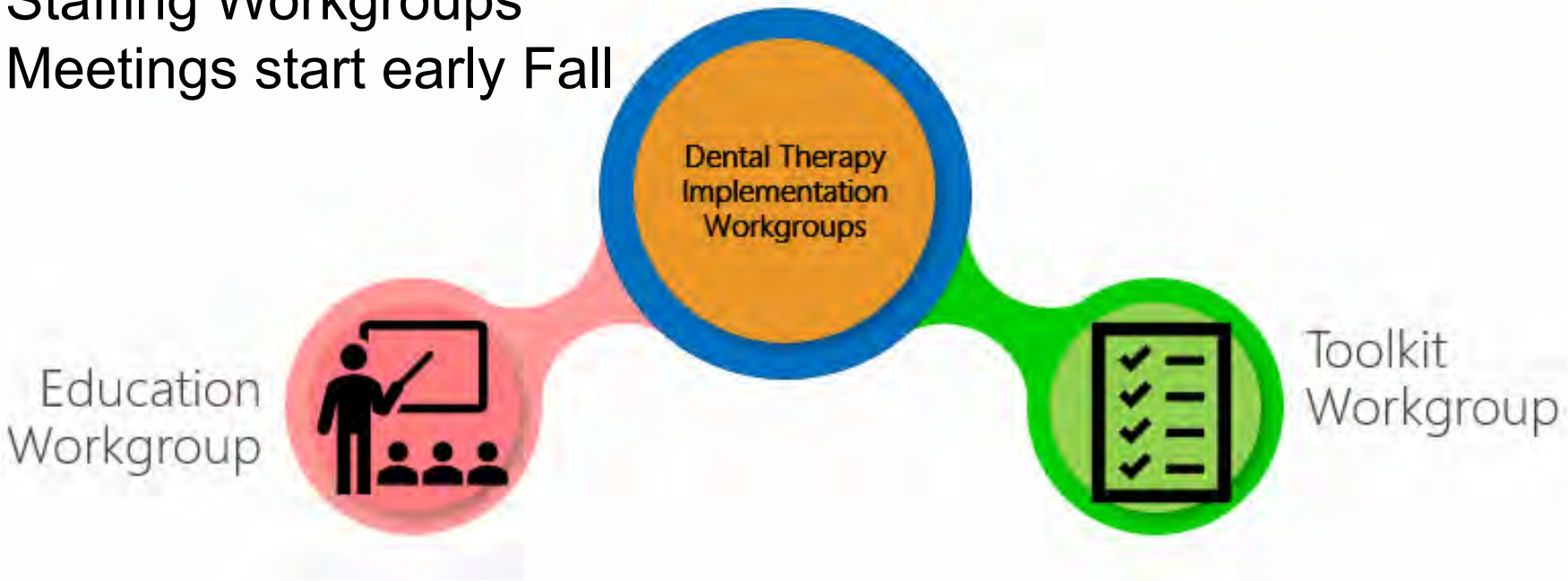


https://www.oregon.gov/oha/HPA/HP-PCO/Pages/HPSA-Designation.aspx

Oral Health Program

Workforce Development

- Staffing Workgroups
- Meetings start early Fall



Oregon Health Authority

Post-Meeting Survey

Dental Pilot Projects Program

PUBLIC COMMENT

- If you want to provide public comment, please:
  - Click on the “raise hand” icon under the reactions tab or
  - Type in the chat box that you would like to provide public comment
- Individuals are limited to 1.5 - 2 minutes
- E-mail: oral.health@state.or.us

Willamette Dental Group

First In Proactive Dental Care

6950 NE Campus Way, Hillsboro, OR 97124
Tel 1.855.4DENTAL
www.willamettedental.com

April 18, 2022

Sarah Kowalski, RDH, MS
Operations & Policy Analyst 3
Dental Pilot Project Program
Oral Health Program
The Oregon Health Authority
800 NE Oregon Street
Portland, Oregon 97232

Re: Modification Request for Dental Pilot Project #300. “Dental Therapist Project: Dental Hygiene Model”

Dear Sarah,

The purpose of this letter is to kindly request a modification of the Dental Pilot Project #300, “Dental Therapist Project: Dental Hygiene Model.” This modification includes the requested change to decrease the quantity of required monthly random chart audits by Supervising Dentists during the Utilization phase. Specifically, we wish to have the Supervising Dentists perform a monthly audit of a random *10% of charts* seen by their trainee (with a maximum of 10 total audits) instead of the current *20% of charts* seen by their trainee.

We have found that the time and effort required to perform the current quantity of chart audits is unnecessarily burdensome to our Supervising Dentists and will only increase as trainees become more productive. We believe that the same amount of meaningful insight and quality assurance can be attained with fewer charts audited.

Please let us know if you need additional information. We appreciate your consideration to approve this request.

Sincerely,

Joanna Mullins, MHI, BDSH, RDH
Interim Project Director

NEWSLETTERS & ARTICLES OF INTEREST

National Commission News

Message from the Chair

Dr. Frank J. Tuminelli

It is with great pleasure and enthusiasm that I report on the National Commissions activities from its March 2022 meeting. The meeting was productive and provided engaging and fruitful discussions.

Highlights of the meeting included recognition of the American Board of Orofacial Pain, discussions related to the development of an internal process for subspecialty recognition should the need arise, approval of the Annual Report of the recognized certifying boards, the adoption of a modified Annual Survey for those certifying boards in "good standing" and the adoption of staggered Periodic Review cycle for the recognized specialty sponsoring organizations starting in 2029.

As one of the last inaugural Commissioners, I would like to extend a special thank you to the dedicated Commissioners who have served on the National Commission and Commission staff who have worked diligently and tirelessly to advance the mission of the National Commission.

The National Commission held its inaugural meeting in May 2018 and it has been exciting over the past five (5) years to witness the growth and evolution of the Commission as it defines its role as a Commission. It has been my pleasure to serve as the Chair of the National Commission and I look forward to a very productive second half of my term.

Special points of interest:

- American Board of Orofacial Pain Recognition
- Annual Report of the Recognized Dental Specialty Certifying Boards
- Call for Public Commissioner
- Comment on Requirements for Recognition
- Meeting dates

Inside this issue:

American Board of Orofacial Pain Granted Recognition by National Commission

At its March 28-29, 2022 meeting, the National Commission Board of Commissioners considered the American Board of Orofacial Pain (ABOP) application to be considered as the recognized national certifying board for orofacial pain.

Based on review of the application, the Board of Commissioners determined that the *Requirements for Recognition of National Certifying Boards for Dental Specialists* had been met and adopted a resolution recognizing the ABOP as the national certifying board for orofacial pain.

The ABOP is the 12th recognized specialty certifying board.

Staggered Review Cycle for Periodic Review of Dental Specialty Education and Practice

Dental specialties are recognized to protect the public, nurture the art and science of dentistry, and improve the quality of care.

The Periodic Review of Dental Specialty Education and Practice is conducted by the National Commission at ten (10) year intervals, with the last review conducted in 2020.

The purpose of the Periodic Review is to aid the National Commission in gathering strategic information that is of value to the National Commission, the profession and the public.

The review focuses on the current environment; changes occurring within specialty education and practice environments and how these may impact the public and the profession.

The staggered review cycle will start in 2029 with three (3) organizations completing the review, three (3) in 2030, three (3) in 2031 and three (3) in 2032.

Upon completion of the initial staggered review cycle, all specialty sponsoring organizations will be a ten-year cycle.

To review the staggered cycle, visit the National Commission website: https://ncrdscb.ada.org/en/educational-resources

Annual Report of the Recognized Dental Specialty Certifying Boards

A close working relationship must be maintained between the sponsoring organization and the certifying board

The information used to complete the *Annual Report of the Certifying Boards* is compiled from the Annual Survey of the Recognized Dental Specialty Certifying Boards that each certifying board is required to submit.

The purpose of the annual survey is to collect current information on the governance and operations of each of the recognized certifying boards to ensure each certifying board's adherence to the *Requirements for Recognition of National Certifying Boards for Dental Specialists*. The Annual Report contains information related to certification and examination data, certification pathways, examination procedures, validity and reliability, test construction and evaluation, certification/recertification examination content, re-examination policies and recertification/certification maintenance policies.

To review the 2022 report, visit the National Commission website: https://ncrdscb.ada.org/en/specialty-certifying-boards

National Commission Implements Modified Annual Survey for Recognized Dental Specialty Certifying Boards

The Board of Commissioners implemented a modified version of the Annual Survey to be completed by those certifying boards in good standing with the status of "Recognition" in the intervening years when the full Annual Survey is not conducted. The full Annual Survey will be conducted every three years.

Newly recognized certifying boards will be required to complete the full Annual Survey for a period of three years before being allowed to complete the modified Annual Survey.

The modified Annual Survey will collect in-depth information related to financial operations, validity and reliability evidence and numerical data related to Examination Statistical Data, Certification and Examination Summary Data, Certification Pathways and Applications.

National Commission Public Comment on Requirements for Recognition

At its March 28-29, 2022 meeting, the Board of Commissioners adopted revised *Requirements for Recognition* that were submitted to the Council on Dental Education and Licensure (CDEL) as the National Commissions public comment.

The proposed revisions were editorial in nature to provide greater clarity to the *Requirements for Recognition* and do not change the original intent of the *Requirements*. Through its proposed revisions, the National Commissions goal is to make the requirements more complete, understandable and thorough.

Since 2018, the National Commission has had the opportunity to utilize the *Requirements for Recognition* to recognize three (3) new dental specialties and three (3) new specialty certifying boards, along with conducting the ten-year periodic review of the specialties and reviewing the Annual Surveys of the certifying boards. Based on this experience, the National Commission identified revisions that address recurring *Requirements* interpretation issues with applicants, the current recognized specialties and certifying boards and the National Commission itself.

To view the National Commissions comment, visit the National Commission website: https://ncrdscb.ada.org/en/who-we-are/news-and-meetings

Call for Nominations for Board of Commissioners Public Commissioner for Term Starting October 2022

The National Commission requests nominations from various communities of interest to submit the names of individuals to serve as the public member on the Board of Commissioners.

The deadline for nominations is June 30, 2022.

In order to serve, the public nominee must not be a:

- Dentist or member of an allied dental discipline;
- Dental Educator
- Employee of the ADA or member of the ADA governing board;
- An employee of a state dental board;
- A patient of record of a past or current commissioner;
- Spouse, parent, child or sibling of any individual identified above.

Please contact Catherine Baumann, Director, National Commission at baumannca@ada.org for further information.

Public members play a vital role in bringing the public perspective to the deliberations of Board of Commissioners. This perspective allows the public member to function as the Board member with the least amount of inherent bias, nor are they subject to potential undue influence from an appointing organization.

Future Meeting Dates

The National Commission Board of Commissioners meets on an annual basis at the American Dental Association Headquarters in Chicago, IL

All meetings of the National Commission are conducted in closed session.

Future meeting dates for the National Commission are as follows:

- April 24-25, 2023
- April 15-16, 2024
- April 14-15, 2025

National Commission News

211 E. Chicago Avenue
6th Floor
Chicago, IL 60611

Phone: 312-440-2697
Fax: 312-440-2915
Email: nationalcommission@ada.org

The mission of the National Commission is to serve the public and the profession by providing transparent and objective review of the recognized specialty organizations, prospective specialty organizations, their respective certifying boards and their adherence to the ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists.

Please visit our website at https://ncrdscb.ada.org/en

We hope this site will become an important resource for you. If there are improvements you would like to see or have suggestions you think would be helpful, please let us know at nationalcommission@ada.org

LICENSE RATIFICATION

16 . RATIFICATION OF LICENSES

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

DENTAL HYGIENISTS

H8404	4/14/2022	BRIANNA	SMITH	RDH
H8405	4/14/2022	NATALYA	ZHOLNEROVICH	RDH
H8406	4/14/2022	SHALANA	ORTIZ	RDH
H8407	4/14/2022	BRITTANY	PERKINS	RDH
H8408	4/20/2022	JAIME	PIMENTEL	RDH
H8409	4/20/2022	BREANNA	HARRISON-INGLES	RDH
H8410	5/4/2022	BRITTANY	FREDENBURG	RDH
H8411	5/4/2022	NICHOLE	GALLAGHER	RDH
H8412	5/4/2022	BRANDI	GRISWOLD	RDH
H8413	5/4/2022	ALEJANDRO	MUNGUIA CORTES	RDH
H8414	5/4/2022	DANIELLE	JOHNSON	RDH
H8415	5/4/2022	BAILEY	DANIEL	RDH
H8416	5/4/2022	HALEA	JOHNSON	RDH
H8417	5/4/2022	MARINA	BLEVINS	RDH
H8418	5/4/2022	ANGELICA	FERNANDEZ-HERNANDEZ	RDH
H8419	5/4/2022	SHAWNA	BURKE	RDH
H8420	5/4/2022	TARA	TENNIS	RDH
H8421	5/4/2022	LYDIA	GALAN LEWIS	RDH
H8422	5/11/2022	LENA	STADELMANN	RDH
H8423	5/11/2022	MADELYNN	HENDRIX	RDH
H8424	5/11/2022	JESSICA	CORONA	RDH
H8425	5/11/2022	DULCE	PEREZ ARREDONDO	RDH
H8426	5/18/2022	JAIME	ZALUSKEY	RDH
H8427	5/18/2022	MARK	GREENWOOD	RDH
H8428	5/18/2022	KALIN	PHAM	RDH
H8429	5/18/2022	RHYLEE	WALLACE	RDH
H8430	5/18/2022	HANNAH	GORHAM	RDH
H8431	5/18/2022	JULIE	WALLACE	RDH
H8432	5/27/2022	CASSIDY	HEDGER	RDH
H8433	5/27/2022	RAQUEL	PIQUET	RDH

DENTISTS

D11595	4/14/2022	STEVEN	ALEXANDER	DDS
D11596	4/14/2022	FADWA	SHEMBESH	
D11597	4/14/2022	NICHOLAS	BAUMANN	DDS
D11598	4/14/2022	CHRISTINA	PEARSON	DMD
D11599	4/15/2022	JOANNA	STOYANOVA	DDS

D11600	4/15/2022	ANDREW	PHAM	DMD
D11601	4/15/2022	CARLA	CASTRO	DDS
D11602	4/20/2022	JACK	GORMAN III	DDS
D11603	4/20/2022	YOLANDA	HO	DDS
D11604	4/20/2022	VICTORIA	LIU	DMD
D11605	4/20/2022	AMY	SCHIMSCHOCK	DMD
D11606	5/4/2022	MATTHEW	ROSS	DMD
D11607	5/4/2022	ANDREA	BRAUN	DDS
D11608	5/4/2022	SNEHA	INNES	DDS
D11609	5/11/2022	JUSTIN	KIM	DDS
D11610	5/11/2022	YUN	HUANG	DMD
D11611	5/11/2022	ISAAC	HANSET	DMD
D11612	5/11/2022	DANIEL	DAHLE	DDS
D11613	5/18/2022	LUKE	NOBLE	DDS
D11614	5/27/2022	CLAIRE	SKACH	DDS
D11615	5/27/2022	SACHIN	RAO	DDS
D11616	5/27/2022	JACQUELINE	BELLEZ	DMD
D11617	5/27/2022	ADAM	FORBES	DMD
D11618	5/27/2022	JOEY	MACKENZIE	DMD

LICENSE, PERMIT & CERTIFICATION

7. Request for Approval of Interim Therapeutic Restorative (ITR) Course – Pacific University

Kristen Thomas, RDH, a faculty member of Pacific University Dental Hygiene Program is requesting that the Board approve Pacific University's continuing education program for Interim Therapeutic Restorations.

Relevant Rules:

818-035-0065
Expanded Practice Dental Hygiene Permit
The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and
(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or
(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and
(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.
(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.
(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs (6), (7)(a) to (e) of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.
(6) Upon completion of a Board-approved curriculum, an Expanded Practice Permit Dental Hygienist may perform interim therapeutic restorations as allowed by ORS 680.205.
(7) The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to:
(a) Administering local anesthesia;
(b) Administering temporary restorations with or without excavation;
(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and
(d) Performing interim therapeutic restorations after diagnosis by a dentist; and
(e) Referral parameters.
(8) The collaborative agreement must comply with ORS 679.010 to 680.990

Pacific University Oregon

Dental Hygiene Studies
222 SE 8th Ave., Suite 271
Hillsboro OR 97123
p: 503-352-7373
f: 503-352-7260

June 3, 2022

Oregon Board of Dentistry
1500 SW 1st Avenue, Ste. 770
Portland, OR 97201

Dear Board Members,

A proposal to add Interim Therapeutic Restorative (ITR) training to the Dental Hygiene Program at Pacific University is attached for your review and approval. We hope to add this training to our curriculum this summer.

This ITR training is designed to meet the requirements of the Oregon Board of Dentistry that will allow expanded practice dental hygienists with a collaborative agreement to place ITRs after diagnosis by a dentist.

Please contact me if you have questions or if I can provide additional clarification.

Thank you for considering this proposal.

Kristen L Thomas

Kristen L. Thomas, RDH, EPDH, DT(c), MSEd
Pacific University
School of Dental Hygiene Studies
222 SE 8th Avenue
Hillsboro, OR 97123
p: (503) 352-7245 | f: (503) 352-7260 | e: kristen.thomas@pacificu.edu

Pacific University
School of Dental Hygiene Studies

Proposal for Interim Therapeutic Restorative (ITR) Training
Submitted June 3, 2022

Initial Interim Therapeutic Restorative (ITR) training will be added to **DHS 323 Advanced Dental Hygiene Procedures,** a course that is offered during the junior year, summer semester of the dental hygiene curriculum at Pacific University. Subsequent training and practice will be added to **DHS 445 Restorative Dental Procedures**, a course offered in the senior fall semester that focuses on the components, use, and manipulation of dental materials.

Objectives
Upon completion of this unit of instruction, the student will be able to:
1. Define interim therapeutic restorations (ITR) and discuss how it differs from atraumatic restorative technique (ART).
2. Discuss benefits, indications, contraindications & alternatives for ITR.
3. Describe the materials and instruments necessary to place ITRs.
4. Recognize the benefits & risks of glass ionomer restorative material.
5. Perform and interpret pulp vitality tests to determine potential pulpal involvement and appropriateness of ITR procedure.
6. Place ITRs using appropriate materials, instruments & technique.
7. Identify ITR codes and follow-up protocols.
8. Discuss the rationale for referring patients to the collaborative dentist.

Didactic Hours	Laboratory Skills Practice Hours
3	10

Laboratory Skills Practice
Students will learn, practice and will be evaluated on their practice and interpretation of pulp vitality testing and their placement of ITRs on training manikins during DHS 323 Advanced Dental Hygiene Procedures. Students will assess the suitability for ITR placement and will practice the removal of false, decayed dentin from a typodont tooth and then place a glass ionomer temporary restoration.

Students will maintain and hone their ITR skills through additional skill practice in DHS 445 Restorative Dental Procedures. All practice and evaluation is done under the supervision of faculty and students will be required to pass 5 out of 10 ITR restoration experiences to demonstrate competency.

Evaluation Methods

Didactic instruction is evaluated through a quiz, a critical thinking assignment, and exams. Laboratory skills will be evaluated through both process and product evaluations. All evaluations must be successfully complete at 75% or above.